# NHS Forth ValleyPrimary Care Contractor Services

**Community Pharmacy Support for Care at Home Care Providers**

**in the Safe Management of Prescribed Medication ( for Level 3 Administration only) Claim Form**

Pharmacy Stamp

**Month of Claim:**

………………………………………

**New Patient Set-up Fee**

**I hereby Claim £25.00 per Patient for Initial Set-up Fee:**

**Number of New Patients (Initial Set-up): \_\_\_\_\_\_\_\_\_\_\_ Total Amount Claimed £ \_\_\_\_\_\_\_\_\_\_\_\_**

**Monthly Claim**

**I hereby Claim £5.00 per Patient for Maintenance and**

**Production of MAR Charts for Patients Assessed:**

**Number of Patients: \_\_\_\_\_\_\_\_\_\_\_ Total Amount Claimed £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pharmacists Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pharmacists Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NB: Individual Contractors may be asked to provide evidence of providing the service**

**For Primary Care Contractor Services Use**

**Number of Patients (Initial Set-up) \_\_\_\_\_\_\_\_\_\_\_\_ @ £25.00 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of Patients (Monthly) \_\_\_\_\_\_\_\_\_\_\_\_ @ £5.00 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL PAID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorised \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE RETURN CLAIM FORM TO: Carol Droubay, Pharmacy Contracts Officer, Primary Care Contractor Services, NHS Forth Valley, Suite 2, Carseview, Castle Business Park, Stirling, FK9 4SW / carol.droubay@nhs.scot**