Advanced Services declaration form

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| To: | **Organisational Data Team****NHS Prescription Services****NHSBSA****Email completed form to:** prescriptioninformation@nhsbsa.nhs.uk | **Pharmacy or company stamp** (or if claim is being submitted by head office, please attach a signed letterhead as authorisation) |

**Contractor account details**

|  |  |
| --- | --- |
| ODS code (F code) |  |
| Pharmacy/dispensing appliance contractor name |  |
| Trading name (if different) |  |
| Address |  |
| Postcode |  |

**Contractor declaration**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I confirm that the above named contractor wishes to provide the following advanced service(s):\*delete as applicable

|  |  |  |  |
| --- | --- | --- | --- |
| Appliance use reviews (AURs)  | \*Yes / No  | Effective date of service: |  |
| Stoma customisation  | \*Yes / No  | Effective date of service:  |  |

I hereby submit a declaration to NHS Prescription Services informing of the intention to offer the above Advanced Services of stoma customisation and/or AURs.I \*intend /do not intend to provide AURs to patients at home. Unless services are provided solely to patients at home, I undertake to provide a statement of each location at which services are to be provided.I undertake to notify my Area Team separately of the intention to offer the above service(s) and am aware that I must give three months’ notice to both NHS Prescription Services and my Area Team to withdraw the stoma customisation service. |
| **Claim made by** (authorised electronic signature) |  | **Tel. number** and/or email address (in case of queries) |  |
| **Name** (please print) |  | **Position** |  |
| **Date** |  |

Please note that completed applications must be received by NHS Prescription Services no later than the last day of the month before the month in which the services are intended to be provided.