**Covid-19 Primary Care Optometry PPE Reimbursement Claim Form**

**Quarter 3 2020-2021 (October-December 2020)**

**Closing Date Friday 12 March 2021**

Please read the instructions in the accompanying letter before completing this form and submit via email to: [ophthalmic.services@hscni.net](mailto:ophthalmic.services@hscni.net) or by post to: Ophthalmic Services, Directorate of Integrated Care, HSCB Northern Office, 182 Galgorm Road, Ballymena,

BT42 1QB.

|  |  |
| --- | --- |
| **Name of Contractor** |  |
| **Practice Name & Address** |  |
| **Premises Code** |  |

**Claims will be capped at £1.28 per service encounter\* for period October 2020 – December 2020**

\* GOS sight tests and supply of optical appliances, the NI Primary Eyecare Assessment and Referral Service (NIPEARS) and the Glaucoma Enhanced Services including OHT monitoring and LES1 and LES2 services.

|  |  |
| --- | --- |
| **Invoice description**  (*supplier, purchase details)* | **Amount** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total amount claimed** |  |

HSCB will instruct BSO to reimburse you for purchases corresponding with your service activity data for the period October 2020-December 2020 up to the maximum of £1.28 multiplied by your activity occurrences or the sum of your accepted invoices, whichever is the lesser amount.

# Contractor Declaration

* I will only claim for PPE purchased during the financial year 2020/21
* I will provide copies of dated invoices/receipts with this application and will retain original receipted invoices and provide these to HSCB if required.
* I will participate in HSCB audit/monitoring of the outcomes of the scheme as required.

**Contractor Signature: Date:**