

Adults with Incapacity Fees

This form should be completed by GP Practices claiming payment of fees under Paragraph 15 of the Statement of Financial Entitlements (SFE). Completion of assessment and certificate, under Section 47 of Part 5 of the Adults with Incapacity (Scotland) Act 2000 for authorising treatment under the NHS by an independent health professional, where no valid certificate exists in respect of treatment by the GP, will qualify for a fee at the rate set out in Paragraph 15 of the SFE.

GP Practice Details

Practice Stamp

NHS Board Area: NHS BOARD

Practice Ref Number:

Date of Service*:

Main Contact:

* Date assessment/completion of certificate carried out

GP Details

Name of Doctor

GP Reference

Patient Details

Name of Patient

CHI Number

Details of the Independent Health Professional Requesting the Assessment

Name

Independent Health Profession

Address

Post Code

Telephone

Declaration of Claiming GP Practice

I declare that the information I have given on this form is correct and complete and I understand that if it is not, action may be taken against me. I acknowledge that my claim will be authenticated from appropriate records and that payment will be made to my Practice, which will be subject to Payment Verification. Where the Common Services Agency is unable to obtain authentication, I acknowledge that the onus is on my Practice to provide documentary evidence to support this claim.

Signature _____ (GP claiming on behalf of Practice)

Date _____

Please return the completed form to your Practitioner Services regional office:

Aberdeen Regional Office	Edinburgh Regional Office	Glasgow Regional Office
NHS National Services Scotland Practitioner Services (Medical) Bridge View 1 North Esplanade West Aberdeen AB11 5QF	NHS National Services Scotland Practitioner Services (Medical) Gyle Square 1 South Gyle Crescent Edinburgh EH12 9EB	NHS National Services Scotland Practitioner Services (Medical) Meridian Court 5 Cadogan Street Glasgow G2 6QE