

APPLICATION IN RESPECT OF \_\_\_\_\_ NHS BOARD FOR  
REIMBURSEMENT OF NON-DOMESTIC RATES

Full details of reimbursement are set out in Determination VIII of the Statement of Dental Remuneration. Reimbursement is only payable to eligible dentists or dental bodies corporate whose names are included in sub-part A of the first part of the dental list. Please read Determination VIII before you fill in this form.

When to claim – if you pay your non-domestic rates in one lump sum or 2 instalments you should claim reimbursement within 6 months of the date specified that payment should be made. If you pay in monthly instalments and wish to be reimbursed in monthly instalments you should claim within 6 months of the date on which the first monthly instalment falls due. If you pay in monthly instalments and wish to be reimbursed in a lump sum you should claim within 6 months of the date on which payment of the last instalment falls due.

If you have more than one premises, you must make a separate claim for each.

**PART 1 PERSONAL DETAILS**

1. Contractor's Name/Surname	<input style="width: 100%;" type="text"/>	4. All present list numbers
2. Other Name(s), where contractor is a dentist	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Address of premises	<input style="width: 100%; height: 60px;" type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Postcode	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**PART 2 CONDITIONS FOR CLAIMING**

1. Is this your first claim in this financial year?  No (go on to Part 4)  Yes (please fill in the rest of the form)
2. Are you:
  - a. responsible for paying the rates?  Yes  No ; or
    - a partner in a partnership of dentists which is responsible for paying the rates?  Yes  No ; or
    - a director of a dental body corporate which is responsible for paying the rates?  Yes  No ; and
  - b. on sub-part A of the first part of the dental list of the NHS Board in respect of which you are making this claim?  Yes  No ; or
    - an executor of a dentist whose name remains on sub-part A of the first part of the dentist list of the NHS Board in respect of which you are making this claim?  Yes  No ; and
3. Were the gross earnings from provision of general dental services for the premises as a whole for the previous financial year not less than that set down in Determination VIII  Yes  No
4. If you answered "No" to 3 is there a reason why you think Practitioner Services (Dental) should waive this requirement?  
Please explain:

**PART 3 CONDITIONS FOR PAYMENT**

1. You must provide
  - a. where payment is made in 1 lump sum or 2 equal instalments:
    - the demand note (or a copy certified by the rating authority); and
    - a receipt from the rating authority for the payment; and

- b. where payment is to be made in monthly instalments:  
- the demand note (or a copy certified by the rating authority); and details of the amounts and payment dates of the instalments; and  
- indicate below the method by which payment is to be made

Direct Debit                       Standing Order                       Other

2. Where payment is to be made in monthly instalments, you must undertake to obtain a receipt from the rating authority immediately following payment of the last instalment and forward it to Practitioner Services (Dental). The receipt should confirm that the total amount for the year has been paid.
3. In all cases, you must state below the proportion of gross income for the premises arising from the provision of general dental services during the practice's last financial year preceding that in respect of which this claim is made:

The proportion was  %

#### PART 4 DECLARATION AND UNDERTAKING

I declare that:-

Gross earnings from general dental services for the premises for the financial year preceding that in respect of which this claim is made were not less than that set down in Determination VIII;

No other claim has been made by me/any other partner/any other director/any other executor in respect of the amount now claimed.

Neither I nor any other partner, director or executor have applied under the Small Business Bonus Scheme. I agree to advise Practitioner Services (Dental) immediately if I or any other partner, director or executor applies under this Scheme in respect of this financial year.

I enclose my demand note; and

I enclose a receipt confirming payment of the amount now claimed/I shall submit a receipt following payment of the last instalment.

I shall notify the NHS Board and Practitioner Services (Dental) within 1 month of any change in my circumstances which may affect entitlement to reimbursement;

I understand that if the NHS Board considers the premises are inadequate for the provision of general dental services it may ask Practitioner Services (Dental) to delay payment of any reimbursement due until it considers the premises are adequate:

I understand that the CSA may request an Accountant's Certificate confirming the figure provided in respect of the proportion that the practice's gross earnings bore to the practice's gross income in the relevant period and I undertake to provide this at my own expense and within 3 months of the request being made;

I understand that the CSA may request proof that I am the rate payer, or a partner in a partnership of dentists which is the rate payer or a director of a dental body corporate which is the rate payer in relation to the premises in respect of which this claim is made and I undertake to provide this at my own expense within 2 months of the request being made;

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. To enable the CSA to confirm this information and for the purposes of prevention, detection and investigation of crime I consent to the disclosure of relevant information from this form including to and by the CSA and Local Authorities.

I apply for reimbursement of non-domestic rates in accordance with Determination VIII of the Statement of Dental Remuneration.

Contractor's Signature \_\_\_\_\_

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](mailto:NSS.psd-dental-payments@nhs.scot) with 'GP212 Reimbursement of Rates Form' in the subject field.

**Do not send this form by post.**