

**NHS PHARMACEUTICAL SERVICES ADVANCED SERVICES
MEDICINES USE REVIEW/PRESCRIPTION INTERVENTION SERVICES
CLAIM FORM****TO BE COMPLETED BY OR ON BEHALF OF THE PHARMACY CONTRACTOR**

I/we have accepted patients, as listed overleaf, for Medicines Use Review and/or Prescription Intervention Services.

Month during which service provided: _____

Name of Pharmacy: _____

Pharmacy Stamp

LHB area in which the Pharmacy Contractor's premises are situated and for whom the Service(s) was provided: _____

BSC Reference Number: _____

DECLARATIONS, UNDERSTANDING AND CLAIM

I/we declare to the best of my/our belief the information on this form is correct.

I/we claim the appropriate payment for the Advanced Services Scheme for Medicines Use Review and/or Prescription Intervention Services. An audit trail is available at the Pharmacy for inspection by the LHB's authorised officers or officers acting on its behalf by BSC Wales and auditors appointed by the LHB and Wales Audit Office.

Authorised Signature _____ Date ____/____/____
(On behalf of the Pharmacy)

Name _____

Please submit this form as directed by LHB

OFFICE USE ONLY

Amount approved £ _____

When not approved, reason for non-approval _____

Application checked by _____ Date ____/____/____

MEDICINES USE REVIEW (INCLUDING ANY PRESCRIPTION INTERVENTION) SERVICES

Details of Patients

Patient Medication Record Reference Number (PMR) OR Patients NHS Number (if known)		Pharmacist Undertaking Review	
PMR	NHS	Name	RPSBG Reference Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

BSC Wales

Version
06/05