

**Permission for Ashtons to collect
your prescription from your doctor's
surgery and record of exemption
from NHS prescription charges**

ashtons

Late Night Pharmacy

Tel: 01273 325020

98 Dyke Road, Seven Dials, Brighton

www.ashtonspharmacy.com

NHS regulations now require pharmacies to obtain permission from patients if they collect prescriptions from their Doctor's surgeries, and keep records of any exemptions from NHS. Please fill in the form below and return to Ashtons in the freepost envelope provided, or hand back to the Ashtons driver when they next deliver to you.

Name of Patient _____

Address of Patient _____

_____ Post Code _____

Please tick which of the following applies:

I am exempt from NHS prescription charges

I have to pay NHS prescription charges

If you are exempt from paying NHS prescription charges, then please fill out the form overleaf with the reason for exemption, and sign and date the declaration. If claiming benefit, then please include the name, date of birth and National Insurance Number of the person claiming benefit. If you have an exemption certificate, then please fill in the CERTIFICATE NUMBER and EXPIRY DATE below.

Certificate Number _____ Expiry Date ____ / ____ / _____

I hereby give Ashtons Late Night Pharmacy permission to collect my repeat prescription from my Doctor's surgery until further notice. I also give Ashtons Late Night Pharmacy authority to sign all future declarations of exemption from NHS prescription charges on my behalf.

Should my status for exemption change, then I undertake to advise Ashtons of this fact immediately and thereafter pay the prescription charge levy due. I understand that I am responsible for the payment of any fines imposed by the NHS for non-payment of prescription charges.

Signed _____ Date ____ / ____ / _____

PRINT NAME _____

NOTE

Patients who do not have to pay must fill in parts 1 and 3. Those who pay must fill in parts 2 and 3. Penalty charges may be applied if you make a wrongful claim for free prescriptions. If you are not sure about getting free prescriptions, pay and ask for an NHS receipt FP57. You can't get one later. The FP57 tells you about getting a refund.

PART 1

The patient does not have to pay because he/she:

- A is under 16 years of age
- B is 16, 17 or 18 and in full-time education
- C is 60 years of age or over
- D has a maternity exemption certificate
- E has a medical exemption certificate
- F has a prescription prepayment certificate
- G has a War Pension exemption certificate
- L is named on a current HC2 charges certificate
- X was prescribed free-of-charge contraceptives
- H * gets Income Support (IS)
- K * gets Income based Jobseekers Allowance (JSA (IB))
- M * is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate
- S * has a partner who gets a Pension Credit guarantee credit (PCGC)



*Name D.O.B. / / NI No.

*Print the name of the person (either you or your partner) who gets IS, JSA(IB), PCGC or Tax Credit

DECLARATION: For patients who do not have to pay

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption. To enable the NHS to check I have a valid exemption and to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information from this form to and by the Prescription Pricing Authority, the NHS Counter Fraud and Security Management Service, the Department for Work and Pensions and Local Authorities.

PART 2

I have paid £ Now fill in and sign **Part 3**

PART 3

CROSS ONE BOX: I am the patient Patient's representative

Sign Here:

<input type="text"/>	Date / / <input type="text"/>
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Print Name:

<input type="text"/>

Print Address:

<input type="text"/>

if different from overleaf

<input type="text"/>	Postcode <input type="text"/>
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