

This form should be completed by GP Practices claiming payment of fees under Paragraph 12 of the Statement of Financial Entitlements (SFE). Completion of assessment and certificate, under Section 47 of Part 5 of the Adults with Incapacity (Scotland) Act 2000 for authorising treatment under the NHS by an independent health professional, where no valid certificate exists in respect of treatment by the GP, will qualify for a fee at the rate set out in Paragraph 12 of the SFE.

Practice Stamp	NHS Board Area:	NHS BOARD															
	Practice Ref Number:																
	Date of Service:		D		D		M		M		Y		Y		Y		Y
	Main Contact:																

* Date assessment/completion of certificate carried out

GP Details	
Name of Doctor	
GP Reference	

Patient Details	
Name of Patient	
CHI Number	

Details of the Independent Health Professional Requesting the Assessment	
Name	
Independent Health Profession	
Address	
	Post Code
Telephone	

Declaration of Claiming GP Practice	
I declare that the information I have given on this form is correct and complete and I understand that if it is not, action may be taken against me. I acknowledge that my claim will be authenticated from appropriate records and that payment will be made to my Practice, which will be subject to Payment Verification. Where the Common Services Agency is unable to obtain authentication, I acknowledge that the onus is on my Practice to provide documentary evidence to support this claim.	
Signature	_____ (GP claiming on behalf of Practice)
Date	_____

Please scan and e-mail the completed form to your Practitioner Services regional office:

Aberdeen regional office: nss.psd-gppractices-aro@nhs.scot
 Edinburgh regional office: nss.psd-gppractices-ero@nhs.scot
 Glasgow regional office: nss.psd-gppractices-gro@nhs.scot