

Liquid Logic Ref and/or NHS number	
Individual's Full Name	
Individual's Address	
Email Address (where available)	
Responsible person, (name and email) if not the individual	
Individual's Date of Birth	
Individual's National Insurance Number	
Current Estimated Discharge Date (without funding)	
What is the payment for and why?	
How can we check the money gets spent on the items/things mentioned above?	
Sort Code	
Account Number	
Name of bank	
Name on bank account	
Payment agreed & Bank Account details verified by:	Staff Name:
Today's Date:	Staff Email:
Amount to be paid	£

Patient agreement:

I agree to spend the money I am provided with on the reasons stated above to enable my discharge from hospital or help me stay at home.

Signed Individual's Name Printed

Payment authorised by:

Signed Print Name
Position.....Email
Date.....

Please ensure this form is attached to the individual's care record and then sent on to:
HospitalDischargePayments@BATHNES.GOV.UK