

Chiropractic

Chiropody

Please enclose the receipt and say how much you paid $\, \, \, \mathfrak{L} \,$

Westfield Health

Westfield Health, PO Box 340, Sheffield, S98 1XB Customer Helpline: 0114 250 2000

Available from 8:30am - 5:30pm Monday to Friday

E-mail: enquiries@westfieldhealth.com

website: westfieldhealth.com

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Homeopathy

MONTH

YEAR

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Date of the receipt

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Was admitted as an inpatient. We must receive your claim within 13 weeks of	요즘 마음을 받아 있다. 이 사람들은 아이들 때문에 가장 마음을 하는데
Day the patient was admitted (Mon, Tues, Wed, Thurs, Fri, Sat, Sun)	Date DAY MONTH YEAR
Day the patient was discharged	Date
Please detail below any nights that the patient was not an In-patient during the period me	ntioned above.
Total number of nights spent in hospital	
State of the Control of Manager of the Control of t	
e.g. biopsies or endoscopies carried out for investigation purposes only. Was allocated a bad or a similar facility that the treatment provider classes as a bad	Please refer to Policyholder's consent declaration part 1 Yes No
Vas allocated a bed or a similar facility that the treatment provider classes as a bed Usually for a period of supervised recovery)	
Inderwent a Surgical Procedure ** using theatre facilities	Yes No
** A procedure requiring the use of local, regional or general anaesthetic, for the purpose operating directly on or removing the affected part, or removing a foreign body.	of treating disease, injury or abnormality by
Signature	
Designation	DAY MONTH YEAR Date
NHS Prescription Charges Please confirm you are not ex	xempt from paying NHS prescription charges
	North paying 14110 prescription charges
Total number of charges claimed	
	NY
	address of the dispensing practitioner.
We will not accept debit/credit card receipts or photocopies.	address of the dispensing practitioner. DAY MONTH YEAR Date of receipt
Please enclose the relevant original receipt clearly showing your name and the name and a We will not accept debit/credit card receipts or photocopies. Please say how much you paid $\mathfrak L$. Official Stamp of Pharmacy	DAY MONTH YEAR
We will not accept debit/credit card receipts or photocopies. Please say how much you paid £	DAY MONTH YEAR
We will not accept debit/credit card receipts or photocopies. Please say how much you paid	DAY MONTH YEAR
We will not accept debit/credit card receipts or photocopies. Please say how much you paid	DAY MONTH YEAR
We will not accept debit/credit card receipts or photocopies. Please say how much you paid ©	Date of receipt DAY MONTH YEAR
Ve will not accept debit/credit card receipts or photocopies. Ilease say how much you paid ©	Date of receipt DAY MONTH YEAR
We will not accept debit/credit card receipts or photocopies. Ilease say how much you paid ©	Date of receipt DAY MONTH YEAR (Patient's name)
Ve will not accept debit/credit card receipts or photocopies. Ilease say how much you paid Official Stamp of Pharmacy If you do not have a receipt confirming your name please ask the pharmacy to stamp here and complete the section below This is to certify that	Date of receipt DAY MONTH YEAR (Patient's name)
Ve will not accept debit/credit card receipts or photocopies. Ilease say how much you paid Official Stamp of Pharmacy If you do not have a receipt confirming your name please ask the pharmacy to stamp here and complete the section below This is to certify that	Date of receipt Day MONTH YEAR (Patient's name) Day MONTH YEAR Date of receipt
We will not accept debit/credit card receipts or photocopies. Please say how much you paid	Date of receipt Day MONTH YEAR
We will not accept debit/credit card receipts or photocopies. Please say how much you paid g	Date of receipt Day MONTH YEAR
We will not accept debit/credit card receipts or photocopies. Please say how much you paid g	Date of receipt Day MONTH YEAR
We will not accept debit/credit card receipts or photocopies. Idease say how much you paid If you do not have a receipt confirming your name please ask the pharmacy to stamp here and complete the section below This is to certify that	Date of receipt Day MONTH YEAR (Patient's name) Date of receipt Date of receipt with evidence of this e.g. a copy of the PPC11 letter Day MONTH YEAR Date of receipt