

Home Oxygen Therapy 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 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