GP Practice e-Statement e-mail Address Mandate



| Purpose | | | | | | | | | | |
|---|----------------------------------|------------|-----------|----------|-------|---|---|---|---|--|
| To advise Practitioner Services of the e-mail a | address(es) to which the GP Prac | tice e-Sta | tement sl | hould be | sent. | | | | | |
| GP Practice Details | | | | | | | | | | |
| Practice Stamp | NHS Board Area: | NHS BOARD | | | | | | | | |
| | Practice Ref Number: | | | | | | | | | |
| | Date Effective From: | D | D | Μ | M | Y | Y | Y | Y | |
| | Main Contact: | | | | | | | | | |
| | | | | | | | | | | |

e-Statement e-Mail Address

Please remit our GP Practice e-Statement to the following e-mail address(es). Practitioner Services requires only one e-mail address (main) however up to two additional e-mail addresses (optional) can be supplied only if required by each practice:

| 1. | @ | (main) |
|----|---|------------|
| 2. | @ | (optional) |
| 3. | @ | (optional) |

GP Practice Authorised Signatory

We, the undersigned signatories to the GMS Contract between the GP Practice and the NHS Board, hereby confirm that the above e-mail address is the appropriate and sole e-mail address to which our electronic medical payment statement should be sent.

We agree to inform Practitioner Services immediately of any changes to the above e-mail address.

Name – block capitals

Signature

Please e-mail a scanned copy of the completed form to your Practitioner Services regional office:

Aberdeen regional office: <u>nss.psd-gppractices-aro@nhs.scot</u>

Edinburgh regional office: <u>nss.psd-gppractices-ero@nhs.scot</u>

Glasgow regional office: <u>nss.psd-gppractices-gro@nhs.scot</u>

| Practitioner Services Use Only | | Ref: | | | |
|--------------------------------|-------|-------------|-------|--|--|
| Verified & Input By: | Date: | Checked By: | Date: | | |