



Advice to Nursing Homes

NRH02Claim

Please send completed form to the local Area Office of the HSCB

Addresses are available on <http://www.hscboard.hscni.net/contacts/>

Please use a separate form for each home

Pharmacy Name

Pharmacy Address

Post Code: Contractor Number

Name(s) of pharmacist(s) currently providing the service:-
.....
.....
.....

Date on which the service was first approved by the Board
(This form should be returned on the anniversary of this date).

Home Name::

Home Address

Post Code:

RQIA ID (if known)..... No Registered Places.....

Dates of four recorded visits at intervals of not more than three months

- 1. 3.
- 2. 4.

I/we wish to make application for the Annual/Second Instalment¹ Allowance payable for this service. I/we confirm that the service has been provided in accordance with the terms specified in the Drug Tariff

Chemist Contractor(s) signature(s)

FOR BOARD USE ONLY: Cost Centre: J9FP05 Account Code: 194B4201

Please pay Contractor No_____ the Second/Annual¹ allowance for this home of___ registered places. Amount:.....

Date..... Approved by

Date sent to BSO:.....

¹ Delete as applicable. Second Instalment is payable on the first anniversary of service approval, Annual Allowance is payable on subsequent anniversaries