WP34C

Account No. 6 0

Part 1 - Contractor Details and Authorisation

PLEASE RETURN TO:

Document Scanning Team
Primary Care Services
Cwmbran House
Mamhilad Park Estate
Mamhilad
Pontypool
NP4 0XS

CONTRACTOR'S STAMP

Submission document relating to drugs and approved appliances ordered by medical and dental practitioners supplied under Part II of the National Health Service Act 1997.

I hereby claim payment in accordance with the relevant provisions of my Terms of Service.

SIGNATURE OF CONTRACTOR OR AUTHORISED AGENT - _____

PRINT NAME - _____

Date: D D M M Y Y Y Y

Part 2 - Submissions

	Forms	Items
Group 1 (Exempt from patient charge)		
Group 2 (Patient charge paid)		
Total (Sum of groups 1 & 2)		

Please complete all fields inserting a zero if not applicable

FROM SEPTEMBER 2021, PLEASE ENTER YOUR OPEN/CAS/FLU DAYS VIA NECAF

Part 3 - Declarations

Month: MM / YYYY

Dispensing Staff Hours for Practice Payment
(Only number of hours spent supporting the dispensing process should be included per week including pharmacist – see Drug Tariff Part VIA)

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Gofal Sylfaenol
Shared Services Partnership
Primary Care Services