Pharmacy Query Form

Please complete in CAPITAL LETTERS and place a tick (√) where appropriate in the single boxes provided.

GMS Number of Pharmacy Contractor:

Name of Pharmacy Contractor:

Name of Pharmacy Staff Member submitting query:

Contact Number:

Pharmacy Software Vendor:

If query submitted previously please tick (√) method of submission and insert date:

Phone	Fax	Email	Post

Insert Claim Number(s) & Patient Card Number(s) in the boxes below:

Claim Number	Patient Card Number	Reason

Pharmacy Query Form

This query relates to claims in scheme type. Please tick (√) as appropriate:

Scheme		Scheme	
GMS (Including Hospital Emergency, Stock Order)		EC	
Drug Payment Scheme		HAA	
Long Term Illness		Dental	
High Tech		SDR Drugs	
Methadone		SDR Approval	

This query relates to the following. Please tick (√) as appropriate:

Item		Item	
High Quantity Rejects		SDR (Including Versatis Fampridine & Diabetic Strips)	
Phased Dispensing on GMS		LTI Approved Drugs	
Weekly Dispensing on DPS		Unlicienced Medicines	
13th Dispensing on DPS		Patient Eligibility	
Intermittent Claiming on DPS		Claim Enquiry/Reclaim	
High Tech Patient Care Fee		Drug Code	
Methadone		Stock Orders	
NOAC approval		Other	

Brief Summary of Query:

Pharmacy Stamp:

FOR OFFICAL USE ONLY

Query No.:

Date Received: