

# Practitioner Services

# 2022-23 Covid-19 (GP Practice Directly Delivered) Vaccination Claim Form

Please complete in accordance with Scottish Government Circulars: PCA(M)(2020)17 & PCA(M)(2021)09

Practice Name:  Code:

Claim Type	Claim Category	Date From:	Date To:	Number:	Practitioner Services Use Only
Covid-19	First Dose Vaccine of 2 Doses				
Covid-19	Second Dose Vaccine of 2 Doses				
Covid-19	Single Dose Vaccine				
Covid-19	Booster				
Covid-19	Migrant Seafarers in Scotland				
Covid-19	12-15 Year Olds				
Covid-19	Mop Up				

## NHS Circulars

Please refer to the Scottish Government Circulars: PCA(M)(2020)17 & PCA(M)(2021)09 Covid-19 Directed Enhanced Service & CMO(2020)33 Covid-19 Vaccination Programme, CMO(2021)22 Covid-19 Vaccination Programme Migrant Seafarers in Scotland, CMO(2021)25 Covid-19 Booster Vaccine Programme, CMO(2021)26 Covid-19 Vaccination Programme 12-15 Year Olds

## 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.

Signed By:  Date:

## Practice Stamp

Completed claims should be scanned and e-mailed as follows:

Aberdeen: [nss.psd-gppractices-aro@nhs.scot](mailto:nss.psd-gppractices-aro@nhs.scot) | Edinburgh: [nss.psd-gppractices-ero@nhs.scot](mailto:nss.psd-gppractices-ero@nhs.scot) | Glasgow: [nss.psd-gppractices-gro@nhs.scot](mailto:nss.psd-gppractices-gro@nhs.scot)