Dispensing Doctors Home Delivery Service During the COVID-19 Outbreak Claim Form

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| --- | --- | --- | --- | --- | --- | --- |
| Practice code: |  |  |  |  |  |  |
| Practice name: |  | | | | | | |
| Telephone number (in case of queries): |  | | | | | | |
| Practice address  (including postcode): |  | | | | | | |
| Service provided  (month / year): | / | | | | | | |

Tell us how many times you carried out this service this month in the box provided

**Declaration:**

I am claiming payment for provision of the Dispensing Doctors Home Delivery Service provided in accordance with the requirements set out in the National Health Service Amendments Relating to the Provision of Primary Care Services During a Pandemic etc.) Regulations 2020.

I declare, to the best of my knowledge, that I am submitting claims for the Pandemic Medicines Delivery Service for patients:

- to whom the dispensing doctor delivered prescription medicines;

- who are covered by the UK Government’s Shielding Policy; and

- where there were no arrangements made for another person (including a volunteer) to collect their prescription medicines from the dispensing doctor on their behalf.

I declare that all information on this form is correct and complete and that each delivery submitted within this claim is for an eligible patient, as outlined in the service specification of the Dispensing Doctors Home Delivery Service during the Covid-19 outbreak.

I understand that if it is not, further action may be taken.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | Date: |  |  | / |  |  | / |  |  |
| Signature\*: |  | On behalf of: |  | | | | | | | |