

**CLACKMANNANSHIRE SUNDAY ROTA CLAIM FORM**

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| **Hour opened:** |  |
| **Date:** |  |
| **Contractor Code:** |  |
| **Pharmacy Name & Address:** |
| **Payment Claimed:** | **£** |

**Counter Fraud Declaration**: I declare that the information I have provided is correct and complete. I understand that, if I knowingly provide false information, this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I agree to co-operate fully with all payment verification procedures. I agree that any overpayments identified through the post payment verification procedure may be recovered at a future date by National Services Scotland for NHS FV.

NHS FV may occasionally share information provided with other relevant parties for the purposes of payment verification, the prevention, detection and investigation of crime and future service development.

Signature agreeing to Declaration and consent to share, disclose or obtain information:

**Pharmacy Stamp**

|  |
| --- |
| **Signed:** |
| **Position:** |

**Date:**

**FOR NHS USE ONLY**

**Checked and certified for payment:**

**Date:**

**Please return to:** Pam Calder, Pharmacy Contracts Officer, Primary Care Contractor Services, NHS Forth Valley, Suite 2, Carseview, Castle Business Park, Stirling,

Tel:  01786 457231

Email: pamela.calder@nhs.scot