

Self-declaration form – NHS Pharmacy First Plus service withdrawal

TO BE COMPLETED, A COPY RETAINED IN THE PHARMACY AS RECORD FOR POST PAYMENT VERIFICATION, AND A COPY SENT TO NSS AS DETAILED AT THE END OF THE DOCUMENT

Contractor Name	<input type="text"/>
Contractor Code	<input type="text"/>
Service end date	<input type="text"/>

I, the undersigned contractor, confirm that I am no longer able to offer the NHS Pharmacy First Plus service from the contract indicated above. Any associated fees should be stopped as of the indicated service end date, and any overpayments recovered.

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 for 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 the Common Services Agency for the Scottish Health Service.

The Common Services Agency may occasionally share information provided on this form with Health Boards and any other relevant organisations. We will share information for the purposes of payment verification, and the prevention, detection and investigation of crime.

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

Signature:.....

Name (in capitals):.....

Company Position:.....

Date:.....

PLEASE RETURN THIS FORM BY EMAIL TO: nss.psd-pharmacy-paymnts@nhs.scot