

Patient Claims Team
3 Bain Square
Livingston
West Lothian
EH54 7DQ
Tel 0345 601 2912
nss.cfspct@nhs.net
www.cfs.scot.nhs.uk

«Title» «Forename» «Surname»
«Address_Line1»
«Address_Line2»
«Address_Line3»
«Postcode»

Date <Date>
Our Ref<Our Ref>

Dear «Title» «Surname»

The NHS in Scotland undertakes checks on patients who claim entitlement to exemption from NHS charges. Your claim for the treatment detailed below has been selected.

Service	Date of Service	Grounds for Exemption	Patient Charge
«Service_Code»	«Acceptance_Date» to «Completion_Date»	«Exemption_Description»	£«Charge_Evaded»

On the claim form you, or your representative, signed a declaration giving consent to your information being checked with the relevant agency.

This initial check has failed to confirm your entitlement. This does not mean that you are not exempt or that you will definitely need to pay the charge, but in order that we can confirm your claim was appropriate at the time, will you please provide the necessary proof as per the enclosed information sheet, and return it to us using the pre-paid envelope provided.

If your entitlement to exemption from NHS charges is confirmed, there will be no further contact from us.

Alternatively, if you find that you have mistakenly claimed entitlement to exemption and that you were, in fact, liable for a patient charge, payment can be made using one of the following payment methods:

- Online using your debit or credit card at: <http://www.nhsnss.org/payment>
- Phone the Patient Claims Team (0345 601 2912) and pay using your debit or credit card.
- Send a cheque made payable to the NHS National Services Scotland using the pre-paid envelope provided. Please quote "Our Ref" number on the back of the cheque.

Please do not ignore this letter. If you fail to provide proof of entitlement or payment of the charge within 28 days, your claim will be escalated and a Penalty Charge will be issued in accordance with the National Health Service (Penalty Charge)(Scotland) Regulations 1999. The Penalty Charge is calculated at 5 times the 'Patient Charge' noted above, up to a maximum of £100.

If you have any queries regarding this matter, please telephone the Patient Claims Team on 0345 601 2912, Monday to Thursday from 09.00 to 16.00 and Friday until 15.30.

Yours sincerely

Patient Claims Manager

Patient Claims Team

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Date: **Click here to enter a date.**
Our Ref: (Please quote at all times)

Dear

NATIONAL HEALTH SERVICE - PATIENT CHARGE

Thank you for responding to our request for proof of your entitlement to exemption from your NHS patient charge of £ for **Choose an item.** you received between **Click here to enter a date.** and **Click here to enter a date..**

I am writing to confirm that the information you have provided has enabled us to confirm your entitlement to claim exemption from your NHS patient charge.

I am pleased to advise you that your case is closed and no further action is required.

Yours sincerely

Choose an item.
Patient Claims Officer



Chair
Chief Executive

Professor Elizabeth Ireland
Colin Sinclair

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Common Services Agency for the Scottish Health Service.*

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Date: [Click here to enter a date.](#)
Our Ref: (Please quote at all times)

Dear

NATIONAL HEALTH SERVICE - PATIENT CHARGE

Thank you for responding to our request for proof of your entitlement to exemption from your NHS patient charge of £ for **Choose an item.** you received between **Click here to enter a date.** and **Click here to enter a date.**

You have sent your . **Choose an item.**

In order to get help with **Choose an item.** you need to fall into one of the categories shown on the enclosed information sheet. You need to send us proof that you were covered by one of these exemptions between **Click here to enter a date.** and **Click here to enter a date.** when you received your **Choose an item.** The information sheet tells you what to send us depending on the category.

If you are not covered by any of the categories and are not exempt, you will need to pay the patient charge of £.

I would recommend paying via our automated telephone payment line which is open outwith office hours. You can find details overleaf of all our payment methods.

Failure to provide proof of entitlement or make payment by [Click here to enter a date.](#) will result in a Penalty Charge of up to £100.00 being added to the outstanding balance. No further reminders will be issued prior to this action.

If you need help or advice, require more time to arrange to send the proof of exemption or payment, or need to arrange a Payment Plan please contact us on 0345 601 2912, selecting option 8 or email nss.cfspct@nhs.net.

