



**Advance Payment Request Form - Dental**

**Part 1 - Requestor Details**

Dentist Name \_\_\_\_\_

List Number(s) \_\_\_\_\_ (please provide details all list numbers involved in this request)

Practice Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

**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 and if not 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.net](mailto:NSS.psd-customer-admin@nhs.net)

**For Practitioner Services, Dental & Ophthalmic Use Only**

Amount to be advanced £ \_\_\_\_\_

Recovered in schedule \_\_\_\_\_

Advance Authorised by \_\_\_\_\_

Date \_\_\_\_\_

Processed by \_\_\_\_\_

Date \_\_\_\_\_



Chair Professor Elizabeth Ireland  
Chief Executive Colin Sinclair

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.