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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](mailto: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)** |  |

|  |  |
| --- | --- |
| 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: |  |

|  |  |
| --- | --- |
| 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 FAO  Name 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: |  |