

Temporary Services

GMS3/99

Please complete in BLOCK CAPITALS and tick ✓ as appropriate.

Patient Details				Date if claim sent electronically:	
Mr	Mrs	Miss	Ms	Surname	
Date of Birth:				First Names	
NHS No:				Previous Surname(s)	
Home Address:				Temporary Address, If applicable:	
Post Code:				Post Code:	
Telephone Number:				Telephone Number:	
Details of treatment should be sent to Doctor's name and full address:					
To be completed by the Doctor					
Emergency treatment		Immediately necessary treatment		Contraceptive Services	
				Non-IUD:	IUD:
Minor Surgical operation		Temporary Resident		Number of Night Visits:	
Treatment of fracture		Date of initial treatment			
General Anaesthetic		Up to 15 days		Dental Haemorrhage:	
Reduction of dislocation		Over 15 days		Rate A	Rate B
Other		Telephone advice only		Number of Vaccinations & Immunisations:	
Telephone Advice Only		Amended Claim		Fee A	Fee B
Rural practice payment. Distance in miles from the patient's temporary residence to my main surgery is:					
I declare to the best of my belief this information is correct and I claim the appropriate payment as in the SFA. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission					
Authorised Signature:			Practice Stamp: Moss Grove Surgery-Kingswinford, 15 Moss Grove, Kingswinford, West Midlands DY6 9HS Telephone: 01384 277377		
Name:			Date:		