

Purpose

To provide Practitioner Services with a quarterly confirmation and declaration for the practice's electronic transfer of patient data.

Practice Details

NHS Board Area:	_____
Practice Name:	_____
Practice Ref Number:	_____
Quarter Ending:	_____
Practice Manager:	_____
Practice e-Mail:	_____

Quarterly Confirmation & Declaration

We confirm that all patient information transmitted electronically to Practitioner Services, during the period specified above, has been of an accurate nature.

Quarterly archive prints are enclosed which detail numbers of transactions that have been transmitted and received by the practice during the past three months.

The practice does not submit paper registration forms to Practitioner Services and is solely reliant on electronic transfer of patient data. Paper copies of all new patient registration forms are kept at the practice and have been signed appropriately.

It is understood that this electronic data has a bearing on the global sum that the practice received under the guidelines of the GMS contract. If this data cannot be validated, it is understood that it may be treated as fraudulent and disciplinary action may be taken.

GP Practice Authorised Signatory

Date

Please scan and return the form to Practitioner Services

e-Mail Address: nss.psdenquiries-general@nhs.scot