NHS

Temporary services

GMS3/99

Please complete in BLOCK CAPITALS and tick ☑ as appropriate

Patient's details

Date if claim sent electronically

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Surname

Date of birth

First names

NHS No.

Previous surname/s

Home address

Temporary address, *if applicable*

Postcode

Postcode

Telephone number

Telephone number

What is your ethnic group?

Please tick one box that best describes your ethnic group or background from the options below:

White: ☐ British ☐ Irish ☐ Irish Traveller ☐ Traveller ☐ Gypsy/Romany ☐ Polish

☐ Any other white background (please write in):

Mixed: ☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian

☐ Any other Mixed background (please write in):

Asian or Asian British: ☐ Indian ☐ Pakistani ☐ Bangladeshi

☐ Any other Asian background (please write in):

Black or Black British: ☐ Caribbean ☐ African ☐ Somali ☐ Nigerian

☐ Any other Black background (please write in):

Other ethnic group: ☐ Chinese ☐ Filipino

☐ Any other ethnic group (please write in):

Not stated: ☐

Not Stated should be used where the PERSON has been given the opportunity to state their ETHNIC CATEGORY but chose not to.

To be completed by the doctor

Details of treatment should be sent to

Doctor's name and full address

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Emergency treatment

- ☐ Minor surgical operation
- ☐ Treatment of fracture
- ☐ General anaesthetic
- ☐ Reduction of dislocation
- ☐ Other
- ☐ Telephone advice only

☐ **Immediately necessary treatment**

Temporary resident

Date of initial treatment

- ☐ up to 15 days
- ☐ over 15 days
- ☐ Telephone advice only
- ☐ Amended claim

Contraceptive services

☐ non-IUD ☐ IUD

Number of night visits

Dental Haemorrhage

☐ Rate A ☐ Rate B

Number of vaccinations & immunisations

fee A fee B

☐ Rural practice payment. Distance in miles from patient's temporary residence to my main surgery is

I declare to the best of my belief this information is correct and I claim the appropriate payment under the SFE. An audit trail is available at the practice for inspection by the Commissioner's authorised officers and auditors.

Authorised signature

Practice stamp

Name

Date