Pharmaceutical services
Belfast On-Call Claim Form

HSC Business Services Organisation
Providing Support to Health and Social Care

HSC Health and Social Care Board

CLAIM FORM – BELFAST ON-CALL ARRANGEMENTS I confirm the following services were provided on the dates shown and claim payment at the agreed rates.		
Signature		Date
Pharmacy Name:		Contractor No:
Pharmacy Address:		Post Code:

On-Call Dates:	Week Commencing Monday:
	DD/MM/YYYY

For BSO Office Use Only: Check Handbook for payment rates			
Payment due:	On-Call:	Special Day(s):	Total:
Claim checked against key:	Signature for authorisation of payment		Date