

**Home Oxygen Therapy Out of Area
Adjustment Notification**

Supplier Name			
Supplier Address			
Region			
CCG Name		CCG Code	__ __

Please indicate if amount is to be <u>PAID</u> or <u>DEDUCTED</u> from the Oxygen Supplier.				NHSBSA Use			
Payment Band	Month Applicable	Paid or Deducted	Amount excl VAT	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