Please fully complete this claim form which confirms the Practice’s completion of the CDAT audit.

Once complete, please email the form to [nelondonicb.nelcaprimarycare@nhs.net](mailto:nelondonicb.nelcaprimarycare@nhs.net)

**Please return by** **30th April 2025 to receive payment**

|  |  |
| --- | --- |
| **Practice Details** |  |
| NEL Borough Name: |  |
| PCN Name: |  |
| Practice Name: |  |
| Practice Code: |  |
|  | |
| **Practice Bank Account Details** | |
| Name of account: |  |
| Sort Code: |  |
| Account Number: |  |
|  | |
| **Contact Information** |  |
| Email address for remittance: |  |
| Named GP Lead for audit: |  |
|  |  |
| **Claim Details – Audit payment is £25 per patient** | |
| Total Patients Audited: |  |
| Total Claim Amount: | £ |
| Name: |  |
| Signed: |  |
| Date: |  |

|  |  |
| --- | --- |
|  |  |
| **Quality Control and Approval (office use only)** | |
| CDAT fully completed: |  |
| Claim amount is accurate: |  |
| Name: |  |
| Signed: |  |
| Date: |  |