

## Filling in your FP34D or PD (appendix) form

Below is guidance to help you fill in the appendix form correctly so that your form is processed as quickly and accurately as possible.

The notes that the appendix heading refers to can be found on the reverse of the FP34D and FP34PD submission documents:

6.1/7.1 The name and doctor index number should be completed for each doctor prescribing.

6.2/7.2 Identify the prescribed vaccine, i.e., generic or brand

6.3/7.3 Identify the manufacturer and/or brand name of the vaccine when required.

6.4/7.4 Identify the presentation and pack size from which the vaccine was administered.

6.5/7.5 Identify the dosage administered to each patient e.g., 0.25ml.

6.6/7.6 Identify the total number of doses administered in the month.

- In the columns 'Name of Doctor' and 'Doctor Index Number,' write the details including the six-digit index number of each doctor in the practice who need individual payments. If only one doctor's details are added, for example the senior partner, then payment will be allocated to that doctor only for all the allowed items listed.
- In the column 'Prescribed Vaccine Order' please enter either the generic or brand name of the vaccine. In the 'Endorsement of Manufacturer and/or Brand' column please add the relevant brand or manufacturer.
- If a manufacturer makes two or more brands of one type of vaccine it is important you tell us **both** the brand and manufacturer, in the column 'Endorsement of Manufacturer and/or Brand.' For example, BGP Products Ltd makes both Imuvac and Influvac; Novartis makes both Fluvirin and Agrippal.
- In the column 'Endorsement of Presentation / Pack' please add whether a vial, ampoule, etc. has been dispensed and the pack size used.

- In the column 'Patient Dosage' please add the size of the dosage administered, e.g., 0.5ml.
- In the final column, 'Total Number of Doses Administered in the month,' please add the total number of the vaccine dispensed.
- Only fill in details for the five vaccines listed on the form, or combinations of them. These are:
  - Influenza
  - Typhoid
  - Hepatitis A
  - Hepatitis B
  - Meningococcal

No other vaccines should be entered on this form.

- Only vaccines which have been purchased by the practice specifically for personal administration should be submitted on the form. Therefore, Fluenz vaccine should not be claimed on the FP34D/PD appendix form when centrally procured.
- Send in your claims monthly, regardless of the number of items for which you are claiming.
- Make the claim for each doctor clearly distinguishable by leaving a blank line between claims.
- Only use the official form for payment.

Our helpdesk can help you with any queries you have about making claims for reimbursement.

**0300 330 1349**