

ACUTE COMMUNITY EYE CARE SERVICE

Claim Summary

I/we attach (No) Completed Optometric Record Cards
First Appointment

I/we attach (No) Completed Optometric Record Cards:
Follow-up Appointments

Practice Name:

Address for payment:

(Block letters or stamp)

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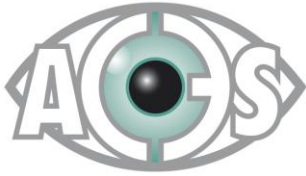
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Signature:

(On behalf of practice)

Date:



CLAIM LISTING

ACUTE COMMUNITY EYE CARE SERVICE

Practice Name:	Period Ending:
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Note: From 1 October 2012 a First appointment will attract payment of one of three categories – lower = £25, middle - £45, upper - £60

	Appointment Type (Delete as appropriate)	Patient Name	Amount Claimed £
1	First/Follow-up		
2	First/Follow-up		
3	First/Follow-up		
4	First/Follow-up		
5	First/Follow-up		
6	First/Follow-up		
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