

## PRESCRIPTION SORTING AND GP34A DECLARATION

Pharmacy contractors have an agreement with their NHS Board to submit their prescription forms to Practitioner Services within 5 working days of that month's cycle.

It is important that forms are devoid of staples, cellotape, evidence of sticky labels, stickers and perforated edges associated with computer-generated forms.

### GP34A DECLARATION FORM

NATIONAL HEALTH SERVICE in SCOTLAND  
 DECLARATION RELATING TO DRUGS & APPLIANCES ORDERED UNDER PART II OF THE NATIONAL HEALTH SERVICE (SCOTLAND) ACT, 1978 Form GP34 (Scotland)

**Please write with black ink in block capitals**

I hereby claim payment in accordance with my terms of service for the drugs and listed appliances ordered on the prescription forms submitted with this declaration and supplied by me during the month

M
M
Y
Y
Y
Y
 date of dispatch
 D
D
M
M
Y
Y
Y
Y

Tick one box: e.g. 10 Feb 99=10021999

First Half Month 
 Second Half Month 
 Full Month

Signature of contractor

PPD contractor code

Business Name

Address

Postcode

Pharmacist's Stamp

**NOTE FOR COMPLETION**

- Prescription forms must be sorted into exempt and charged batches and the number of forms and items for each batch recorded below.

*Include those marked "x"*

<table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; border: 1px solid black;">Exempt from Charges</th> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">No of forms</td> <td style="border: 1px solid black; padding: 2px;">No of items</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	Exempt from Charges		No of forms	No of items			<table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; border: 1px solid black;">Subject to Charges</th> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">No of forms</td> <td style="border: 1px solid black; padding: 2px;">No of items</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	Subject to Charges		No of forms	No of items		
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If there has been a change in ownership or any details of the contract have changed, please cross box and give details overleaf.

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We require the GP34A to be completed with the following information:

- Dispensing month
- Date of dispatch
- Contractor Code
- Practice Name and address including postcode
- Practice stamp
- VAT registration number
- Signature of Doctor
- Forms and items as exempt – please align to the left
- Oxygen Rental, oxygen contracted contractors must declare their number of sets authorised and their number of sets on loan (NB:- this replaces the GP64 form which PSD no longer requires.) Claims for oxygen set rental are made on the “second half” or “full month” GP34 declaration form

**Please check that your Practice stamp contains the same business details that you have declared on the form.**

Please notify us if there has been a change of ownership, or if any details of the contract have changed, by filling in the reverse of the form.

It is important that the figures detailed on the GP34A declaration agree with the forms being submitted on that occasion.

Unfortunately, a number of contractors fail to submit their prescription forms within this timescale which impacts on the processing of advance payments for all contractors within that NHS Board area.

While every effort will be made to make an advance payment to contractors who fail to submit their prescriptions on time, this may not be possible.

Enquiries relating to your declaration should be directed to Mr P Carty Tel: 01506 705100