

# Schedule of Payments

For:	EXAMPLE CONTRACTOR (UK) LIMITED	143 ANY LANE
T/A:	EXAMPLE PHARMACY	PLACE
OCS code:	FTS01	COUNTY
		NA0 0AA
Dispensing Month:	Jun 2023	

**Net Payment made by NHSBSA 01 Sep 2023 by BACS** £  
**61,219.19**

## SUMMARY OF PAYMENT AMOUNTS

Total of drug and appliance costs		£	44,065.86
Total of all fees			18,805.64
<b>Total of drug and appliance costs plus fees</b>			<b>62,871.50</b>
Total of charges (including FP57 refunds)			-675.50
<b>Total of account</b>			<b>62,196.00</b>
Recovery of advance payment			-53,095.90
Recovery of advance payment in respect of a late registered batch			0.00
<b>Balance due in respect of</b>	<b>Jun 2023</b>		<b>9,100.10</b>
Payment on account for	Jul ( 4149 items less 56 charges)		61,963.36
Advance payment in respect of a late registered batch			0.00
<b>Total amount authorised by NHSBSA</b>			<b>71,063.46</b>
Total amount authorised by LPP			11,660.30
Total of other amounts authorised			-21,504.57
<b>Net payment made by NHSBSA</b>			<b>61,219.19</b>

## DRUG AND APPLIANCE COSTS

Total of basic prices at standard discount rate		£	28,570.93	£
Discount			-2,562.40	
Total of basic prices at zero discount			17,820.64	
Sub total of basic prices				43,829.17
PFCP VAT				4.05
Out of Pocket expenses				0.00
Payment for consumables	5261 @ 1.24 p			65.24
Payment for containers				167.40
<b>Total of drug and appliance costs</b>				<b>44,065.86</b>

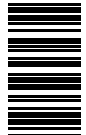
## PRESCRIPTION FEES

Activity payment	4961 @ 127.00 p	£	6,300.47	£
Additional fees	2A unlicensed medicines		40.00	
	2B appliances - measured and fitted		0.00	
	appliances - home delivery		23.80	
	2E controlled drug schedules 2 and 3		44.56	
	2F expensive prescription fees 61		207.26	
	SSP Remuneration		6.55	
Transitional Payment			533.00	
Sub total of prescription fees				7,155.64
Other fees	Appliance use reviews carried out at patients home			0.00
	Appliance use reviews carried out at premises			0.00
	Stoma customisation			0.00
	New medicine service			1,400.00
	Pharmacy First Consultation Fees (PFCP)			8,250.00
	Pharmacy First Payment (PFCP) JAN, FEB			2,000.00
<b>Total of all fees</b>				<b>18,805.64</b>





<b>Sub total (PFCP)</b>	<b>0</b>	<b>0.00</b>
<b>Total</b>	<b>70</b>	<b>-675.50</b>



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<b>OCS code:</b>	<b>FTS01</b>	<b>COUNTY</b>
		<b>NAO 0AA</b>

**Dispensing Month:** Jun 2023

## ITEMS TRANSFERRED BETWEEN EXEMPT AND CHARGEABLE GROUPS

Exempt to Chargeable	1
part 3 unsigned by patient/patient rep.	1
Exempt to Chargeable (old rate)	0
Chargeable to Exempt	0
Chargeable (old rate) to Exempt	0

Key Part 2 - Prescription charge box on reverse of prescription form  
Part 3 - Patient/representative signed declaration section on reverse of prescription form

## SUMMARY OF EXPENSIVE ITEMS

The total number of items reported may not always correspond with the number of "Expensive prescription fees" shown on the schedule of NHSBSA authorised payments. This is due to the fact that any information in this Expensive Item List is reported at drug code level. The basic price values in the table below do not take into account any broken bulk adjustments credited/debited in the total basic prices included under Drug and Appliance Costs above.

DESCRIPTION	NUMBER OF ITEMS	TOTAL BASIC PRICE £
Number of items over £ 100 and up to £ 300	56	8,377.01
Number of items over £ 300	5	1,983.52
<b>Total of items over £ 100</b>	<b>61</b>	<b>10,360.53</b>

