

PAID CLAIM ADJUSTMENTS Ophthalmic 24

National Services Scotland

For the attention of Operations

PRACTICE NAME & ADDRESS Enter clearly, inc postcode				SCHEDULE DATE Scotland			
				MONTH YEAR	LOC COD		
				OPTICIAN'S SIGNATURE DATE			
CLAIM DETAILS							
Case ID No		Patient's Full Name		Completion Date	Amount Authorised	Form Type	
Item of Discrepancy							
Practitioner Services reply							
Case ID No		Patient's Full Name		Completion Date	Amount Authorised	Form Type	
Item of Discrepancy							
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