

Form WP34D – Dispensing Doctor Accounts Only

PCS Account Number:

6	0					X
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INVOICE RELATING TO DRUGS AND APPROVED
APPLIANCES SUPPLIED UNDER PART II OF THE NATIONAL
HEALTH SERVICE ACT 1997

Please return to:
Primary Care Services
NWSSP
4th Floor
Companies House
Crown Way
Cardiff
CF14 3UB

*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 <small>DO NOT INCLUDE ITEMS CLAIMED VIA EMVC</small>
Group 1 (inc 1a)		

Exempt from patient charge