## DETAILS OF ITEMS WHICH HAVE A BASIC PRICE EQUAL TO OR OVER £ 100

FORM/ ITEM	DESCRIPTION	PACK SIZE	QTY	BASIC PRICE £
Z00615/3	OZEMPIC 0.25MG/0.19ML INJ 1.5ML PRE-FILLED PENS 1	1.00	8	586.00
Z02450/1	SAXENDA 6MG/ML SOLUTION FOR INJECTION 3ML PRE-FILLED PENS	5.00	10	392.40
Z01389/1	PAEDIASURE FIBRE LIQUID VANILLA 500	500.00	36	377.28
Z01723/1	LIRAGLUTIDE 6MG/1ML INJ 3ML PRE-FILLED DISPOSABLE DEVICES 2	2.00	8	313.92
Z02499/1	LIRAGLUTIDE 6MG/1ML INJ 3ML PRE-FILLED DISPOSABLE DEVICES 2	2.00	8	313.92
Z02495/1	OZEMPIC 0.5MG/0.37ML INJ 1.5ML PRE-FILLED PENS 1	1.00	4	293.00
Z00801/1	ENSURE COMPACT LIQUID VANILLA 500 4 X 125ML BOTTLE	500.00	22500	280.80
Z00615/2	FREESTYLE LIBRE 2 SENSOR 1	1.00	8	280.00
Z01000/2	MEPILEX BORDER FLEX DRESSING 15CM X 19CM OVAL 1	1.00	60	265.80
Z00900/1	GABAPENTIN 50MG/ML ORAL SOLUTION SUGAR FREE 150	150.00	600	260.96
Z01778/1	SCANDISHAKE MIX ORAL POWDER 85G SACHETS CHOCOLATE 6	6.00	84	257.88
Z00374/3	LIRAGLUTIDE 6MG/1ML INJ 3ML PRE-FILLED DISPOSABLE DEVICES 2	2.00	6	235.44
Z01974/1	PROSTAP 3 DCS 11.25MG INJ PRE-FILLED SYRINGES 1	1.00	1	225.72
Z01784/1	BRAMOX 5MG TABLETS 100 10 X 10 TABLETS	100.00	400	196.20
Z02396/1	FORTINI CREAMY FRUIT MULTI FIBRE BERRY FRUIT 400 4 X 100G	400.00	8400	187.32
Z00755/1	DENOSUMAB 60MG/1ML INJ PRE-FILLED SYRINGES 1	1.00	1	183.00
Z01682/1	ENSURE COMPACT LIQUID BANANA 500 4 X 125ML BOTTLE	500.00	14000	174.72
Z01417/1	EICOSAPENTAENOIC ACID 460MG/DOCOSAHEXAENOIC ACID 380MG	28.00	336	170.88
Z02434/1	OCTASA 800MG MR GASTRO-RESISTANT TABLETS 180 18 X 10	180.00	360	161.50

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For: **EXAMPLE CONTRACTOR (UK) LIMITED** 143 ANY LANE  
 T/A: **EXAMPLE PHARMACY** PLACE  
 OCS code: **FTS01** COUNTY  
 NAO 0AA

