

## **Payment Form**

Benefits Assessment Under Special Rules in Scotland (BASRiS)

**FOR EMAIL USE ONLY** 

## **BASRIS Payment Section:**

Eligibility to claim a fee for completing the BASRIS and the fee amount is contained within the 'Guidance for Doctors and Nurses Completing Benefits Assessment Under Special Rules for Scotland Advice from the Chief Medical Officer'. If you are eligible to claim the fee, complete the information below.

## Confirm that you have checked and are eligible to claim the fee

	_																								
1	GP practice or organisation or name																								
	Address																								
	Town/City																								
	Postcode																								
	Country																								
	Email address																								
2	Are you registered for VAT Yes No																								
	VAT reference number																								
	Fee amount																								
3		Please enter details below Name of Bank or Building Society																							
	Account name																								
	Sort code																								
	Account number																								
	Roll number (bui	ldi	ng	S	00	ciet	ty (	on	ıly)	)															



To help us process the payment, please complete the following:																				
Α	Patient CHI number																			
b	Patient Surname																			
С	Patient First name																			
d	Patient Date of birth																			
е	Date BASRiS submitted																			

Return to: CDPBASRiS@socialsecurity.gov.scot (0 to 16 years)
ADPBASRiS@socialsecurity.gov.scot (16 years and over)