



Circ Ref. 036/18

14<sup>th</sup> December 2018

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 2019.

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 2019, any relevant changes that occur in the contract of employment with your Nurse, Secretary or Practice Manager, must be approved by the Local Health Manager before submission to the PCRS. Termination of employee contracts must also be notified to your Local Health Manager and the PCRS immediately.**

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,

Anne Marie Hoey,  
Primary Care Reimbursement Service

**Note:** *Therapeutics Today* bulletin and *News Bulletin* can now be viewed on the GP/Pharmacy suite under the link 'Account Details' on the GP Suite and 'Useful Links' on the Pharmacy suite.

**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 \_\_\_\_\_ to \_\_\_\_\_ as 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 copy 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  
D11 PXTO**

Changes in personnel or conditions of existing contract 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)**

- P60   
P35   
P35L

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