

Prescription pricing enquiry

Pharmacy name: _____
Pharmacy address: _____

Contact name: _____
Email Address: _____
Telephone number: _____

CONTRACTOR'S STAMP

Account ID:

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 Month: Year:

Please indicate the nature of the enquiry affecting the payment of your account:

- | | | |
|--|---|---|
| <input type="checkbox"/> Item count | <input type="checkbox"/> Expensive items | <input type="checkbox"/> Switching |
| <input type="checkbox"/> Charges count | <input type="checkbox"/> Out of pocket expenses | <input type="checkbox"/> EPS R2 <input type="checkbox"/> Endorsements |

Additional information which may help NHSBSA to process your recheck request:

To ensure any adjustments fairly reflect both underpayments and overpayments, the NHSBSA may select an equivalent number of additional months to check where appropriate.

All requests must be submitted no later than 18 months from the end of the month of dispensing (e.g. for prescriptions dispensed in April 2012 the request must be submitted by 31 October 2013).

Signature: _____

Print name: _____ Date: _____

Full details on how to request a check can be found at www.nhsbsa.nhs.uk

Please submit this form via email to nhsbsa.repricingrequest@nhs.net or alternatively the form can be posted to the Customer Payments Team, NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle upon Tyne, NE1 6SN.