Ophthalmic payment schedule

Reports
### Your Ophthalmic Remittance Advice - Paid under the National Health Service (Scotland) Act

**Payment To:** 30-Sep-2017  
**Payment Run:** XXXX

<table>
<thead>
<tr>
<th>CONTRACTOR</th>
<th>PAYMENT LOCATION CODE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>00000</td>
<td>£ 0.00</td>
</tr>
</tbody>
</table>

**Name**

**Address**

<table>
<thead>
<tr>
<th>Payee No.</th>
<th>Sort Code</th>
<th>Bank A/C</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXX00000</td>
<td>00000</td>
<td>000000000</td>
</tr>
</tbody>
</table>

---

**Please refer any query to**

Practitioner Services (Ophthalmic)  
NHS National Services Scotland  
Gyle Square  
Edinburgh, EH12 9EB  
Phone: 0131 275 6200  
Email: nss.psdophthalmic@nhs.net
## Your Ophthalmic Remittance Breakdown (Account14) - Paid under the National Health Service (Scotland) Act

Payment To: 30-Sep-2017  
Payment Location Code: XXXXX

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SUMS DUE

1. **Eye Exam**  
   - **£ 0.00**
2. **Hospital Eye Service**  
   - **£ 0.00**
3. **Other IOS**  
   - **£ 0.00**
4. **Total Payment Authorised**  
   - **£ 0.00**
5. **Local Superannuable Payment (HCH)**  
   - **£ 0.00**
6. **Eye Exam Adjustments**  
   - **£ 0.00**
7. **Superannuable Sum Due**  
   - **£ 0.00**
8. **Training Grant**  
   - **£ 0.00**
9. **Local Payments (HCH)**  
   - **£ 0.00**
10. **Miscellaneous Adjustments**  
    - **£ 0.00**
11. **Gross Sum Due**  
    - **£ 0.00**

### DEDUCTIONS FROM GROSS SUM DUE

1. **Superannuation Contribution - Practitioner**  
   - **£ 0.00**
2. **Hospital Eye Service**  
   - **£ 0.00**
3. **Other IOS**  
   - **£ 0.00**
4. **Total Payment Authorised**  
   - **£ 0.00**
5. **Local Superannuable Payment (HCH)**  
   - **£ 0.00**
6. **Eye Exam Adjustments**  
   - **£ 0.00**
7. **Superannuable Sum Due**  
   - **£ 0.00**
8. **Training Grant**  
   - **£ 0.00**
9. **Local Payments (HCH)**  
   - **£ 0.00**
10. **Miscellaneous Adjustments**  
    - **£ 0.00**
11. **Gross Sum Due**  
    - **£ 0.00**

### Total paid this schedule for GOS eye examinations.

### Total paid this schedule for HES claims.

### Total paid this schedule for GOS3, GOS4 and adjustments to claims.

### Sum of lines 1-3.

### Special schools payment (Lothian only).

### Pre-registration training grant payment.

### Total of local NHS Board payments, can include Teach & Treat, LVA, contact lens payments, diabetic retinal screening, optometry medication supplied.

### Payment of eOphthalmic practice grant.

### Sum of lines 4-13.

Continues on next page...
### DEDUCTIONS FROM GROSS SUM DUE

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>Superannuation Contribution - Practitioner</td>
<td>£ 0.00</td>
</tr>
<tr>
<td>18</td>
<td>Added Years Installment</td>
<td>£ 0.00</td>
</tr>
<tr>
<td>19</td>
<td>Unreduced Lump Sum Installment</td>
<td>£ 0.00</td>
</tr>
<tr>
<td>20</td>
<td>Additional Service (0.00%)</td>
<td>£ 0.00</td>
</tr>
<tr>
<td>21</td>
<td>Lump Sum (0.00%)</td>
<td>£ 0.00</td>
</tr>
<tr>
<td>22</td>
<td>Additional Voluntary Contribution</td>
<td>£ 0.00</td>
</tr>
<tr>
<td>23</td>
<td>Superannuation Arrears</td>
<td>£ 0.00</td>
</tr>
<tr>
<td>27</td>
<td>Eye Care Information Services Levy</td>
<td>£ 0.00</td>
</tr>
<tr>
<td>28</td>
<td>Local Ophthalmic Committee Levy</td>
<td>£ 0.00</td>
</tr>
<tr>
<td>29</td>
<td>Recovery of Advance</td>
<td>£ 0.00</td>
</tr>
<tr>
<td>30</td>
<td>Gross Deductions</td>
<td>£ 0.00</td>
</tr>
<tr>
<td>31</td>
<td>Net Sum Due</td>
<td>£ 0.00</td>
</tr>
<tr>
<td>33</td>
<td>Sum Payable to Practitioner</td>
<td>£ 0.00</td>
</tr>
</tbody>
</table>

**Line 16-23 only applicable to Ophthalmic Medical Practitioners. Details of superannuation contributions.**

**Line 10**
Deduction of contribution to the Eyecare Trust.

**Line 11**
Not in use.

**Line 12**
Recovery of advance payment/s paid out with the payment system.

**Line 13**
Number of pages in this report.

**Line 14**
Sum of lines 16-29.

**Line 15**
Net amount payable to Creditor’s account.
<table>
<thead>
<tr>
<th>Case ID</th>
<th>Patient</th>
<th>Date of Birth</th>
<th>Patient CHI</th>
<th>Form Type</th>
<th>Date of Test / Supply</th>
<th>Patient Contributions</th>
<th>Sum Authorised</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXX</td>
<td>FIRST AND LAST NAME</td>
<td>DD/MM/YY</td>
<td>XXXXXXXXXX</td>
<td>XXX</td>
<td>DD/MM/YY</td>
<td>£ 0.00</td>
<td>£ 0.00</td>
</tr>
</tbody>
</table>

**Case ID**: This is the identification number for the selected claim. This is required when submitting an Oph24 adjustment form.

