



North Derbyshire Clinical Commissioning Group
Erewash Clinical Commissioning Group
Hardwick Clinical Commissioning Group
Southern Derbyshire Clinical Commissioning Group

Prescription Pre-Payment Certificate (PPC) Refund Application Form

For patients who have been prescribed Gluten Free foods on prescriptions and who have outstanding full months left on their PPCs after January 2018.

Patients Name stated on PPC:

Patients Address:

Contact Phone number or email address:

Patient's GP Practice Name:

The refund will be posted as a cheque. Please state here the name of the person you would like the refund cheque to be made payable to:

The refund cheque will be posted to you at your above address unless you provide an alternative postal address here:

All claims must include the original Prescription Pre-Payment Certificate.

All refund claims, including original PPCs, must have been received before 1st May 2018

I declare that I am the above named patient and that the enclosed Prescription Pre-Payment Certificate was purchased for the purposes of obtaining Gluten Free food on prescription.

I consent to the relevant staff within the Finance Department using my details provided for the purposes of transacting the refund.

Signed:

Date:



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The amount to be refunded will be calculated according to the below:

Number of complete months still valid for on 1st January 2018	3 month PPC (£29.10) Refund Due:	12 month PPC (£104.00) Refund Due:
12	na	£104.00
11	na	£95.33
10	na	£86.67
9	na	£78.00
8	na	£69.33
7	na	£60.67
6	na	£52.00
5	na	£43.33
4	na	£34.67
3	£29.10	£26.00
2	£19.40	£17.33
1	£9.70	£8.67

Please post the above application form, with all the details completed, with your Prescription Pre-Payment Certificate (original only no copies) before 1st May 2018 to the below address.

Commissioning Finance
Room 94
NHS North Derbyshire CCG
CCG Headquarters
Nightingale Close, Off Newbold Road
Chesterfield
S41 7PF

For any questions about this refund application form or process please contact:

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