

PART 3: DECLARATION BY DENTIST

*I have read and understood the conditions set out in PCA(D)(2024)2 and confirm that I satisfy these to be eligible to claim this allowance.

*My name is on the sub-part A of the 1st part of the dental list and have completed the above declared **Quality Improvement Allowance** elements for the 2022-25 Audit Cycle.

*I confirm that I am eligible to claim for the partial payment of the Quality Improvement Allowance as declared above in Section 2 boxes 8,9 and 10.

*I agree that all the information I have provided is correct and completed to the best of my knowledge and understand that if I knowingly give wrong/or incomplete information that results in a payment being made, this may be subject to court proceedings. I understand that NSS may use this information to assure accurate payments and for the prevention and detection of fraud and share it with other bodies responsible for auditing or administering public funds. Further information is available at:
www.nss.nhs.scot/publications/practitioner-services-data-protection-notice/

PART 4: AUTHORISATION

*Personal Identification Number (PIN)
(This is the 6 digit number you use for signing off eDental claims)

*Declaration Date
(dd/mm/yyyy)

Completed forms **must be saved and submitted in a PDF** format and sent via personal/practice NHS email to **NSS.qidentalclaims@nhs.scot** labeling the subject field with your individual **List Number (e.g. 56789) and "QI Allowance"**.