**Patient name and date of birth**.

**Community Health Index (CHI) number. Please note some patients may not have been allocated a CHI number at this time.**

**Details of the type of claim, GOS or HES eye examination or voucher.**

**Date eye examination is completed or Voucher accepted.**

**The payment patients have made when they are in receipt of an HC3 certificate which entitles them to partial help with health costs. The contribution they should make is detailed on the certificate.**

**Payment amount authorised for the selected claim.**

**Total amount paid for item of service claims.**

**Total number of pages in this report.**
**Case ID**, this is the identification number for the selected claim. This is required when submitting an Oph24 adjustment form.

Sequence number 0 shows this is the first payment of a claim. Where the sequence number is greater than 0 a claim adjustment has been completed.

Patient name and date of birth.

Date eye examination is completed or Voucher accepted.

Total amount claimed.

Total amount authorised for payment.

Total patient contribution detailed on claim.

Total patient contribution authorised for claim.

Total number of pages in this report.
<table>
<thead>
<tr>
<th>CASE ID</th>
<th>PATIENT</th>
<th>DATE OF BIRTH</th>
<th>FORM TYPE</th>
<th>ORIGINAL PAY DATE</th>
<th>PATIENT CONTRIBUTIONS</th>
<th>SUM AUTHORISED</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXX</td>
<td>FIRST NAME, LAST NAME</td>
<td>DD/MM/YY</td>
<td>XXXX</td>
<td>DD/MM/YY</td>
<td>£ 0.00</td>
<td>£ 0.00</td>
</tr>
</tbody>
</table>

Case ID, this is the identification number for the selected claim. This is required when submitting an Oph24 adjustment form.

Patient name and date of birth.

Details of the type of claim, GOS or HES eye examination or voucher.

Schedule month of this payment.

Amount paid by the patient if applicable.

Amount paid/deducted for the selected claim in this schedule. Please check first submission of this claim to ascertain full payment details.

Total amount paid/deducted in this report.

Number of pages in this report.
### My eSchedule Reports
Treatment, payment and patient reporting

Your Ophthalmic Additional Payment & Recoveries - Paid under the National Health Service (Scotland) Act

Claims Processed To 30-Sep-2017 - Eye Exam and Voucher Analysis

NHS FIFE
Payment Location Code : XXXXX
Name

<table>
<thead>
<tr>
<th>OTHER ITEM OF SERVICE BULK ADJUSTMENTS ( RECOVERIES AND UNDERPAYMENTS ) REASON</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£0.000</td>
</tr>
</tbody>
</table>

**BULK ADJUSTMENT AMOUNT :** £0.000

Total amount paid due to item of service updates or payment recoveries.
The Item Summary Report is an activity report providing a breakdown of the different items of treatment. The count of claims does not include any claims where a 'pay on claim total' flag has been applied to the claim. Also, the amounts shown are gross figures that do not take into account instances of either pay on claim total or patient contributions, so will not reconcile directly against the net amounts shown in the Account 14 report.

"An example of pay on claim total is where the retail cost claimed for a dispensed pair of glasses is less than the voucher value."

<table>
<thead>
<tr>
<th>NUMBER OF ITEMS</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXX</td>
<td>£0.00</td>
</tr>
</tbody>
</table>
## Your Ophthalmic Patient Information - Paid under the National Health Service (Scotland) Act

### Linked Patients (Patient Details On Claim Differ From Patient Master Details as shown in the current schedule)

<table>
<thead>
<tr>
<th>NHS FIFE</th>
<th>Payment Location Code : XXXXX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shop name</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PATIENT (MASTER DETAILS)</th>
<th>GENDER</th>
<th>DATE OF BIRTH</th>
<th>SERIAL NO / CHI</th>
<th>PATIENT (CLAIM DETAILS)</th>
<th>GENDER</th>
<th>CLAIM DATE OF BIRTH</th>
<th>SERIAL NO / CHI</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST AND LAST NAME</td>
<td>F or M</td>
<td>DD/MM/YY</td>
<td>XXXXXXXXXX</td>
<td>FIRST AND LAST NAME</td>
<td>F or M</td>
<td>DD/MM/YY</td>
<td></td>
</tr>
</tbody>
</table>

### Notes
1. Master details we hold for patient's surname and forename.
2. Master details we hold for patient's sex and date of birth.
3. Master details we hold for patient's CHI number. Please note some patients may not have been allocated a CHI number at this time.
4. Linked details from most recent claims submitted for patient's surname and forename.
5. Linked details from most recent claim submitted for patient's sex and date of birth.
6. Linked details from most recent claim submitted for CHI number.
7. Total number of pages in this report.