

## NHS Prescription Services

### NHS Urgent Medicine Supply Advanced Service Claim submission form

You must register first before starting to provide the service.

You can register online at: [www.nhsbsa.nhs.uk/UMS](http://www.nhsbsa.nhs.uk/UMS)

Pharmacy organisation code (begins with F):	F					Pharmacy name:	
Telephone number (in case of queries):						Pharmacy stamp:	
Pharmacy address (including postcode):							
Service provided (month / year)*:							

#### Claim submission

Total number of FP10DT forms	Total number of consultations (items not supplied)	Total number of consultations (items supplied)	Total number of items supplied	Total number of prescription charges collected

**Declaration:** I am claiming payment in accordance with the terms of the Urgent Medicine Supply Advanced Service, as set out in the service specification and the Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) Directions 2016.

**I confirm that the pharmacy named above has been registered with the NHS Business Services Authority as a provider of this service and understand that this payment claim will not be approved if the pharmacy has not been registered.**

I declare that the information on this submission form is correct and complete. Any drugs and scheduled appliances supplied on the enclosed FP10DT forms submitted/declared were supplied by the contractor in the period and from the premises stated above. If not, I understand that further action may be taken.

Name:		Date:			/			/		
Signature**:		On behalf of:								

To claim payment, place the completed **NUMSAS Claim Form** along with the completed **FP10DT EPS dispensing tokens** in an **envelope** clearly marked with '**NUMSAS**' and your **Pharmacy F Code**. Send the NUMSAS envelope to the NHS BSA with the normal monthly submission bundle not later than the 5th day of the month following that in which the service was provided. Please ensure that FP10DT EPS tokens are separated from other tokens, or there is a risk that claims will not be reimbursed if the NUMSAS tokens are scanned and stored with the other tokens.

**\* Each month must be claimed separately. \*\* This claim form will not be accepted without a signature.**