

Medical practitioner payment form.

Notes to help you

Please use black ink and write in CAPITAL LETTERS or tick as appropriate

All questions to be answered

Any corrections must be initialed

If there is insufficient space on the form please use a separate sheet

Please ensure that you have completed all the necessary details of your practice below. This will serve as your account. If you would prefer to submit a separate invoice, please attach your account to this form

Medical Practitioner's details

Name

Full postal address

Postcode

Telephone number

GMC registration number

To help us pay you more quickly, please complete the details below

Name of account holder

Account Number

Sort Code

 - -

Name of bank

Signed

Date

Please return this completed form to us:

- By post: PruHealth
Medical Management
Stirling FK9 4UE
- By fax: 0800 096 4222