

Claiming your fee

E-DS1500 – fee form

Your patient

Surname

Other names

National Insurance number

Date of birth

D D / M M / Y Y Y Y

Address

Postcode

Your practice

Contact name

(This is the person we will contact if there is a problem)

Phone number

Address

General medical council number

VAT registration number

If you are not registered for VAT just leave this blank

Title Initial Surname

Your name

Provide the name of the payee (e.g. Dr, Mr, Mrs)

Payee reference number

This was sent to you when you made your first claim.

If you do not know your reference number call 0845 241 5352 and select Option 2.

If you have never made a claim before, leave this payee reference number blank and make sure you fill in your bank details on the next page.

If you have made a claim before and filled in your payee reference number just leave the BANK ACCOUNT details blank - we will already have these details.

Date report completed

D D / M M / Y Y Y Y

Do you want to change your existing payment details?

Yes

No

Complete this section if this is your first claim or you want to change existing details.

Notification/changes to your Remittance advice

Provide the full address of where you wish the Remittance Advice slip to be sent.

Address

Postcode

Bank details

If this is your first claim or you have changed bank account details since you last claimed a fee complete your bank account details in full.

Name of bank or building society

Account name

Bank Sort Code

- - -

Account number

Roll number (building society only)

For official DWP use only

Authorisation of fees

The claim can be examined. Payment of

£			.		
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 (net) is approved.

Charge to: BU

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 C/C

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A/C code

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Signature

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Date

		D	D			M	M			Y	Y	Y	Y
		/		/									

Authorisation stamp

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Office address stamp "examined" stamp

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