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:		