**Claim form for a batch deemed to have been submitted late**

|  |  |  |
| --- | --- | --- |
| Pharmacy name: |  |  |
| Pharmacy address: |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Contact name: |  |  |
| Telephone number: |  |  |

Batch relates to the following dispensing period:

Month Year:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ODS code: | F |  |  |  |  |  |  |  |  |

I wish to challenge the NHSBSA decision to deduct a charge from my account due to the submission of my batch outside of the Drug Tariff instructions set in Part I Clause 5A 4, 5 and 6.

I include evidence that the account was submitted in line with the Part I Clause 5A, 4,5 and 6 and request that a full refund will be added to my next payment.

I therefore wish to confirm my request to the above claim and that the appropriate refund will be added to my next payment.

|  |  |  |  |
| --- | --- | --- | --- |
| Contractor Signature\*: |  |  |  |
| Print name: |  | Date: |  |

Please note the claim form along with the required evidence must be submitted no later than one month after the month in which the administrative deduction was made by the NHSBSA. Full details on how to request a refund can be found at [www.nhsbsa.nhs.uk](http://www.nhsbsa.nhs.uk/)

Please submit this form via email to [PrescriptionAppeal@NHSBSA.NHS.UK](mailto:PrescriptionAppeal@NHSBSA.NHS.UK) or alternatively the form can be posted to the NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle upon Tyne, NE1 6SN.