

Covid-19 Primary Care Optometry PPE Reimbursement Claim Form
Quarter 1 2021-2022 (April-June 2021)
Closing Date Friday 8 October 2021

Please read the instructions in the accompanying letter before completing this form and submit via email to: ophthalmic.services@hscni.net or by post to: Ophthalmic Services, Directorate of Integrated Care, HSCB Northern Office, 182 Galgorm Road, Ballymena, BT42 1QB.

Name of Contractor	
Practice Name & Address	
Premises Code	

Claims will be capped at £1.28 per service encounter* for period of Quarter 1 2021/22 April 2021 – June 2021

* GOS sight tests and supply of optical appliances, the NI Primary Eyecare Assessment and Referral Service (NIPEARS) and the Glaucoma Enhanced Services including OHT monitoring and LES1 and LES2 services.

Invoice description (supplier, purchase details)	Amount
Total amount claimed	

HSCB will instruct BSO to reimburse you for purchases corresponding with your service activity data for the period April 2021- June 2021 up to the maximum of £1.28 multiplied by your activity occurrences or the sum of your accepted invoices, whichever is the lesser amount.

Contractor Declaration

- I will only claim for PPE purchased during the period April 2021 – June 2021.
- I will provide copies of dated invoices/receipts with this application and will retain original receipted invoices and provide these to HSCB if required.
- I will participate in HSCB audit/monitoring of the outcomes of the scheme as required.

Contractor Signature: _____

Date: _____