**Remittance Advice Email Amendment Form**

If you require a remittance advice email address to be amended for your GP practice or PCN, please complete this form.

Please provide the following information:

**Practice/PCNODS Code:**

**Name of Practice/PCN:**

**Practice/PCN Address (including post code):**

Please refer to the guidance below which is available on the PCSE website. This provides details for the process of amending a remittance advice email address and further support and information on how to submit the required information to PCSE.

[**https://pcse.england.nhs.uk/help/gp-payments/change-bank-account-information**](https://pcse.england.nhs.uk/help/gp-payments/change-bank-account-information)

This form is to be completed in all cases where there has been a change to the nominated addressee for all remittance advices to be received for payments from NHS England or ICBs.

We understand that all communications on matters affecting the practice will be addressed to the practice and that copies will not be sent to individual members.

We would like to nominate as the addressee for all remittance advices to be received for payments from NHS England and ICBs. Please note that this amendment will replace the existing e-mail address that is currently held on Shared Business Services.

The addressee’s email address is as follows:

We undertake to notify NHS England and the ICB of any variation to the information provided in this document.

**Please note that this form must be completed by an active practice/PCN contact that holds one of the following portal user roles on PCSE Online. If this form is not submitted by a contact that holds one of the portal user roles listed below, this request will be rejected:**

* GPP - GP Principal
* GPP - non-GP Partner
* GPP – Statements
* GPP - Practice User Management
* PCN User Admin
* Nominated Payee
* PCN User

**Form Completed by**:

**PCSE Online Role:** GPP - GP Principal/ GPP - Non-GP Partner/ GPP -Statements/ GPP – Practice User Management/ PCN User Admin / Nominated Payee/ PCN User *(Delete as appropriate)*

**Signature: Date:**