Practitioner Services

eOphthalmic Personal Identification Number (PIN)

This form should be completed so Practitioner Services can issue a PIN that will allow the user to sign off Ophthalmic claims in either a Practice Management System (PMS) or the electronic web forms (GOS1, GOS3, GOS4).

Please complete the appropriate fields

Contractor Details

* Denotes a mandatory field

*Health Board

*Pay to List Number

Contractor list Number

Contractor GOC Number

*Forename

*Surname

Email address

Accredited Practice Management System

*Contact Number

Declaration

I declare that I have read and understood the [acceptable use policy] relating to the use of my unique individual personal identification number (PIN).

Signature

Date

Send completed forms to nss.psd-customer-admin@nhs.scot
with 'eOphthalmic PIN form' in the subject field

Practitioner Services use only

How was the PIN communicated to the User

Issued by

Date