

Healthy Start Vitamin Return

2019-20

Making claims

To make a claim, this form should be **fully** completed for each quarter and returned to nhsbsa.hsvitaminreturns@nhs.net. Any late submissions will be processed with the next quarter's payments.

Who can make a claim?

This form may be submitted either by one organisation on behalf of several organisations within the Local Authority, or by individual organisations with NHS Supply Chain accounts.

In all cases, however, claims must be signed by a finance officer* within the claiming organisation (NHS England, Clinical Commissioning Group (CCG), or Local Authority (LA)).

If the claim is submitted by an organisation other than NHS England, CCG or LA, it should also be countersigned by the Lead Commissioner (the body that leads on Healthy Start in the area).

Local Authority the claim is submitted on behalf of:

Quarter reimbursement claimed for:

Name of claiming organisation	Type of claiming organisation	Bank account details (Name, sort code, account number)	No. children's drops distributed (£1.52/bottle)	No. women's tablets distributed (£0.74/bottle)	Total reimbursement

Declaration

I claim payment for these vitamins and certify that the entries above are, to the best of my knowledge and belief, correct, and have been checked in order to prevent fraud or abuse of the scheme.

*The position must be of someone in the finance department and the person must have the authorising responsibility pertinent to the sum being claimed.

Signature	<input type="text"/>	Organisation	<input type="text"/>
Name	<input type="text"/>	Email	<input type="text"/>

Authorisation

Claims **must** be submitted by or on behalf of the NHS England, CCG or Local Authority.

Please choose one of the options below:

- My organisation is NHS England, CCG or LA (**complete section A only**).
- My organisation is not NHS England, CCG or LA (**complete both sections A and B**).
- My organisation is not the claiming organisation, but the Lead Commissioner for the area has sent you a letter delegating responsibility to coordinate Healthy Start to us until further notice (**complete section B only**).

Section A

I confirm that the details on this form are correct and that these vitamins were distributed in accordance with legislation governing the Healthy Start Scheme.

Name	<input type="text"/>
Position*	<input type="text"/>
Organisation	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>
Email	<input type="text"/>
Phone	<input type="text"/>

Section B

I confirm that the details on this form are correct and that these vitamins were distributed in accordance with legislation governing the Healthy Start Scheme.

Name	<input type="text"/>
Position*	<input type="text"/>
Organisation	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>
Email	<input type="text"/>
Phone	<input type="text"/>

*The position must be of someone in the finance department and the person must have the authorising responsibility pertinent to the sum being claimed.

Claim Submission

To ensure prompt processing, please ensure that all relevant fields have been completed, particularly those containing NHS Supply Chain account details and signatures.

Failure to complete these details may result in your payment being delayed.