

## ADVANCE PAYMENT REQUEST - OPHTHALMIC

### Part 1 – Practitioner Details

1. Forename	<input type="text"/>	8. Payment location code	<input type="text"/>
2. Surname	<input type="text"/>		
3. Name of practice	<input type="text"/>		
4. Practice address line 1	<input type="text"/>		
5. Practice address line 2	<input type="text"/>		
6. Practice address line 3	<input type="text"/>		
7. Postcode	<input type="text"/>		

### Part 2 - Reason for request

9. Provide all relevant information in support of request below:

### Part 3 - Optometrist Declaration

- I confirm that the information provided above is correct and complete to the best of my knowledge. If it is found not to be, appropriate action may be taken against me.
- I acknowledge and agree that the advance payment made will be recovered from next month's payment schedule or from any other payment due to me.

10. Personal Identification Number (PIN)  11. Date

Email completed forms to Practitioner Services from your NHS.Scot email address.  
Send completed form to [NSS.psd-customer-admin@nhs.scot](mailto:NSS.psd-customer-admin@nhs.scot) with 'Advance Payment Request form' in the subject field.  
**Do not send this form by post.**

### Part 4 - For Practitioner Services (Customer Admin) Use Only

Amount to be advanced	£ <input type="text"/>		
Prepared by	<input type="text"/>	Date	<input type="text" value="DD/MM/YYYY"/>
Checked and Authorised by	<input type="text"/>	Date	<input type="text" value="DD/MM/YYYY"/>