

**COMMUNITY PHARMACY ENHANCED SERVICES – COVER SHEET**

Please insert the subtotal in each section if claims are being submitted and attach this cover sheet to the forms you are submitting for the month.

<b>Month of claim:</b>				
<b>CLAIM DETAILS</b>				
<b>Chlamydia Screening</b>	Chlamydia Treatment Form	£	Chlamydia Screening Form	£
<b>EHC</b>	EHC Data Collection Form	£	EHC Claim Form	£
<b>Minor Ailments</b>	Minor Ailments Registration Form	£	Minor Ailments Claim Form	£
<b>Not Dispensed</b>	Not Dispensed Claim Form			£
<b>Specials</b>	Specials Claim Form			£
<b>NRT Replacement</b>	Nicotine Replacement Therapy (Orange Form)			£
<b>Smoking Cessation</b>	Smoking Cessation Consultation Form			£
<b>Palliative Care</b>	Palliative Care Claim Form for Expired Drugs			£
				<b>Total £ _____</b>

Please return form to Medicines Management Team, NHS Cambridgeshire, Lockton House, Clarendon Road, Cambridge, CB2 8FH or Fax to 01223 725592 or 725591.