

**PAYMENT FOR ESSENTIAL SERVICES
Community Pharmacy IM & T**

This form is to be used by a Community Pharmacy Contractor to claim the £200 per month IM&T allowance upon confirmation that an 'approved' network connection has been installed, live and active within the Pharmacy.

Name of Pharmacy.....

Trading Name.....

LHB BSC Code.....

Telephone Number.....

Pharmacy Stamp

Date Connection Made.....

DECLARATIONS AND CLAIM

I hereby submit and make a claim for commencement of the monthly payments, in accordance with the terms of the Community Pharmacy IM & T Programme in Wales, as set out in the Drug Tariff, Part VIA, Paragraph 7.14.

I undertake to notify the BSC (on behalf of the LHB) in writing immediately if at a later date the Pharmacy is no longer using an N3-approved network connection and I accept that the LHB will authorise the BSC to stop these payments.

Claim made by: (Authorised signature)		Name: (Please print name)	
Position:		Date:	

Please return this ETP1 Claim Form and a signed copy of the Pharmacy System Supplier's Connectivity Services contract to:

Community Pharmacy Project Co-ordinator, IM&T Department, Business Service Centre, The Oldway Centre, 36 Orchard Street, Swansea, SA1 5AQ

FOR BSC USE ONLY

Pharmacy System Supplier contract received? Yes No

Approved Not Approved

Pharmacy System Supplier spreadsheet received? Yes No

When approved, month to commence payment _____

When not approved, reason for non-approval:

Application checked by: _____ Date: _____

Position: _____