PRACTITIONER SERVICES

NHS
NATIONAL SERVICES SCOTLAND

COMMUNITY GLAUCOMA SERVICE (CGS)

CLAIM ADJUSTMENTS/DEREGISTRATION CANCELLATION

** Denotes a mandatory field, failure to complete these will result in the form being returned to the applicant.*

PART 1: PRACTICE DETAILS

* Accredited Provider (registration/deregistration) / Accredited Clinician (Assessments) Full name

* Practice address including postcode

*Practice Payment Location Code

PART 2: CLAIM DETAILS

*Patient's full name

*CHI number

*Form type

*Item of discrepancy *(Please provide detailed information of your request including date of registration, assessment or deregistration)*

Practitioner Services Reply

Patient's full name

CHI number

Form type

Item of discrepancy (*Please provide detailed information of your request including date of registration, assessment or deregistration)*

Practitioner Services Reply

Patient's full name

CHI number

Form type

Item of discrepancy *(Please provide detailed information of your request including date of registration, assessment or deregistration)*

Practitioner Services Reply

Completed forms **must** be emailed to ***nss.psdcgs@nhs.scot*** from your **NHS email address.**

Do not send this form by post.