



SR1 fee form - claiming your fee

Patient's details

01 Surname

02 Other names

03 Date of birth

DD/MM/YYYY

04 National Insurance (NI) number

05 Address

Postcode

08 Phone number

09 General medical council number

10 VAT registration number

If you are not registered for VAT just leave this blank.

11 Your title

For example, Dr, Mr, Ms, Mrs, Miss or other.

12 Your initial and surname

13 Payee reference number

This was sent to you when you made your first claim.

If you do not know your reference number call **0845 241 5352** and select Option 2.

If you have never made a claim before, leave this payee reference number blank and make sure you fill in your bank details on the next page.

If you have made a claim before and filled in your payee reference number just leave the BANK ACCOUNT details blank - we will already have these details.

Your practice

06 Contact name

This is the person we will contact if there is a problem.

07 Address

Postcode

Notification/changes to your
Remittance Advice

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

14

Address

Provide the full address of where you wish the Remittance Advice slip to be sent.

Postcode

Bank details

If this is your first claim or you have changed bank account details since you last claimed a fee complete your bank account details in full.

15

Name of bank or building society

16

Account name

17

Sort code

— — —

18

Account number

19

Building society roll or reference number

For official DWP use only
Authorisation of fees

This claim can be examined.

Payment of

£ (net) is approved.

Charge to:

BU

C/C

A/C code

Signature

Date

DD/MM/YYYY

Authorisation stamp

Office address stamp

“examined” stamp

03/23

2 of 2

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