

PO1 FORM COMPLETION GUIDE

- A current PO1 form must be completed in **Black ink** and submitted every month by every contractor who supplies domiciliary oxygen or wishes to claim cylinder rental.
- Please ensure that your current contractor number is clearly stated on the PO1 form along with the month of claim.
- 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.
- The number of sets (regulators) and stands held by the contractor must be stated on the PO1 form every month.
- Contractors should only list those patients who have had domiciliary oxygen activity during the month of claim on their PO1 form.
- Contractors should maintain a separate list of current patients who hold oxygen cylinders including non-domiciliary or oxygen regulators.
- Contractors claim for cylinder rental using the PO1 form.
- **Contractors need to ensure they have a record of patient H&C number as this is required for non-form based claims**

Domiciliary Oxygen and Cylinder Rental Claim Form

Month: JUNE Year 2014

Contractor Number	1234
Name	M PILL LTD
Address	21 BOX STREET
	GAS TOWN
Post code	AB1 2CD

Domiciliary Sets and Stands

Total Sets	5
Total Stands	0

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
CD 460L	Oxygen		12
PD 300L	Oxygen		6
AB 500L	Air Products Oxygen	£2.35	2

- 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 listed above 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.

WORKED OXYGEN CLAIM EXAMPLES

1. Supplying Mr George Smith with a new oxygen set requiring a 10 mile round trip
 - a. Record serial number of prescription along with patient details
 - b. Record claim type 1
 - c. Record date of supply
 - d. Record figure 1 in mileage column labelled “over 6 & up to 10 miles”

2. Supplying Mrs Edith Gas, who lives 3 miles from your premises with 12 x 1360L cylinders on two prescription forms and you are claiming 4 deliveries.
 - a. You need to make two entries because there are two prescription forms
 - b. Record serial number of prescription along with patient details for each prescription as shown below
 - c. Record claim type 3 for each prescription
 - d. Record figure 2 in mileage column labelled “Up to 6 miles”

3. Collecting an oxygen set from Mr John Wilson, who lives 10 miles from your premises.
 - a. Record patient details **and H&C number** as you will have no prescription form requesting collection
 - b. Record claim type 2
 - c. Record date of collection of set
 - d. Record figure 1 in mileage column labelled “over 10 & up to 20 miles”

4. Replacing a faulty set for Mr John Johnston. He lives 14 miles from your premises.
 - a. Record patient details **and H&C number** as you will have no prescription form authorising replacement
 - b. Record claim type 6
 - c. Record date of supply of replacement set
 - d. Record figure 1 in mileage column labelled “over 20 & up to 30 miles”

5. Supplying Mr John Black with 5 x 1360L cylinders in two deliveries on one prescription form. He lives 18 miles from your premises.
 - a. Record serial number of prescription along with patient details
 - b. Record claim type 3
 - c. Record in mileage column labelled “over 30 miles” the actual return distance travelled and number of trips

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 number in boxes 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. 01234567891 Name George Smith Address 22 Long Road Any Town CD12 3EF	1	1/6/14		1			
Serial or H&C No. 01234567992 Name Edith Gas Address 14 Short Way Any Village GH12 3IJ	3		2				
Serial or H&C No. 01234568894 Name Edith Gas Address 14 Short Way Any Village GH12 3IJ	3		2				
Serial or H&C No. 1234567890 Name John Wilson Address 26 Lazy Road Any Park BA12 3CD	2	21/6/14			1		
Serial or H&C No. 9876543219 Name John Johnston Address 2 Lazy Place Any Avenue CA12 4CD	6	23/6/14				1	
Serial or H&C No. 01234578891 Name John Black Address 36 The Road Any Place SA12 3JH	3						2 x 36