

NATIONAL HEALTH SERVICE

**SPECIALIST ORTHODONTIC PRACTICE OR OTHER SPECIALIST PRACTICE
DECLARATION IN RESPECT OF REIMBURSEMENT OF PRACTICE RENTAL COSTS**

It is a requirement of paragraph 1(1)(d) of Determination XV that in order to continue to be entitled to reimbursement of practice rental costs the designated contractor within a specialist orthodontic practice or other specialist practice requires to submit an annual declaration to confirm that the contractors within the practice accept referrals for treatment under general dental services for all categories of patients.

Full details of reimbursement of practice rental costs are set down in Determination XV. You should read this Determination before completing this form.

PART 1 DETAILS OF DESIGNATED CONTRACTOR

1. Contractor's Name/Surname	<input type="text"/>	4. List number(s) for practice	
2. Other Name(s), where contractor is a dentist	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Practice Address	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postcode	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 2 DECLARATION

Information has been provided to me by all of the contractors who provide general dental services within the practice named at Part 1, and confirmed by me, to enable me to declare on behalf of all of these contractors, that:

- the contractors within the practice named at Part 1 accept referrals for treatment under general dental services for all categories of patients;
- the information I have given on this form on behalf of all of the contractors who provide general dental services within the practice named at Part 1 is correct and complete and I and the other contractors understand that if it is not action may be taken, including the cessation of the reimbursement of practice rental costs.

Signature of contractor at Part 1 _____

Date --

Email completed forms to Practitioner Services from your NHS.Scot email address to ensure secure transfer of personal information, alternative email addresses should only be used in the absence of a NHS email address.

Send completed form to NSS.psd-dental-payments@nhs.scot with 'GP233 Specialist Orthodontic or Other Specialist Practice Form' in the subject field.

Do not send this form by post.