

Your eSchedules guidance | Adjustment to Claims

The layout for this guidance is based on the portable document format (PDF) report output, and there may be cosmetic differences when viewing the online report.

This is an example of a browser view for illustration only

My eSchedules reports

Treatment, payment and patient reporting

Your Adjustment to Claims report - Paid under the National Health Service (Scotland) Act
Adjustments for the period Jun 2014

List Number 00000
Name First name Last name

Case ID	Seq Number	Patient ID	CHI Number	Surname	Forename	Sex	Patient D.O.B	Acceptance Date	Total claimed	Total authorised	Patient Contribution	Patient Charges Authorised
xxxxxxxxxxxx	0	000000	0000000000	Bloggs	Joanne	F	01/01/1970	04/02/2013	£24.90	£20.85	£10.20	£10.20
												Dentist Fee Value
												£12.75
												£8.10

(0) 01/13/13 time billed against (0) for claim 0000000000 dated 12/11/2011 replaced by 01/01/13 same dentist rule.

Amount claimed and amount

Case ID and patient details.

Sequence number
'0' shows the first payment of a claim. Where the sequence number is higher than zero, this shows that an adjustment has been completed and shows extra money that has been paid for this adjustment. Please note that the patient contribution/amount claimed and patient contribution authorised/amount authorised will always show as different on adjusted claims.

Practitioners are required to check items not authorised for payment against information provided for previous claims paid or to check provisos in the Statement of Dental Remuneration for items not authorised for payment.

Any amendments to claims are required to be sent on a dental 283 paid claim adjustment form only.

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xxxxxxxxxxxx	0	000000	0000000000	Bloggs	Joanne	F	01/01/1970	04/02/2013	£24.90	£20.85	£10.20	£10.20
	Item code	Fee code	Adjustment Text									Dentist Fee Value
	10(A)	100101	Authorised for payment									
	1(A)	010101	Authorised for payment									
	1(B)	011101	Time barred against 1(A) for claim 000000000000 dated 15/11/2011. Replaced by 010101. Same dentist rule.									
	Amount claimed and amount											

Practitioners are required to check items not authorised for payment against information provided for previous claims paid or to check provisos in the Statement of Dental Remuneration for items not authorised for payment.
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Date of acceptance for claim.

Patient Contribution from claim submitted for payment.

The total amount entered on your claim.

The total amount we authorised.

Patient charges authorised for current claim, this value may be different to Patient Contribution depending on items that have not been authorised for payment.

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Items of Service that have not been authorised for payment.
For any Item of Service that has not been authorised for payment a reason is provided giving details of why items have been deleted or replaced.
In example provided details are shown of claim ID and date of claim that 1B has failed against and advises this has been replaced with 1A exam code due to time bar and same dentist rule.

Case ID	Seq Number	Patient ID	CHI Number	on	Patient Charges Authorised
xxxxxxxxxxxx	0	000000	0000000000		£10.20

Item code	Fee code	Adjustment Text	Dentist Fee Value
10(A)	100101	Authorised for payment	£12.75
1(A)	010101	Authorised for payment	£8.10
1(B)	011101	Time barred against 1(A) for claim 000000000000 dated 15/11/2011. Replaced by 010101. Same dentist rule.	

Items of Service Item Code and Fee Code

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Item of Service and value of Item of Service that has been authorised for payment.