Practitioner Services

NHS SCOTLAND

ADVANCE PAYMENT REQUEST FORM - DENTAL

Part 1 - Requestor Details

Dentist Name

Practice Address

Postcode

Provide all list numbers involved in this request

Part 2 - Reason for request (please provide all relevant information in support of request)

Part 3 - Dentist 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.

Signature of Principal Dentist

Date

Please email completed form to NSS.psd-customer-admin@nhs.scot

Part 4 - For Practitioner Services Use Only

Amount to be advanced £

Recovered in schedule

Advance Authorised by

Date

Processed by

Date