**Payment Information Registration Form**

|  |  |
| --- | --- |
| Company Name: | Signature: |
| OCS Code: | Pharmacy/Company Stamp (or please include pharmacy letter head separately) |
| Email: |
| Telephone Number: |
| Information Available to view: | Schedule of Payments  Prescription Information Report |

This form must be completed in order to gain access to the Information Services Portal.

**Section 1 – Main User (mandatory)**

Print Name: ………………………………

Designation: Director/Owner (please delete as appropriate)

Date: ………………………………

**Please return your completed form to:**

**Email**:[cpspricinginformation@nhsbsa.nhs.uk](mailto:cpspricinginformation@nhsbsa.nhs.uk)

**Post**: Customer Payments Team

NHS Business Services Authority

Bridge House, 152 Pilgrim Street

Newcastle upon Tyne

NE1 6SN

**Section 2 – Additional Users (please ensure section 1 is also completed)**

|  |  |
| --- | --- |
| Name | Email (each user must have their own email address) |
|  |  |
|  |  |
|  |  |
|  |  |

**Please retain a copy of this form for your records. Should any changes be required please have the Director of the business contact us via email** [**cpspricinginformation@nhsbsa.nhs.uk**](mailto:nhsbsa.cpspricinginformation@nhs.net)

**Please note we can’t accept authorisation from 3rd parties.**

**NHSBSA may use your email address details for the purposes of conducting short surveys and to send quarterly newsletters with relevant information for dispensing contractors**