

Application for Non-Domestic Rates Payment Under the Statement of Financial Entitlements

SFE(NDR) Revision 3 16/3/2022

Please email the completed form with any necessary documentation to nhsbsa.dentalservices@nhsbsa.nhs.uk or post to NHSBSA Patient Services, SFE Payments Team, Bridge House, 152 Pilgrim Street, Newcastle, NE1 6SN				
Provider name, address and contract number				
,	Email addre	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				
Please give as a percentage the pror	portion of your are	ess income from	the provision of de	ntal services (i.e. from both NHS
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	rsement £ First day of reimbursement period			
requested	~			
- How pill is paid	One lump sum	1st Half year		Monthly nstalments
Supporting documents required	ouri	year	year .	
 Evidence showing the NHS proportion claimed in the previous financial year for which you have full accounts. Your evidence can be a 				
set of accounts or a letter 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				