

**Medication Administration Record (MAR) Chart Scheme: Monthly Claim Form**

Calendar Month and Year		Patient initials	D.O.B	GP Practice	Date of first MAR chart	Number of times MAR's printed in a month	Initial set up fee claimed (£11)	Price per 28 day cycle claimed (£5)	Total Claimed (£)
Name of Pharmacy									
Address of Pharmacy									
	PPA Number:								

I declare that the information given on this claim form is true and correct to the best of my knowledge. I understand that action may be taken against me if I make an incorrect claim. I consent to the disclosure of relevant information on this form for the purposes of fraud prevention, detection and investigation.

(Please photocopy this form for your own records.)

<b>Name of Pharmacist</b> .....	<b>Signature</b> .....
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Please return monthly to: **A Harter, Adult Social Care Commissioning, 2<sup>nd</sup> Floor East, Merrion House, 110 Merrion Centre, Leeds, LS2 8QB**