

# Notice of intent to provide Mobile Services (at Residential Centre / patient's home / Day Centres).

(Company Logo)

- Prior notification is a pre-requisite.
- Contractors may ONLY claim a domiciliary fee where a patient is tested in their 'normal residence' and can meet the eligibility criteria for mobile services.
- Mobile services at day centres are not eligible for a domiciliary fee
- A period of AT LEAST 48 hours notice is required where mobile services are to be provided to 2 or less patients at the same address.
- A period of AT LEAST 3 weeks notice is required where mobile services are to be provided to more than 2 patients at the same address.

(please tick)

? **Original Form**

Name of Contractor \_\_\_\_\_ Contractor number \_\_\_\_\_

Contact Address \_\_\_\_\_

? **Amended Form**

(At least 48 hours is required)

Postcode \_\_\_\_\_

Contact telephone number \_\_\_\_\_ Contact fax number \_\_\_\_\_

**DATE OF NOTIFICATION** .....

Contact name where mobile services are to be provided (if known) .....

Contractor contact name .....

Date of visit	Approx time of visit	Full name of patient	NI No. (If known)	Date of Birth (If known)	Address (inc. postcode) at which the patient is RESIDENT <b>or</b> for Day Centres - Address (inc. postcode) at which GOS services are to be provided	Denote with a cross <b>(X)</b> if a Day Centre	Date of last GOS Sight Test (If known)	Addition (A) Deletion (D)

(please tick)

? **This venue was substituted on** ..... (date) **having been verbally notified to** ..... (PCT representative) **by** ..... (Provider representative) **at** .....am/pm (time).

***This section to be completed in the event of a 'substitution' due to unforeseen circumstances***

