



**Neo-Natal Services  
CLAIM FOR SERVICES PROVIDED**

Payment will only be made to practices who have signed an Enhanced Services Contract for each service claimed

Practice Code

Surname	Forename	Date of Birth	Time of Birth (please use 24hr clock)	Date and time of 1st Check (within 6 and 30 hrs of birth) (please use 24hr clock)	Date and time of 2nd Check (after 24hrs of Initial check & 72hrs of birth) (please use 24hr clock)

I confirm that the above information is correct. I claim payment on behalf of the Practice and in accordance with the Regulations. I agree to provide information to authorised Health Board personnel to undertake post payment checks.

Authorised signature \_\_\_\_\_

Date \_\_\_\_\_

Practice Stamp

Please return completed forms to: nss.psd-gppractices-aro@nhs.scot  
and ensure the subject line includes your Practice No and Claim Type, e.g. N12345 Neo-Natal Services claim