

**Part 1 - Contractor Details and Authorisation**

PLEASE RETURN TO:

**Primary Care Services  
NWSSP  
4<sup>th</sup> Floor  
Companies House  
Crown Way  
CARDIFF  
CF14 3UB**

--

**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