



Area

Code

5QQ

116

Name & Address for Payment

Specsavers Healthcall
Cirrus House
10 Experian Way
Nottingham
NG2 1EP

ULN

OLCO20085QQ



GOS1

We attach :

Value: £ Forms dated before 1 April

We attach :

Value: £ Forms dated after 1 April

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Contractor Declaration To be completed in all cases

I, as authorised by the contractor, wish to claim payment for the above submissions

Please sign in the box

Name		
Date		
Please mark with an 'x' here if these are electronic submissions		



Please send your claim forms to:	NHS Shared Business Services PCS Ophthalmic Payments Team PO Box 652 Wakefield WF1 9HU
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For Office Use Only

Total In Batch		Date received
Total Returned		
Net Total		
Input By		

Balanced By

Date

Bin Location



IMPORTANT NOTE: This form must only be used for the contractor/authorised signatory stated above. Failure to do this or making alterations to this header may cause delays or errors in your payment.

5QQ-116-GOS1

