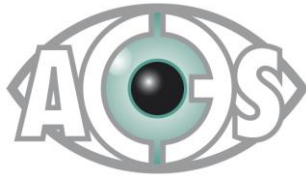


## ACUTE COMMUNITY EYE CARE SERVICE

### Payment Return Summary

<b>Date:</b>	
<b>To:</b>	
<b>Period:</b>	
<b>Number submitted:</b>	
<b>Number returned:</b>	
<b>Number paid:</b>	
<b>From:</b>	<b>Patient &amp; Practitioner Services Level 1 Eastreach House Eastreach Taunton TA 1 3EN</b>
<b>Telephone:</b>	



## ACUTE COMMUNITY EYE CARE SERVICE

### Payment Returns Docket

<b>Date:</b>	
<b>To:</b>	
<b>The attached ACES claim has been returned for the following reason:</b>	
<b>Patient &amp; GP Details</b>	
Patient name/address(including postcode)/date of birth not recorded	
GP Name/practice address not recorded	
Patient not registered with a GP practice located within the geographical area of the PCT	
<b>Patient Declaration</b>	
Date/patient name/patient signature not recorded	
<b>Contractor or Authorised Signatory</b>	
Appointment type not annotated	
Copy of Optometric Patient Record Card sent to GP not annotated	
No signature	
<b>Clinical Record</b>	
Patient consent not annotated	
Optometrist name/performer number/practice name not recorded	
Referral date/ type of referral not recorded	
Reason for presentation not recorded	
Anterior Segment Examination box not annotated	
History and symptoms/diagnosis not recorded	
Distance visual acuity/pupil reactions/drugs used not recorded	
<b>Action, Details of Action Taken, Advice to Patient</b>	
No patient management box ticked/details of action taken recorded	
<b>Optometrist signature</b>	
Accredited optometrist signature/date not provided	
<b>Other</b>	
<b>Please complete and resubmit to Patient &amp; Practitioner Services</b>	