provided by ...



Home Oxygen Therapy Out of Area Adjustment Notification

Supplie	r Name						
Supplier Address							
Reg	ion						
CCG Name				CCG Code			
		mount is to be e Oxygen Supp		NHSB	SA Use		
Payment Band	Month Applicabl	Paid or Deducted	Amount excl VAT	Input	Date	Trans No	Verified
		TOTAL					
ame (pleas	se print)			Contac	t Numb	er	
Authorised Signature				Date			
Designation				Email			
		mer Payments Te ble payment date		fax num	ber belo	w. Adjus	tments will
	Customer Stella Hous Newburn R	Prescription Serv Payments Team se, Goldcrest Wa Riverside Upon Tyne	1				

Tel: 0191 244 6488 Fax: 0191 264 8801

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