

Please email the completed form with any necessary documentation to nhsbsa.sfe@nhs.net or post to
NHSBSA Patient Services, SFE Payments Team, Bridge House, 152 Pilgrim Street, Newcastle, NE1 6SN

Provider name, address and contract number

Email address of Provider

Claim details

Please give details of any other addresses associated with this contract

 I am solely responsible for payment of this demand Y/N If no, please give details of all those responsible and percentages

Name	Contract Number	Percentage of bill

 For information on Small Business Rate Relief (SBRR), you can visit the Valuation Office Agency (VOA) website www.voa.gov.uk

 SBRR has been claimed for this property

If not, please indicate reason below

 Rateable value of property exceeds limit

 SBRR has been claimed on another property Please give details of property

 Other Please give details

 NHS % Please give, as a percentage, the proportion of your gross income from the provision of dental services (i.e. from both NHS and private work) at this property, that comes from NHS treatments.

Value of council demand	Total reimbursement requested	£ <input style="width: 50px;" type="text"/>	First day of reimbursement period	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
£ <input style="width: 50px;" type="text"/>	How bill is paid	One lump sum <input type="checkbox"/>	1st Half year <input type="checkbox"/>	2nd Half year <input type="checkbox"/>
			Monthly instalments <input type="checkbox"/>	

Supporting documents required

- Evidence to support the NHS proportion claimed in the previous year, e.g. if claiming business rates for 2017-18, please submit the evidence for the claim made in 2016-17. This can be in the form of a set of accounts for 2015-16 financial year, or a letter of confirmation from a certified accountant.
- A copy of the demand notice.
- Relevant receipts if claiming payment in one lump sum or two half yearly payments.

Please do not submit original documents as these will not be returned

Provider's declaration

I confirm there is no reimbursement for business rates included within the contract payment.

To enable the NHS to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information to and by the NHS Business Services Authority, NHS England, Department of Work & Pensions, HM Revenue & Customs and local authorities.

Signature of Provider

If signing on behalf of a corporate body please print name

Date