

## NON-PAYMENT ENQUIRIES Ophthalmic 25



For the attention of Operations

PRACTICE NAME & ADDR	ESS				30	Otianu
Enter clearly, inc postcode			SCHEDU MONTH	LE DATE YEAR	PAYMENT LOC CODE	
			OPTICIA	N'S SIGNAT	URE DATE	
	C	LAIM DET	TAILS			
Deticate Full Name	Date of	Date of	Completion	Total	Date	Form
Patient's Full Name	Birth	Supply	Date	Claimed	sent	Type
Payment Claim Sub Count i	Result of nvestigation by PSD					
Patient's Full Name	Date of	Date of	Completion	Total	Date	Form
T determ 51 dir Hame	Birth	Supply	Date	Claimed	sent	Type
Payment Claim Sub count i	Result of nvestigation by PSD					
	·					
Patient's Full Name	Date of	Date of	Completion	Total	Date	Form
i attent 31 un Name	Birth	Supply	Date	Claimed	sent	Туре
Payment Claim Sub count	Result of nvestigation by PSD					
Patient's Full Name	Date of Birth	Date of Supply	Completion Date	Total Claimed	Date sent	Form Type
Payment Claim Sub Count i	Result of nvestigation by PSD					