Uplift to advance payment claim form

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| Pharmacy name: |  |  | **CONTRACTOR’S STAMP** |
| Pharmacy address: |  |  |
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|  |  |  |
|  |  |  |
| Contact name: |  |  |
| Telephone number: |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Account ID: | F |  |  |  |  | Advance Month/Year: |  | Uplift Payment Date: |  |

I wish to make a claim/appeal a previous claim (delete as appropriate) for the temporary uplift to my advance payment, reference the Drug Tariff determination at <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff>.

Please provide evidence to the NHSBSA as to why you believe you should have received the uplift payment, or why you believe the payment was insufficient, as this will be required when your claim is processed. Examples of evidence may include documentation which will collaborate that the contractor was providing NHS pharmaceutical services during the period in question.

This appeal process will be open until 5 November 2020. Forms put forward by contractors will be considered by the Secretary of State on a monthly basis: if a form is submitted by 5 August it will be considered during the month of August for payment to be made on 1 September, if appropriate. Any missing information on the form may cause delay to the process / payment by a month.

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

Please submit this form via email to [nhsbsa.contractorpayments@nhs.net](mailto:nhsbsa.contractorpayments@nhs.net%20) or alternatively the form can be posted to the Contractor Payments Team, NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle upon Tyne, NE1 6SN.