

**TO COMPLETE**

Centre name \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Patient name \_\_\_\_\_

Patient NHI \_\_\_\_\_

Amount of refund \_\_\_\_\_

Reason for refund \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Method of payment \_\_\_\_\_

Bank account number for refund\* \_\_\_\_\_

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Reference required with refund \_\_\_\_\_

Patient signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Authorised by (*centre authorisation*) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**GXH ACCOUNTS TO COMPLETE**

Paid by RMS finance \_\_\_\_\_

Checked on bank statement \_\_\_\_\_

Refunded in Medtech \_\_\_\_\_