

Part 1 - Contractor Details and Authorisation

PLEASE RETURN TO:

**Primary Care Services
NWSSP
4th 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
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Part 2 - Submissions**Forms****Items**

Group 1 (Exempt
from patient charge)

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Group 2 (Patient
charge paid)

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Total
(Sum of groups 1 & 2)

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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)

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