

End of Life Drugs Community Pharmacy Support Service Claim Form

Pharmacy Name _____

Pharmacy Address _____

Provider's stamp

Please tick the appropriate box/boxes:

Claim in respect of Professional Fee (please complete section A)

Claim in respect of out-of-date stock (please complete section B)

Please return all completed forms signed and dated to warnoccg.contracting@nhs.net

Section A – Professional Fee Claim

Claim in respect of service provision for the Specialist Palliative Care Drugs Supply locally commissioned service.

I confirm that _____(enter name) pharmacy will provide the On Demand Availability of End of Life Drugs locally commissioned service for the period 1st April 2021 to 31st March 2022.

I confirm that the service has been provided in full compliance with the service specification.

Print Name _____

Job Title _____

Signature _____

Date _____

Section B – Out of Date Stock Claim

Claim in respect of out of date stock purchased to provide the On Demand Availability of End of Life Drugs locally commissioned service.

Month Out of Date Stock Claimed For _____

Out of Date Product	Price
Replacement product	Price

I confirm that the products listed above as “out of date” will be destroyed. The drugs were stocked to provide the On Demand Availability of End of Life Drugs locally commissioned service.

Print Name _____

Job Title _____

Signature _____

Date _____