

**Public Health Department
Acute Unplanned Activity**



Request for Prior of Approval Funding for Non Core Activity:

We request that prior authorisation be obtained for **ANY** elective NCAs planned for our patients with immediate effect. From 1st February 2012 payment will not be made for any elective NCAs which have not received prior authorisation. To obtain prior authorisation please complete this form and return to **Dr Graham Foster – CPHM, Public Health Department, NHS Forth Valley, Carseview House, Castle Business Park, Stirling, FK9 4SW.**

Note: Please supply a copy of the clinical referral letter for the use of the Consultant in Public Health in accessing the relevant clinical case file and assessing priority for funding.

In accordance with NHS Scotland Policy on Cross Border Treatments, please confirm prior funding authority for the following patient:

Patient Name				
Patient date of birth				
Proposed intervention				
Planned date of attendance/ admission				
Treatment required				
Follow up arrangements				
Have you included a copy of the referral letter?	YES / NO	Funding Consent Sought	Assessment	£
			Intervention	£
			Follow up	£
Name, designation and address of referrer:				
Other comments:				