Form WP34D – Dispensing Doctor Accounts Only

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

PCS Account Number:

6	0					X

INVOICE RELATING TO DRUGS AND APPROVED APPLIANCES SUPPLIED UNDER PART II OF THE NATIONAL HEALTH SERVICE ACT 1997

Please return to:
Document Scanning Team
Primary Care Services
Cwmbran House
Mamhilad Park Estate
Mamhilad
Pontypool
NP4 0XS

CERTIFIED That the drugs and approved appliances as detailed on the forms submitted with this invoice, which were supplied during the month of_____by the practice stated opposite in accordance with the Statement of Financial Entitlement

SIGNATURE _____

DATE _____

PRACTICE NAME AND ADDRESS

NAMES OF ALL DOCTORS IN PARTNERSHIP *Senior Partner First	DOCTOR INDEX NUMBER	NAMES OF ALL DOCTORS (CONTINUED)	DOCTOR INDEX NUMBER

Advance payments are made at practice level. Final Payments will be calculated at individual doctor level

Practice Totals	Forms	Items DO NOT INCLUDE ITEMS CLAIMED VIA EMVC	Exempt from patient charge
Paper Group 1 (inc 1A)			
EPS			
Totals			