Practitioner Services

PAID CLAIM ADJUSTMENTS
Ophthalmic 24

For the attention of Operations

NHS National Services Scotland

PRACTICE NAME & ADDRESS
Enter clearly, inc postcode

SCHEDULE DATE
MONTH **YEAR**

PAYMENT LOC CODE

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				

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