

**APPLICATION IN RESPECT OF REIMBURSEMENT NON-DOMESTIC RATES**

- Full details of reimbursement are set out in Determination VIII of the Statement of Dental Remuneration. Please read the Determination before you fill in this form.
- Reimbursement is **only** payable to eligible dentists whose names are included on the dental list.
- **If you have more than one premises you must make a separate claim for each premises.**
- Only that proportion of the rates which relates to the dental surgery will be reimbursed.
- Please follow the advice at paragraph 2 ‘Conditions for Payment’ before submitting your claim.

When to claim – If you pay your non domestic rates in one lump sum or 2 instalments you must claim reimbursement **within 6 months of the date specified that payment should be made.**

If you pay in monthly instalments and wish to be reimbursed in monthly instalments you must claim **within 6 months of the date on which the first monthly instalment is due.**

If you pay in monthly instalments and wish to be reimbursed in a lump sum you must claim **within 6 months of the date on which payment of the last monthly instalment is due.**

**PART 1 PERSONAL DETAILS**

1. Contractor’s Name/Surname

2. Dentist DS no.

3. Address of Premises & Post Code

4. I declare that only business carried out in these premises is in relation to dental services.

Yes  No

If “NO” you are required to produce notification of the proportion of the rate which is for the dental surgery from Land and Property Services.

5. I wish to claim reimbursement for payments made by:

- One Lump Sum
- Two Instalments
- Ten Monthly Instalments

6. Please enter year being claimed

**PART 2 CONDITIONS FOR CLAIMING**

1. Is this your first claim in this financial year?  No (proceed to part 3)  
 Yes (fill in the rest of the form)
2. Are you:
- a. Responsible for paying the rates  Yes  No  
or; A partner in a partnership responsible for paying rates  Yes  No
- b. Included on the Dental List  Yes  No
- c. An executor of a Dentist whose name remains on the Dental list.  Yes  No
3. Were the gross earnings from provision of General Dental Services for the premises as a whole for the previous financial year not less than the sums set down in Determination VIII of the Statement of Dental Remuneration?  Yes  No
4. If you answered "NO" to question 3 is there a reason why you think Business Services Organisation should waive this requirement? Please explain:

**PART 3 CONDITIONS FOR PAYMENT**

1. You **must** provide:
- a. where payment is made in 1 lump sum or 2 equal instalments:
- The **original** rate demand (or a copy certified by Land and Property Services; and
  - A receipt from Land and Property Services for the payment;
- b. where payment is to be made in 10 monthly instalments:
- the demand notice (or a copy certified by Land and Property Services); and details of the amounts and payment dates of the instalments.
2. Where payment is to be made in monthly instalments, you must undertake to obtain a receipt from Land and Property Services **immediately** following payment of the last instalment and forward it

to Business Services Organisation. The receipt should confirm that the total amount for the year has been paid in full.

3. In all cases, you must state in the declaration the proportion of gross income for the premises arising from the provision of General Dental Services during the practice's last full financial year preceding that in respect of which this claim is made.
4. If this information cannot be provided your Rate reimbursement claim will **NOT** be payable.

#### **PART 4 DECLARATION**

I declare that the following dentists (including assistants) provided General Dental Services at the above address during the financial year preceding that for which the claim is being made

- |    |  |        |  |
|----|--|--------|--|
| 1. |  | DS No. |  |
| 2. |  | DS No. |  |
| 3. |  | DS No. |  |
| 4. |  | DS No. |  |
| 5. |  | DS No. |  |
| 6. |  | DS No. |  |

and that the proportion of gross income for the premises arising from provision of General Dental Services for the last full financial year preceding that in respect of which the claim is made is:  %

I declare that-

- Gross earnings from General Dental Services for the premises for the relevant period were at least the figures shown in Determination VIII
- No other claim has been made by me/any other party/any other executor for the amount now claimed
- I enclose my demand notice and receipt of the amount now claimed/I shall submit receipt following payment of my last instalment
- I shall notify Business Services Organisation within **1 month**, of any change in circumstances which may affect my entitlement to reimbursement of non domestic rates
- I understand that if the HSCB consider my facilities inadequate for provision of General Dental Services, they may withhold payment of any rate reimbursement due until it considers the premises adequate
- I understand that the BSO may request an Accountants Certificate confirming the figure provided in respect of the proportion that the practices gross earnings bore to the practices gross income to the relevant period and I undertake to provide this at my own expense within **3 months** of the request being made

I declare that the information I have provided on this form is correct and complete and I understand that if it is not action may be taken against me. For the purposes of verification of this claim, I consent to the disclosure of the relevant information.

I apply for reimbursement of non-domestic rates in accordance with Determination VIII of the Statement of Dental Remuneration.

