Circular Ref. 025/12

15<sup>th</sup> December 2012

Dear Doctor,

I enclose herewith Forms PSN/1P, which should be completed in respect of each Secretary / Nurse / Practice Manager in your employment. To facilitate us to make payments in respect of practice employees, the completed forms, together with Income Tax Forms P60, P35 and P35L, should be submitted to us in January 2013.

In order for you to receive payment in any month, the appropriate documentation must be received by us before the end of the previous month. Please be advised that failure to submit forms and supporting documentation in a timely fashion may cause a delay in payments.

During 2013, any relevant changes that occur in the contract of employment with your Secretary, Nurse or Practice Manager, must be approved by the Local Health Manager <u>before</u> submission to the PCRS. Termination of employee contracts must also be notified to your Local Health Manager <u>and</u> the PCRS <u>immediately</u>.

If you require any further information on the above, please do not hesitate to contact the Doctor's Unit in the PCRS.

I would like to take this opportunity, on behalf of the PCRS, to wish you, your staff and family, a very Happy Christmas and a Happy New Year, and thank you for your co-operation with us throughout the year.

Yours faithfully,

Patrick Burke

**Primary Care Reimbursement Service** 

## FORM PSN/1P

Claim for payment of subsidy towards the cost of employing a Practice Secretary/Nurse/Manager provided for under Department of Health Circular No. 5/89	as	
CERTIFICATION OF EMPLOYMENT AND CLAIM FOR PAYMENT OF SUBSIDY FOR PRACTICE SECRETARY NURSE / MANAGER.	RY	
I certify thathas been in my continuou	us	
I certify thathas been in my continuou  Name of *Secretary/Nurse/Practice Manager		
employment at my Practice Centre at	-	
During the period fromtoas approved by th	e	
HSE Area on		
SIGNED:DR. NO	-	
*Delete as appropriate		
employing each Practice Secretary / Practice Nurse or Practice Manager should be submitted annually in arrears during the month of January. Each separate claim must be accompanied by a <u>copy</u> of Income Tax Forms P60, P35 and P35L as evidence of the payment of salary and return of Income Tax deducted during the previous tax year.  Each claim and related documentation should be submitted to:  DOCTORS UNIT PRIMARY CARE REIMBURSEMENT SERVICE Units 1-5 Ground Floor J5 North Park Business Park Exit 5 M50 North Road Finglas, Dublin 11		
Changes in personnel or conditions of existing contracts of employment <u>must</u> have the approval of the Health Service Executive prior_to notification to the Primary Care Reimbursement Service.		
Attached Forms Checklist (copies): (Please tick)		
P60		

## National Shared Services Primary Care Reimbursement Service

## FORM PSN/1P

Claim for payment of subsidy towards the cost of employing a Practice Secretary/Nurse/Manager as provided for under Department of Health Circular No. 5/89			
CERTIFICATION OF EMPLOYMENT AND CLAIM FOR PAYMENT OF SUBSIDY FOR PRACTICE SECRETARY / NURSE / MANAGER.			
I certify that	has been in my continuous		
Name of *Secretary/Nurse/Practice Manager			
employment at my Practice Centre at			
During the period from	toas approved by the		
HSE Area on			
SIGNED:	DR. NO		
*Delete as appropriate			
A separate form PSN/1P (Photocopy original if necessary) claiming subsidy towards the cost of employing each Practice Secretary / Practice Nurse or Practice Manager should be submitted annually in arrears during the month of January. Each separate claim must be accompanied by a <i>copy</i> of Income Tax Forms P60, P35 and P35L as evidence of the payment of salary and return of Income Tax deducted during the previous tax year.  Each claim and related documentation should be submitted to:  DOCTORS UNIT PRIMARY CARE REIMBURSEMENT SERVICE Units 1-5 Ground Floor J5 North Park Business Park Exit 5 M50 North Road Finglas, Dublin 11  Changes in personnel or conditions of existing contracts of employment must have the approval of			
the Health Service Executive prior to notification to the Primary Care Reimbursement Service.			
Attached Forms Checklist (copies): (Please tick)			
<b>P60</b> □			
P35			
P35L □			