**Prescription pricing enquiry**

|  |  |  |  |
| --- | --- | --- | --- |
| Pharmacy name: |  |  | **CONTRACTOR’S STAMP** |
| Pharmacy address: |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Contact name: |  |  |
| Email Address: |  |  |
| Telephone number: |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Account ID: | F |  |  |  |  | Month: |  | Year: |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Item count | [ ]  Expensive items | [ ]  Switching |  |
| [ ]  Charges count | [ ]  Out of pocket expenses | [ ]  EPS R2 | [ ]  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 2022 the request must be submitted by 31 October 2023).

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  |  |  |
| Print name: |  | Date: |  |

Full details on how to request a check can be found at [www.nhsbsa.nhs.uk](http://www.nhsbsa.nhs.uk/)

Please submit this form via email to repricingrequest@nhsbsa.nhs.uk 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.