provided by ...



Help us to help you

When filling in your FP34D/PD (Appendix) form, please remember to supply all of the required information. Incomplete claims impact on the processing of the form and may cause a delay to your payment. An entry of, for example, 'flu vaccines' and a quantity is not enough information for us to process your claim correctly.

	_		FOR VACCINE PAR	RAGRAPH 16 DU	AND PERSONALI			
Be sure to include the brand name if the manufacturer produces more than one brand of a vaccine.		Influenza Please note: 1. Individual FP	Typhoid Tos for these var	Hepatitis A	Hepatitis B be accepted in do	Meningo octors accounts. Y SHOULD NOT	coccal	ON THESE
a vaccine.		Name of Doctor (see note 6.1)	Doctor Index Number (see note 6.1)	Prescribed Vaccine Order (see note 6.2)	Endorsement of Manufacturer and/or Brand (see note 6.3)	Endorsement of Presentation / Pack (see note 6.4)	(see note 6.5)	of Doses Administered in the month (see note 6.6)
Ensure the brand/manufacturers name is stated against each vaccine you are claiming for.		Dr Jones	123456	Influenza Influenza Hep A	Abbott Imuvac Abbott Influvac Avaxim	-	0.5ml 0.5ml 0.5ml	35 10 3
		Dr Smith	987654	Influ Inact Hep B Hep A	Pfizer - Enzira Engerix B Havrix Mono	1 Pre-filled 10	0.5ml 1ml 1ml	138 4 3
		Dr Green	654321	Influenza Hep A+B Typhoid	Wyeth Pharm Twinrix Typhim VI	10 Pre-filled 10	0.5ml 1ml 0.5ml	140
Please use numbers, not words.		Dr White	456789	Influenza Influenza	Novartis Agripp	al 10	0.5ml 0.5ml	36 10
				Hep A Hep B	Havrix Junior HB Vax PRO	Pre-filled 1	0.5ml 1ml	2
		FP34PD (REV'D Ju	ly 2022)				(C) Cop	PTO syright NHSBSA 2022

Got a question? Visit our online knowledge base. **Ask Us** puts the answer at your fingertips 24 hours a day. Alternatively, you can call us on 0300 330 1349 or email us at nhsbsa.prescriptionservices@nhs.net between 8am and 6pm Monday to Friday.