



# SR1 fee form - claiming your fee

Please fill in this form electronically and email it with the electronic SR1 form to **form.e-SR1@dwp.gov.uk**  
Do not send scanned forms.

## Patient's details

<b>01</b>	<b>Surname</b>
<b>02</b>	<b>Other names</b>
<b>03</b>	<b>Date of birth</b> DD/MM/YYYY
<b>04</b>	<b>National Insurance (NI) number</b>
<b>05</b>	<b>Address</b>
Postcode	

## Your practice

<b>06</b>	<b>Contact name</b> This is the person we will contact if there is a problem.
<b>07</b>	<b>Address</b>
Postcode	

<b>08</b>	<b>Phone number</b>
<b>09</b>	<b>General medical council number</b>
<b>10</b>	<b>VAT registration number</b> If you are not registered for VAT just leave this blank.
<b>11</b>	<b>Your title</b> For example, Dr, Mr, Ms, Mrs, Miss or other.
<b>12</b>	<b>Your initial and surname</b>
<b>13</b>	<b>Payee reference number</b> This was sent to you when you made your first claim.  If you do not know your reference number call <b>0845 241 5352</b> and select Option 2.  If you have never made a claim before, leave this payee reference number blank and make sure you fill in your bank details on the next page.  If you have made a claim before and filled in your payee reference number just leave the BANK ACCOUNT details blank - we will already have these details.

Notification/changes to your  
Remittance Advice

**Complete this section if this is your first claim or you want to change existing details.**

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**Address**

Provide the full address of where you wish the Remittance Advice slip to be sent.

Postcode

**Bank details**

If this is your first claim or you have changed bank account details since you last claimed a fee complete your bank account details in full.

15

**Name of bank or building society**

16

**Account name**

17

**Sort code**

— — —

18

**Account number**

19

**Building society roll or reference number**

For official DWP use only  
Authorisation of fees

**This claim can be examined.**

**Payment of**

£ (net) is approved.

**Charge to:**

BU

C/C

A/C code

**Signature**

**Date**

DD/MM/YYYY

**Authorisation stamp**

**Office address stamp**

**“examined” stamp**

DS1500 08/23

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