

General Ophthalmic Service CLAIMS DOCKET

Please use one docket for each claim type

PCT:

All claims made using this docket are for tests / visits carried out in **this** PCT boundary.

Code:

(This is the code shown on your payment statement.)

Practice Stamp

Tick claim type submitted:

GOS 1
 GOS 3
 GOS 4
 GOS 5
 GOS 6

Enhanced service (please specify type below):

.....

Authorised Signature.....

Date:.....

For office use only

GOS 1
 GOS 3*
 GOS 4
 GOS 5
 GOS 6

Enhanced service.....