



Dental Payments Department
NHS Dental Services
Compton Place Road
Eastbourne
East Sussex BN20 8AD

PROVIDER PAY INSTRUCTIONS

Please complete in CAPITALS using black ink and ring 0845 126 8000 if you require advice on completion.

1. Account Title

a) Bank Details Sort Code

Account Number

b) Building Society Details Branch Sort Code

Personal Account Number

c) Additional information required if account is a savings account Building Society Bank Account Number

d) Bank / Building Society Name _____
Address _____

2. **First correspondence address** to which schedules and pay statements are to be sent. **Second correspondence address** to which copy pay statements are to be sent if required.
Dentist's Name _____ Dentist's Name _____
Address _____ Address _____
Post code _____ Post code _____
Telephone No _____ Telephone No _____

3. Signature Initials Surname Contract number Tag Location id

PLEASE NOTE; This form should reach NHS Dental Services no later than 10 days before the scheduling date.

For NHS Dental Services use Record opened / amended :

Signature : _____

Record verified :

Signature : _____