Yours sincerely

Choose an item.
Patient Claims Officer



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«Postcode»

Date <Date>
Our Ref <Our Ref>

Dear «Title» «Surname»

NATIONAL HEALTH SERVICE – PENALTY CHARGE NOTICE

On <<date of 1st letter>> you were asked to provide confirmation of your entitlement to exemption from charges for the claim detailed below. As you have not provided confirmation of your entitlement, you are therefore liable for a Penalty Charge in accordance with the National Health Service (Penalty Charge) (Scotland) Regulations 1999.

Please note that now this Penalty Charge has been issued only full settlement of this amount or submission of confirmation of your entitlement to exemption will be accepted to clear this charge.

The Penalty Charge is in addition to the Patient Charge as previously notified.

Service Provided

Dates Service Provided

Patient Charge – this is the statutory patient charge applicable for the service you received

Penalty Charge – This is equivalent to 5 times the charge evaded up to a maximum of £100.00

Amount paid to date

Total Amount Due

The total amount due must be remitted within 28 days or a Surcharge of 50% of the Penalty Charge will be added to the total amount due.

Payments can be made using one of the following payment methods:

- Online using your debit or credit card at: <http://www.nhsnss.org/payment>
- Phone the Patient Claims Team (0845 601 2912) and pay using your debit or credit card.
- Send a cheque made payable to the NHS National Services Scotland using the pre-addressed envelope provided. Please quote "Our Ref" number on the back of the cheque.

If you have any queries regarding this matter, please telephone the Patient Claims Team on 0345 601 2912, Monday to Thursday from 09.00 to 16.00 and Friday until 15.30.

Yours sincerely

Patient Claims Manager

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«Postcode»

Date <Date>
Our Ref<Our Ref>

Dear «Title» «Surname»

NATIONAL HEALTH SERVICE – PENALTY CHARGE AND SURCHARGE NOTICE

On <Date of PCN> you were issued with a Penalty Charge Notice as a result of your failure to respond to previous communications from us regarding your exemption from NHS charges.

As you have failed to respond to the Penalty Charge Notice within the statutory 28 day period, you are now being served with a Surcharge, in accordance with the National Health Service (Penalty Charge) (Scotland) Regulations 1999. This is in addition to the Penalty Charge and the original Patient Charge.

Please note that now this Surcharge has been issued, only full settlement of this amount or submission of confirmation of your entitlement to exemption will be accepted to clear this charge

Service Provided

Date Service Provided

Patient Charge – this is the statutory Patient Charge applicable for the service you received

Penalty Charge – This is equivalent to 5 times the charge evaded up to a maximum of £100.00

Surcharge – This is 50% of the Penalty Charge previously notified

Amount Paid to Date

Total Amount Due

The total amount due must be remitted within 14 days. Failure to make full payment will result in your details being forwarded to a debt collection agency.

Payments can be made using one of the following payment methods:

- Online using your debit or credit card at: <http://www.nhsnss.org/payment>
- Phone the Patient Claims Team (0845 601 2912) and pay using your debit or credit card.
- Send a cheque made payable to the NHS National Services Scotland using the pre-addressed envelope provided. Please quote "Our Ref" number on the back of the cheque.

If you have any queries regarding this matter, please telephone the Patient Claims Team on 0345 601 2912, Monday to Thursday from 09.00 to 15.30 and Friday until 16.00.

Yours sincerely

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Date: {date}
Our Ref: (Please quote at all times)

Dear

Thank you for paying £xx.xx for the XX you received on {date}. This matter is now closed.

If you have been paying by standing order make sure you cancel it. We can't do this for you, so you could be at risk of overpaying. Refunds will not be sanctioned under £5.00 unless requested.

All patients must pay for the treatment and services they receive unless they are exempt. You must confirm your entitlement to exemption from these charges before signing the declaration, which states:

"I will pay the cost of the treatment if I am later found not to be entitled. In addition, a statutory penalty may be payable."

Before you next visit the optician or the dentist you should **check whether you are entitled** to exemption from NHS charges.

For further information visit our website www.cfs.scot.nhs.uk or phone the **Patient Claims Team 0345 601 2912**.

Your feedback is important to us and we would appreciate if you could complete our short survey: <http://www.nsssurvey2.scot.nhs.uk/index.php?r=survey/index/sid/742218/lang/en>

Yours sincerely

Patient Claims Manager



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