Dispensing Month: **Jun 2023**

## DETAILS OF ITEMS WHICH HAVE A BASIC PRICE EQUAL TO OR OVER £ 100

FORM/ ITEM	DESCRIPTION	PACK SIZE	QTY	BASIC PRICE £
Z01171/1	RYBELSUS 14MG TABLETS 30 3 X 10 TABLETS	30.00	60	156.96
Z02331/1	RYBELSUS 14MG TABLETS 30 3 X 10 TABLETS	30.00	60	156.96
Z02354/1	INSTANT TESTING STRIPS 50	50.00	20	150.00
Z00399/3	SEMAGLUTIDE 1MG/0.74ML INJ 3ML PRE-FILLED DISPOSABLE DEVICE	1.00	2	146.50
Z00756/1	SEMAGLUTIDE 0.5MG/0.37ML INJ 1.5ML PF DISPOS DEV 1	1.00	2	146.50
Z01204/1	SEMAGLUTIDE 0.5MG/0.37ML INJ 1.5ML PF DISPOS DEV 1	1.00	2	146.50
Z01475/3	TRULICITY 1.5MG/0.5ML SOLUTION FOR INJECTION PRE-FILLED PENS	4.00	8	146.50
Z01655/2	SEMAGLUTIDE 0.5MG/0.37ML INJ 1.5ML PF DISPOS DEV 1	1.00	2	146.50
Z01674/1	SEMAGLUTIDE 0.5MG/0.37ML INJ 1.5ML PF DISPOS DEV 1	1.00	2	146.50
Z02112/3	SEMAGLUTIDE 1MG/0.74ML INJ 3ML PRE-FILLED DISPOSABLE DEVICE	1.00	2	146.50
Z02200/4	TRULICITY 1.5MG/0.5ML SOLUTION FOR INJECTION PRE-FILLED PENS	4.00	8	146.50
Z02386/4	SEMAGLUTIDE 1MG/0.74ML INJ 3ML PRE-FILLED DISPOSABLE DEVICE	1.00	2	146.50
Z00160/2	FREESTYLE LIBRE 2 SENSOR 1	1.00	4	140.00
Z00730/1	FREESTYLE LIBRE 2 SENSOR 1	1.00	4	140.00
Z02100/1	FREESTYLE LIBRE 2 SENSOR 1	1.00	4	140.00
Z02370/2	FREESTYLE LIBRE 2 SENSOR 1	1.00	4	140.00
Z00452/2	LANTUS 100UNITS/ML INJ 3ML PRE-FILLED SOLOSTAR PENS 5	5.00	20	139.00
Z01157/1	ENSURE PLUS JUCE LIQUID FRUIT PUNCH 220	220.00	56	134.40
Z00378/1	ENSURE COMPACT LIQUID VANILLA 500 4 X 125ML BOTTLE	500.00	10500	131.04
Z00164/1	CABERGOLINE 1MG TABLETS 20	20.00	2	127.96
Z02368/3	NOVORAPID 100UNITS/ML SOLUTION FOR INJECTION 10ML VIALS 1	1.00	8	112.64
Z00989/1	EMPAGLIFLOZIN 5MG / METFORMIN 1G TABLETS 56	56.00	168	109.77
Z01567/1	EMPAGLIFLOZIN 10MG TABLETS 28	28.00	84	109.77
Z01989/1	DAPAGLIFLOZIN 10MG TABLETS 28	28.00	84	109.77
Z00418/1	EPIPEN 300MICROGRAMS/0.3ML (1 IN 1,000) INJ AUTO-INJECTORS 1	1.00	2	107.60
Z00420/1	EPIPEN 300MICROGRAMS/0.3ML (1 IN 1,000) INJ AUTO-INJECTORS 1	1.00	2	107.60
Z01660/1	EPIPEN 300MICROGRAMS/0.3ML (1 IN 1,000) INJ AUTO-INJECTORS 1	1.00	2	107.60
Z00572/1	RISPERIDONE 250MICROGRAM TABLETS 20 2 X 10 TABLETS	20.00	56	106.40
Z00644/1	APIXABAN 2.5MG TABLETS 60	60.00	112	106.40
Z01112/1	APIXABAN 2.5MG TABLETS 60	60.00	112	106.40
Z01606/1	APIXABAN 5MG TABLETS 56	56.00	112	106.40
Z01809/2	APIXABAN 5MG TABLETS 56	56.00	112	106.40
Z02225/2	APIXABAN 5MG TABLETS 56	56.00	112	106.40
Z02232/1	APIXABAN 5MG TABLETS 56	56.00	112	106.40
Z02329/1	APIXABAN 5MG TABLETS 56	56.00	112	106.40
Z02295/2	SPIRIVA 18MICROGRAM INHALATION PDR CAPS WITH HANDIHALER	30.00	3	104.61
Z00607/1	GLYCOPYRRONIUM BROMIDE 1MG/5ML ORAL SOLUTION SUGAR	150.00	1	104.03
Z00033/1	PRO-CAL POWDER 15G SACHETS 30	30.00	120	101.48
Z02189/2	RIVAROXABAN 20MG TABLETS 28	28.00	56	100.80



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# CONFIRMATION OF BANK AND CORRESPONDENCE DETAILS - BSA 304

Change authorised by: -----  
(SIGNATURE)

Name: -----  
(PLEASE PRINT NAME)

Position: -----

Telephone No: -----

Date of Completion: -----

Payment date to be applied: -----

**STAMP OF PHARMACY OR COMPANY** (or if a head office attach a signed letterhead as authorisation):

**PREMISES DETAILS**

EXAMPLE CONTRACTOR (UK) LIMITED  
EXAMPLE PHARMACY  
143 ANY LANE  
PLACE  
COUNTY  
NA0 0AA

**OCS CODE** FTS01  
**ICB** NORTH CENTRAL LONDON ICB

**RETURN ADDRESS FOR AMENDMENTS**

Customer Payments Section  
NHS Business Services Authority  
Bridge House  
152 Pilgrim Street  
Newcastle Upon Tyne  
NE1 6SN

Tel: 0300 3301349

	<b>New Contractors:</b> Please state contract start date, as agreed with your ICB, and your new account number	Start date : New acct No:
	CONFIRMATION OF EXISTING DETAILS:	DETAILS TO BE ALTERED TO:
PAYMENT METHOD	BACS	
BANK ACCOUNT NAME	EXAMPLE CONTRACTOR (UK) LTD	
BANK ACCOUNT NUMBER	****0000	
BANK ACCOUNT TYPE	CURRENT A/C	
BANK BRANCH DETAILS (If changing a bank sort code please state bank name and branch address)	10-00-00	SORT CODE: BANK NAME: BRANCH ADDRESS:
BUILDING SOCIETY ROLL NUMBER	NONE HELD	
CORRESPONDENT'S NAME	MRS ACCOUNT HOLDE	
ADDRESS FOR PAYMENT CORRESPONDENCE (where account is terminated please provide as soon as possible)	143 ANY LANE PLACE COUNTY NA0 0AA	

**Please Note:** Return this form only if amendments are required. Complete this form, sign it and stamp it with your pharmacy/company stamp or attach a signed letter from the company head office. The form **MUST** be received, correctly completed and authorised, at least 8 working days before the BACS payment date.

MRS ACCOUNT HOLDE  
EXAMPLE PHARMACY  
143 ANY LANE  
PLACE  
COUNTY  
NA0 0AA

**NHSBSA - PRIVATE AND CONFIDENTIAL**

