



**Reports**

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## My eSchedule Reports

Treatment, payment and patient reporting

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

#### My eSchedule Reports

Treatment, payment and patient reporting

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

Payment To : 30-Sep-2017

1

Payment Run : XXXX

Name

2

Payee No. XXX00000

Address

Sort Code 000000

3

Bank A/C 00000000

CONTRACTOR	PAYMENT LOCATION CODE	AMOUNT
	00000	£ 0.00
	4 AMOUNT PAID	£ 0.00

4

1

Schedule month.

2

Shop name and address.

3

Creditor reference number and bank account details.

4

Sum payable to practice.

Please refer any query to

Practitioner Services (Ophthalmic)

NHS National Services Scotland

Gyle Square

Edinburgh, EH12 9EB

Phone : 0131 275 6200

Email :

[nhs\\_pedophthalmic@nhs.scot](mailto:nhs_pedophthalmic@nhs.scot)

# My eSchedule Reports

Treatment, payment and patient reporting

## Your Ophthalmic Remittance Breakdown (Account14) - Paid under the National Health Service (Scotland) Act

### My eSchedule Reports

Treatment, payment and patient reporting

#### Your Ophthalmic Remittance Breakdown (Account14) - Paid under the National Health Service (Scotland) Act

Payment To : 30-Sep-2017

Payment Location Code :XXXXX

Name  
Address

#### SUMS DUE

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

#### DEDUCTIONS FROM GROSS SUM DUE

- 1 Total paid this schedule for GOS eye examinations.
- 2 Total paid this schedule for HES claims.
- 3 Total paid this schedule for GOS3, GOS4 and adjustments to claims.
- 4 Sum of lines 1-3.
- 5 Special schools payment (Lothian only).
- 6 Pre-registration training grant payment.
- 7 Total of local NHS Board payments, can include Teach & Treat, LVA, contact lens payments, diabetic retinal screening, optometry medication supplied.
- 8 Payment of superannuable practice grant.
- 9 Sum of lines 4-13.

## Your Ophthalmic Remittance Breakdown (Account14) - Paid under the National Health Service (Scotland) Act

DEDUCTIONS FROM GROSS SUM DUE	
16. Superannuation Contribution - Practitioner	€ 0.00
18. Added Years Installment	€ 0.00
19. Unreduced Lump Sum Installment	€ 0.00
20. Additional Service (0.00%)	€ 0.00
21. Lump Sum (0.00%)	€ 0.00
22. Additional Voluntary Contribution	€ 0.00
23. Superannuation Arrears	€ 0.00
27. Eye Care Information Services Levy	€ 0.00
28. Local Ophthalmic Committee Levy	€ 0.00
29. Recovery of Advance	€ 0.00
Ophthalmic - Remittance Breakdown (Account 14) <span style="float: right;">Page 1 of 2</span>	
Ophthalmic Remittance Breakdown (Account14) <span style="float: right;">Last Refreshed: 01/11/2017 15:48:13</span>	
30. Gross Deductions	€ 0.00
31. Net Sum Due	€ 0.00
33. Sum Payable to Practitioner	€ 0.00

10

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

11

Deduction of contribution to the Eyecare Trust.

12

Not in use.

13

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

14

Number of pages in this report.

15

Sum of lines 16-29.

16

Net amount payable to Creditor's account.

## My eSchedule Reports

Treatment, payment and patient reporting

### Your Ophthalmic Itemised Patient Payment - Paid under the National Health Service (Scotland) Act

#### My eSchedule Reports

Treatment, payment and patient reporting

Your Ophthalmic Itemised Patient Payment - 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

1	2	2	3	4	5	6	7
CASE ID	PATIENT	DATE OF BIRTH	PATIENT CHI	FORM TYPE	DATE OF TEST / SUPPLY	PATIENT CONTRIBUTIONS	SUM AUTHORISED
XXXXXXXXXX	FIRST AND LAST NAME	DDMMYY	XXXXXXXXXX	XXXX	DDMMYY	£ 0.00	£ 0.00
SUM OF ITEM OF SERVICE PAYMENTS :						8	£ 0.00

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

2 Patient name and date of birth.

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

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

5 Date eye examination is completed or Voucher accepted.

6 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.

7 Payment amount authorised for the selected claim.

8 Total amount paid for item of service claims.

9 Total number of pages in this report

## My eSchedule Reports

Treatment, payment and patient reporting

### Your Ophthalmic Adjustments to Claims - Paid under the National Health Service (Scotland) Act

My eSchedule Reports  
Treatment, payment and patient reporting

Your Ophthalmic Adjustments to Claims - Paid under the National Health Service (Scotland) Act

Claims Processed To 30-Sep-2017

NHS FIVE  
Payment Location Code : XXXXX  
Name

CASE ID	SEQUENCE NUMBER	PATIENT	DATE OF BIRTH	DATE OF ACCEPTANCE	TOTAL CLAIMED	TOTAL AUTHORISED	PATIENT CONTRIBUTIONS CLAIMED	PATIENT CONTRIBUTIONS AUTHORISED
XXXXXXXXXX	0	FIRST AND LAST NAME	DDMMYY	DDMMYY	£0.00	£0.00	£0.00	£0.00

9 Page 1 of 8

1

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

2

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.

3

Patient name and date of birth.

4

Date eye examination is completed or Voucher accepted.

5

Total amount claimed.

6

Total amount authorised for payment.

7

Total patient contribution detailed on claim.

8

Total patient contribution authorised for claim.

9

Total number of pages in this report

# My eSchedule Reports

Treatment, payment and patient reporting

## Your Ophthalmic Adjusted Claims - Paid under the National Health Service (Scotland) Act

**My eSchedule Reports**  
Treatment, payment and patient reporting

Your Ophthalmic Adjusted Claims - 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

CASE ID	PATIENT	DATE OF BIRTH	FORM TYPE	ORIGINAL PAY DATE	PATIENT CONTRIBUTIONS	SUM AUTHORISED
XXXXXXXXXX	FIRST NAME LAST NAME	DD/MM/YY	XXXX	DD/MM/YY	£ 0.00	£ 0.00
SUM OF CLAIM ADJUSTMENTS						£ 0.00

Ophthalmic - Adjusted Claims Page 1 of 2

1

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

2

Patient name and date of birth.

3

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

4

Schedule month of this payment.

5

Amount paid by the patient if applicable.

6

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

7

Total amount paid/deducted in this report.

8

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

#### 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

OTHER ITEM OF SERVICE BULK ADJUSTMENTS ( RECOVERIES AND UNDERPAYMENTS ) REASON	AMOUNT
	£0.000
<b>BULK ADJUSTMENT AMOUNT :</b>	<b>£0.000</b>

Total amount paid due to item of service updates or payment recoveries.



## Your Ophthalmic Patient Information - Paid under the National Health Service (Scotland) Act

### My eSchedule Reports

Treatment, payment and patient reporting

#### 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)  
Payment To : 30-Sep-2017

NHS FIFE

Payment Location Code : XXXXX

Shop name:

1		2		3		4		5		6	
PATIENT (MASTER DETAILS)		GENDER	DATE OF BIRTH	SERIAL NO / CHI	PATIENT (CLAIM DETAILS)		GENDER	CLAIM DATE OF BIRTH	SERIAL NO / CHI		
FIRST AND LAST NAME	F or M	DDMMYY	XXXXXXXXXX	FIRST AND LAST NAME	F or M	DDMMYY					

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.