

Your Patient

DS1500 - Fee Form

Name	John Conan-Doyle
Date of Birth	01/10/1990
Address	1 Main Street
Postcode	LS4 1AB

Your Practice

Contact Name	
This is the person we'll contact if there is a problem	
Phone Number	
Address	Grove Surgery
General Medical Council Number	1234567
VAT registration number	
If you're not registered for VAT just leave this blank	
Dr Alexandria MacWilliams - payee reference number	

This was sent to you when you made your first claim.
If you do not know your reference number call **TBC**
If you've never made a claim before leave this payee reference number blank and make sure you fill in your bank details below.

If you've made a claim before and filled in your payee reference number just leave the BANK ACCOUNT details blank - we'll already have these details.

Bank Details

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

Name of bank or building society	
Branch name	
Account name	
Bank Sort Code	
Account number	
Roll number (building society only)	

Send this form to:

Personal Independence Payment (10)
Mail Handling Site A
Wolverhampton WV98 1AE

New claims: 0800 917 2222
Enquiries: 0845 850 3322

D For official DWP use only

D1 Authorisation of fees

The claim can be examined. Payment of £ [] [] [] [] [] [] (net) is approved.

D2 Charge to: BU [] [] C/C [] [] [] [] [] [] A/C code [] [] [] [] [] []

D3 D D M M Y Y Y Y

Signature

Date

[]	[]	/	[]	[]	/	[]	[]	[]	[]
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Authorisation Stamp

Office address stamp "examined" stamp