

<b>Contraceptive Intra-Uterine Device (IUD) Claim Form</b>	<b>Practice Ref No.</b>	<input type="text" value="N"/>	<input type="text"/>
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**Contraceptive IUD Service**

given between  and  inclusive.

Number of IUD Insertions

Number of Failed IUD

**NB** Valid claims require to be submitted by the 8<sup>th</sup> of the month to ensure payment at the end of the month.

**NB** This claim will require submission of a list, see Payment Verification section below.

**Payment Verification – Submission of a list (Please tick box)**

An excel spreadsheet list has been emailed with this claim form to: [nss.psd-gppractices-aro@nhs.scot](mailto:nss.psd-gppractices-aro@nhs.scot)

**NB Claims will be returned unpaid where a GP Practice has not provided a list which meets the required criteria**

I declare that the information I have given on this form is correct and complete and I understand that if it is not, action may be taken against me. I acknowledge that my claim will be authenticated from appropriate records and that payment will be made to my Practice, which will be subject to Payment Verification. Where the Common Services Agency is unable to obtain authentication, I acknowledge that the onus is on my Practice to provide documentary evidence to support this claim.

Signed by: .....

Date: .....

Practice Stamp

**Please return completed forms to:**  
[nss.psd-gppractices-aro@nhs.scot](mailto:nss.psd-gppractices-aro@nhs.scot) and ensure the subject line includes your Practice No and Claim Type, e.g. N12345 IUD claim