*DRAFT OF THE LETTER YOU WILL RECEIVED FROM GL HEARN FOR INFORMATION*

Dear Practice Manager

*Address:*

*BA Ref / Account No:*

*Original Rateable Value:*

*Revised Rateable Value:*

*Effective Date:*

GL Hearn are instructed by NHS England to collate, vet and verify Business Rates refunds relating to business rates for GP Practices.

There has been Rateable Value reduction in relation to the premises above. As a result there should be a credit on the Practices Business Rates Account.

As NHS England reimbursed Practices for Business Rates, any savings from the Rateable Value reductions should be paid back to NHS England.

Please can you do the following:

* Email copies of all Business Rates Demands received from the Council to [NHSEngland.Rates@GLHearn.com](mailto:NHSEngland.Rates@GLHearn.com)
* Arrange payment of any Business Rates refunds received from the Council to be paid to the below account:

**Account Name: NHS England Client Account**

**Account Number: 33118525**

**Sort Code: 20-37-75**

**Bank: Barclays Bank plc**

**Reference: [Your Practice Code]**

Authority to Discuss your Rates Account

You will appreciate that given the sums involved NHS England must verify all refunds returned by the Local Councils. Regrettably mistakes do happen and it may be necessary for NHS England and/or GL Hearn to request further information from the Local Council regarding your rates account.

As you are the named ratepayer and NHS England reimburses you, your authority for NHS England and GL Hearn to discuss your business rates account is required.

Accordingly we would be grateful if you would kindly complete the below proforma granting authority to discuss your account and receive any refund.

**Please copy and paste the below onto a Word Document then arrange to complete, scan and send to:**[**nhsengland.rates@glhearn.com**](mailto:nhsengland.rates@glhearn.com)

**----------------------------------------------------------------------------------------------------------------**

**Delegation of Authority to Discuss Business Rates Account and Request Refunds**

**To whom it may concern,**

**………………………………………………………… [Insert Practice Name]**

**hereby gives authority for NHS England and its agent, GL Hearn, to request full disclosure of information in relation to rates account(s), including receiving refunds, in respect of the premises listed below:**

**………………………………………………………………………………………………...**

**[Insert Practice Address(es) Above]**

**Rates Account No: ………………………………………………………**

**Name of Local Council: …………………………………………………**

**Signed: …………………………………………………**

**Name and title: …………………………………………………**

**On behalf of: ………………………………………………… [Practice Name]**

**Date: …………………………………………………**

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Please contact your local reimbursement team should you require further validation of GL Hearn’s instruction from NHS England.

Thank you in advance for your assistance.

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| --- | --- |
|  | |
| Kind regards |  |
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| |  |  | | --- | --- | | GL Hearn  on behalf of NHS England and NHS Improvement  [NHSEngland.Rates@GLHearn.com](mailto:NHSEngland.Rates@GLHearn.com) | | |  |  | |  |  | |  |