

Hypertension Detection Service Pharmacy Claim Form

Contractor Number:

Contractor Name/Address:

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MONTH YEAR

Unique Client Reference Number	Date of first consultation	Date of second consultation (if applicable)	Date of HBPM follow up (if applicable)

Number of first consultations (payable at £10)

Number of second consultations (payable at £5)

Number of claims for HBPM (payable at £15)
(Includes client training & analysis of results)

One off Training fee (payable at £100)
on review of 5 or more clients by trained pharmacist.

Total Claim amount this month

Signed :

Date: