



Incorrect Claim Notification

Contractor Code	UPN/Barcode	Description of Item	Date of Claim	Adjustment Required

Signature:

Date:

Please send completed form to:

Pharmacy Payments:

Address: Practitioner Services, Area 136C, Gyle Square, 1 South Gyle Crescent, Edinburgh, EH12 9EB

Email: Nss.psd-cp-stoma@nhs.scot

N.B. Adjustments will be made after processing is complete for the dispensing month