

Practitioner Services

2020-21 Quarterly Vaccination Claim Form

Please complete in accordance with the accompanying guidance notes GM-CF-SF002 v3 (10-2020)

Practice Name: Code:

Claim Type	Claim Category	Date From:	Date To:	Number:	Practitioner Services Use Only
Pertussis	Pregnant and Post Natal Women	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pneumococcal	Age 65+	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shingles	Routine Cohort	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shingles	Catch-up Cohort	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NHS Circulars

Please refer to the 2020-21 Guidance notes for legislative requirements: GM-CF-SF002 that accompany this claim form.

Declaration:

I declare that the information I have given on this form is correct and complete and I understand that if it is not, action may be taken against me. I acknowledge that my claim will be authenticated from appropriate records and that payment will be made to my Practice, which will be subject to Payment Verification. Where the Common Services Agency is unable to obtain authentication, I acknowledge that the onus is on my Practice to provide documentary evidence to support this claim.

Practice Stamp

Signed By: Date: