

Domiciliary Oxygen and Cylinder Rental Claim Form

Month: _____ Year _____

Contractor Number	
Name	
Address	
Post code	

Domiciliary Sets and Stands

Total Sets	
Total Stands	

Cylinder Rental Claims

Please provide details of all rental claims indicating cylinder type/size, name of supplier (if not BOC), type of gas, rental per cylinder and total number of rentals being claimed this month:

Cylinder Type/Size	Type of Gas	Rental Per Cylinder (not required for BOC cylinders)	Number of Rentals

- All prescriptions forms ordering oxygen gas and/or oxygen equipment **must** be attached to this form and submitted for payment with your monthly prescription forms.
- Delivery and collection fees will be only be reimbursed for cylinders and oxygen equipment included in the Northern Ireland Drug Tariff.
- For prescriptions forms containing gases other than those obtained from BOC or in the Northern Ireland Drug Tariff invoices for cost of the gas and subsequent rental/hire must be submitted to the BSO for reimbursement. The relevant item should be highlighted.

OXYGEN MILEAGE CLAIM SECTION

Prescription Serial Number (11 Digits) or Patient H&C Number where no prescription form is involved (ie Collection of Set) Name and Address of Patient	Claim type 1. Supply of Set 2. Collection of Set 3. Delivery of Cylinders 4. Equipment Malfunction 5. Failed Delivery 6. Replace Faulty Set Please indicate claim type by using the appropriate number in box below	Date of supply or collection of set	Please state number of deliveries made to patient based on the total return mileage travelled on each journey in the appropriate range column below				
			Up to 6 miles	Over 6 & up to 10 miles	Over 10 & up to 20 miles	Over 20 & up to 30 miles	Over 30 miles (Please enter the actual return mileage)
Serial or H&C No. Name Address							
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