

Home Oxygen Therapy Adjustment Notification

Supplier Name		
Supplier Address		
Region		
CCG Name		CCG Code __ __

Please indicate if amount is to be **PAID** or **DEDUCTED** from the Oxygen Supplier.

Payment Band	Month Applicable	Paid or Deducted	Amount excl VAT	NHSBSA Use			
				Input	Date	Trans No	Verified
TOTAL							

Name (please print)

Contact Number

Authorised Signature

Date

Designation

Email

Please fax to the Customer Payments Team to the fax number below. Adjustments will be made on the next available payment date.

NHSBSA Prescription Services
 Customer Payments Team
 Stella House
 Goldcrest Way
 Newburn Riverside
 Newcastle Upon Tyne
 NE15 8NY

Tel: 0191 244 6488

Fax: 0191 264 8801