

Claiming your fee

E-DS1500 – fee form

A About the person with the illness or disability

Surname

Other names

National Insurance number

Date of birth / /

Address

Postcode

B Declaration

Please complete **all** the boxes on this page to assist payment. To claim the fee for completion of the report, please return **only** the completed fee form so that payment can be made. **Please complete in BLOCK CAPITALS using black ink** and return in the envelope provided. It does not need a stamp.

B1 Is this your first claim? (Please tick appropriate box) No Yes

If you have ticked **Yes**, please also complete **Section C** on the next page and go directly to question **B3** below.

B2 Please provide your payee reference number. This is on your last remittance advice slip.

B3 Please provide your GMC number. This will help us maintain more accurate records.

B4 I am a GP/GMC registered consultant and I am claiming the fee for completing the report.

I am not claiming the fee for completing the report.

Are you registered for VAT? No Yes Please provide your VAT number:

	Title	Initials	Surname
B5 Your name	<input type="text"/>	<input type="text"/>	<input type="text"/>

B6 Name and daytime phone number (including dialling code) of a person to contact if we have a query with this form.	<input type="text"/>	Name (in full) <input type="text"/>	Daytime phone number (including dialling code) <input type="text"/>
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Surgery or Health Authority address

B7 Do you want to change your existing payment details? No
(Please tick appropriate box) Yes – please complete the next page.

B8 Date report completed

	D	D	M	M	Y	Y	Y	Y
	/		/					

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C Telling us about your details

Complete this section if this is your **first claim** or you want to **change** existing details.

C1 Notification or changes to your remittance advice address

Please give the full address of where you want the remittance advice slip to be sent.

Postcode

C2 Notification or changes to your payment details

Please provide details of the account you want this claim paid into. This will also be the account we will send any future payments to.
(We can only make payment directly into a bank or building society account)

Name of bank or building society

Branch name

Account name

Bank Sort Code

- -

Account number

Roll number (building society only)

We will write to you with details of when payment will be made.

When you receive this information, keep it safe as you need to use your payee reference number for future claims.

D For official DWP use only

D1 Authorisation of fees

The claim can be examined. Payment of £ . (net) is approved.

D2 Charge to: BU C/C A/C code

D3 Signature Date / /
D D M M Y Y Y Y

Authorisation stamp

Office address stamp "examined" stamp