



CMS incorrect claim notification

Contractor Code	UPN/Barcode	Description of Item	Date of Claim	Adjustment Required

Signature :

Date:

Please send completed form to:

Pharmacy Payments:

Address: Practitioner Services, Area 136C Gyle Square 1 South Gyle Crescent Edinburgh EH12 9EB

Email: nss.psd-cp-claims@nhs.net

N.B. Adjustments will be made after processing is complete for the dispensing month