

Please email the completed form with any necessary documentation to [nhsbsa.dentalservices@nhsbsa.nhs.uk](mailto:nhsbsa.dentalservices@nhsbsa.nhs.uk) or post to NHSBSA Patient Services, SFE Payments Team, Bridge House, 152 Pilgrim Street, Newcastle, NE1 6SN

Provider name, address and contract number

Performer's details

Surname

Forename

Performer number

Email address of Provider

**Please note, personal payments under the Statement of Financial Entitlements cannot be claimed in respect of incorporated performers.**

Dentist performer's estimated net monthly pensionable earnings/net monthly pensionable earnings equivalent (NPE/NPEE) which should be the amount that features in respect of that dentist performer on the contractor's monthly payment schedule. £

Please ensure the figures are correct on CoMPASS before the claim is submitted as recalculation will only be made in exceptional circumstances.

Please indicate the number of contracts on which the performer will be claiming for this period of leave. We will not be able to process payments until all claims have been received.

Start date of period of sickness for this claim

If this is a continuation of a previous claim please give original start date

Please submit a Medical Certificate or other statement completed by a registered medical practitioner to the effect that the Dentist Performer is incapable of work by reason of sickness.

**Please do not submit original documents as these will not be returned**

### Performer's declaration

I declare that I am not an incorporated performer

I confirm that no claim has been made for Parental Leave for this period

Signature of Performer

Date

### Provider's declaration

I wish to claim Long Term Sickness payments in respect of the above performer.

I confirm that they have ceased performing dental services and can confirm continuous employment after authorised leave is complete.

To enable the NHS to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information to and by the NHS Business Services Authority, NHS England, Department of Work & Pensions, HM Revenue & Customs and local authorities.

Signature of Provider

If signing on behalf of a corporate body please print name

Date