**Home Oxygen Therapy Adjustment Notification**

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| --- | --- | --- |
| **Supplier Name** |  | |
| **Supplier Address** |  | |
| **Region** |  | |
| **CCG Name** |  | **CCG**  **Code \_\_ \_\_** |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Please indicate if amount is to be PAID or DEDUCTED from the Oxygen Supplier.** | | | | **NHSBSA Use** | | | |
| **Payment Band** | **Month Applicable** | **Paid or Deducted** | **Amount excl VAT** | **Input** | **Date** | **Trans No** | **Verified** |
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|  |  |  |  |  |  |  |  |
| **TOTAL** | | |  |  |  |  |  |

**Name (please print)** …………………………  **Contact Number** …………………...

**Authorised Signature** ………………………. **Date** ………………………………….

**Designation** ………………………………….. **Email** …………………………………

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

NHSBSA Prescription Services

Customer Payments Team

Bridge House

152 Pilgrim Street

Newcastle Upon Tyne

NE1 6SN

Tel: 0191 244 6488 Email: nhsbsa.contractorpayments@nhs.net