

ACCOUNT NUMBER:

To claim a Reward for the identification of a fraudulent prescription form, **all details must be fully completed.**

Rewards are only payable where fraudulent activity can be proven, and where the conditions as set out in the Drug Tariff are met.

If you have **retained** the fraudulent prescription form, you may claim the Retention element of the reward. If you have **dispensed**, but subsequently reported the incident, you may claim the Reporting element of the reward. You must give an explanation of why you felt unable to retain the prescription form on page 3 of this form. Please note that only one reward can be paid per dispensing episode.

The claim form must be returned **with the WP10** (if available) normally within **28 days** of the suspected fraudulent prescription having been presented (refer to Section 3 if you did not retain the WP10).

PLEASE PRINT OR WRITE CLEARLY, giving as much information as possible

1. Details of pharmacist claiming reward:

Full Name

If it was one of your staff who
Noticed the fraudulent prescription,
Please give their name and position

Name of Pharmacy

Pharmacy Address

Telephone Number
(including STD code)

Fax Number

Email address

2. Details of suspect WP10:

WP10 Serial Number

Date WP10 presented

Time WP10 presented

Patient Name

Prescriber

Items prescribed

Is the WP10 signed by an authorised Prescriber?

Yes

☐

No

☐

If there are anomalies in the way the WP10 is completed or signed (for example, if details appear to be forged or the WP10 appears to be a counterfeit form, please provide further details below.

3. Action taken:

Were the prescribed items supplied?

Yes

☐

No

☐

If **Yes** were the appropriate Prescription charges paid?

Yes

☐

No

☐

If **No** please give details of which items were dispensed, and which were not

If items were dispensed and supplied to the patient, please provide a detailed explanation outlining reasons why this was necessary. Please continue on attached sheet if necessary.

NB: Where items were supplied but the form is held by the Police, further information may be needed before reimbursement can be made.
Where items were supplied further details may be needed to prove fraudulent activity before the reward can be paid.

Give details of what happened at the time the WP10 was presented-what alerted you to the suspected fraud and what action you or your staff took *:

If you were not suspicious at the time the items were supplied, give details of how and when the suspected fraud came to light, and what action was taken by you or your staff *:

4. Additional relevant information*:

Is CCTV footage available? If **Yes**, please retain tape.

Yes

☐

No

☐

If the suspect is known to you, please explain how and provide a name if possible.

Please describe the suspect, i.e. height, gender, clothing, other distinguishing features etc.

Please provide details of any vehicle used. (e.g. registration, make, colour etc.)

Other relevant details

** Use the additional sheet on page 5 if necessary*

5. Report to the Police:

Did you contact the police? If **No**, please state the reason why, and proceed to part 7.

Yes

☐

No

☐

Name of Police officer who dealt with you case

Name of Police station/ Authority

Was a witness statement given?

Yes

☐

No

☐

Date reported:

Crime / reference number

Was the suspect arrested?

Yes

☐

No

☐

Is the WP10 in the hands of the police?

Yes

☐

No

☐

6. Declaration

I declare that the information given on this claim form is true and complete to the best of my knowledge. I have reason to believe the form in question, presented as a prescription form, is not genuine, or may have been illegitimately altered. The item(s) prescribed (please tick as appropriate):

☐

Were provided

pursuant to paragraph 3(1) of the terms of service and I hereby claim reimbursement for those items and a Reporting Reward

☐

Were NOT provided

pursuant to paragraph 3(1B) of the terms of service and I hereby claim a Retention Reward

I understand that action may be taken against me if I knowingly make an incorrect claim. For the purposes of prevention, detection and investigation of crime, I consent to the disclosure of relevant information.

Completed by:
(Please print)

Signature:

Date:

The completed form should be forwarded to your Health Board local counter fraud specialist.

Contact details for Health Board local counter fraud specialists can be found at. [Local Counter Fraud Specialists \(sharepoint.com\)](https://sharepoint.com)



PHARMACY REWARD SCHEME CLAIM FORM

This page to be used for any additional information.