

# Sign up guide for clinics

This is a guide for clinics on why certain information is requested for our records, and how this can have an impact when processing patients' orders.

A contact number will allow us to contact the patient regarding exemption reasons, taking prescription fees or updates on their order.

An email address will enable us to send the patient an order confirmation and an order reminder for potential future requests.

Please provide the patient's NHS number as this will assist us when obtaining the patient's details on the NHS spine.

Please ask the patient if they have an exemption reason. If they pay for their prescription fees, please let them know they will receive a call from us to take this fee over the phone.

Prescription fees will always apply, where necessary.

The exemption reasons are as follows:

- A. Is 60 years of age or over or is under 16 years of age
- B. Is 16, 17 or 18 and in full-time education
- D. Maternity exemption certificate
- E. Medical exemption certificate
- F. Prescription prepayment certificate
- G. Prescription exemption certificate issued by MOD
- L. HC2 (full help) certificate
- H. Income Support or income-related ESA
- K. Income-based Jobseeker's allowance
- M. Tax Credit exemption certificate
- S. Pension Credit Guarantee Credit (including partners)
- U. Universal Credit AND meets the criteria
- Armed Forces (must be FMed 296, invoiced to MOD medical Center)
- In Prison (must have prison address and area team no. printed)
- Northern Ireland – free prescriptions

**If an exemption reason is not given, or a prescription fee has not been taken, it can result in cancellation of the order.**

**patientchoice** The independent & impartial prescription home delivery service

### Initial Hosiery Process

**How to order:**  
Scan and email this form to the address below or post via our FREEPOST address. Please ensure to include your order details.

Telephone: 01823 246 800 Email: patientchoicedelivery@nhs.net  
Address: FREEPOST PATIENT CHOICE SOMERSET

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ NHS Number: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Delivery instructions if out: \_\_\_\_\_

GP Name: \_\_\_\_\_

GP Surgery: \_\_\_\_\_

GP Address: \_\_\_\_\_

I am exempt from paying prescription charges:

Type of exemption (e.g. Medical Exemption Certificate MEC): \_\_\_\_\_

**Electronic Prescription Service**  
I would like to nominate Patient Choice as my Dispensing Appliance Contractor for prescriptions issued by the NHS Electronic Prescription Service (EPS).

Expiry date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The patient is required to sign here, giving Patient Choice consent to record their information and agree to use our service.