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**SPOT PURCHASE REQUEST FORM**

# ALL SECTIONS MUST BE COMPLETED BY THE REFERRER / FUNDER AND EMAILED BACK TO ELFT Contracts Team (elft.contracts@nhs.net) FOR MENTAL HEALTH NHS PRIOR TO PRE-ASSESSMENT CONSULTATION. COPIES MUST ALSO BE RETAINED BY LOCAL ELFT TEAM AND RELEVANT FINANCE BUSINESS PARTNER.

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| Patient Details |
| Full Name: |  | **Address:** |  |
| Date of Birth: |  | **NHS Number:** |  |
| Local unique Patient identifier |  | **GP (name, address and contact number)** |  |

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| Referrer Details |
| Referring MH Provider: |  |
| Referrer’s Name |  |
| Department & Unit |  |
| Referrer’s Job Title: |  |
| Referrer’s Contact Phone No: |  |
| Referrer’s Email Address: |  |
| Date and Time Of Referral: |  |

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| Spot Purchase Authorisation |
| Provisional start-date for treatment course:  |  |
| Authorising Manager Name: |  |
| Authorising Managers Signature: |  |
| Authorising Manager Job title: |  |
| Authorising Manager Tel No: |  |
| Authorising Managers Email: |  |

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| **Fee Details for Repetitive Transcranial Stimulation** |
| **Description** | **Rate** | **Notes** |
| **rTMS Treatment Course**  | **£200 per session** | **Treatment consists of 36 treatments. Total cost for treatment course is £7200.**  |
| **Other Charges** | **TBA as part of invoicing process** | **Includes pre-assessment consultation (remote).** |
| **In signing / completing this funding agreement, please note - the above charges will apply.** *It is the referrer’s responsibility to ensure correct billing information is given and to ensure that they have the authority to do so.**Referrers are subject to the terms and conditions of East London Foundation Trust.*  |
| **Referrer:** |  |

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| Invoice Details (Referrer to provide to ELFT) |
| Invoice Marked FAOName and Job Title |  |
| Full Invoicing Address: |  |
| Telephone Number: |  |
| Fax Number: |  |
| Email Address: |   |
| Budget Code: |  |

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| For ELFT use only |
| Date Reviewed by ELFT Contracts Team: |  |
| ELFT Contracts Team Reviewer Name, Job Title and Email: |  |
| Date Reviewed by ELFT Finance Dept: |  |
| ELFT FBP Reviewer Name, Job Title and Email: |  |