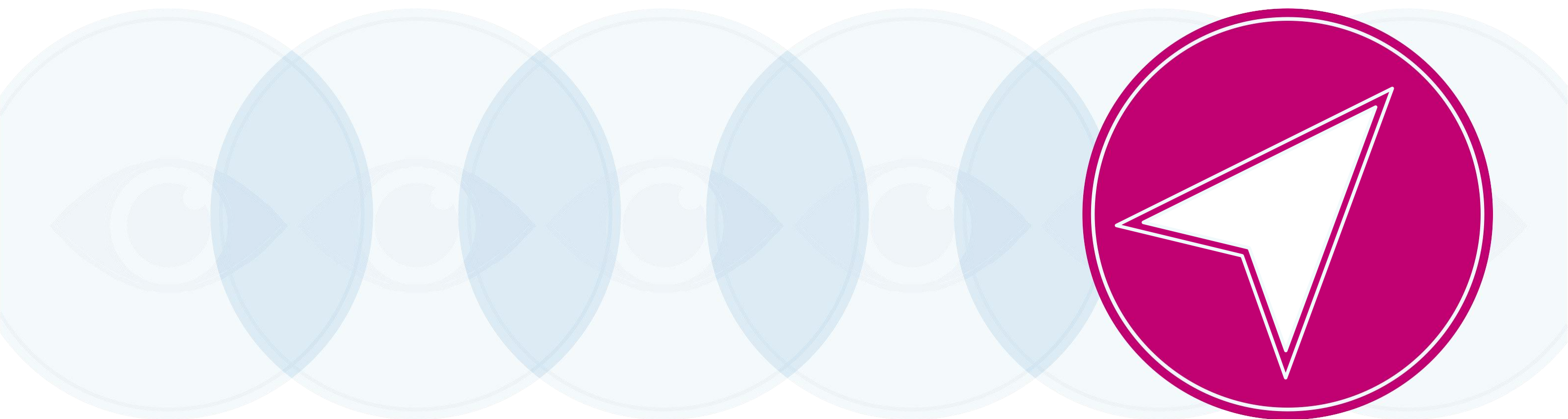


Using PCSE Online for Ophthalmic Payment services

User Guide



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About this Guide

This guide provides information about using PCSE Online for Ophthalmic Payment services.

The digital service will enable GOS claims to be submitted electronically. They will be validated in real time which will improve the accuracy of payments and give ophthalmic contractors greater visibility of claims and statements.

This user guide is a support tool and covers the following options available on PCSE Online:

- ✓ Navigating the Ophthalmic Payment screens
- ✓ Making GOS1, 3, 4, 5, and 6 claims
- ✓ Searching for claims
- ✓ Viewing statements

Overview of PCSE Online for Ophthalmic Payments

PCSE Online is a web-based option for securely submitting, tracking and reconciling GOS claims. Users access the service via the PCSE website with a unique log-in ID and password.

The site has been designed to guide users intuitively through the different screens. From the home screen dashboard, users can select and complete the appropriate GOS form, track the status of their claims and view statements.

The information for the online GOS forms is much the same as is required for the paper forms but the electronic system will automatically validate each field as detail is entered. This means any missing information, errors or incomplete mandatory fields will be flagged up before a form can be submitted, significantly reducing the likelihood of claims being rejected and improving the accuracy of payments.

Another benefit of the online submissions being validated in real time is that they can be submitted closer to the payment date because contractors won't have to allow time for posting and processing. The system also allows you to pre-populate up to the first signatory, allowing more efficiency within the practice.

Sign in and Dashboard

1.1 Sign in

Users need to log in to PCSE Online to access the Ophthalmic Payments screens.

You can log-in to PCSE Online from the [website homepage](#) which will take you to the following screen:

Enter your sign in details (**Email Address** and **Password**).

Click the **Sign in** button.

On successful sign in, if you are assigned to more than one organisation the following screen will be displayed. Enter the relevant organisation and click on **Update**.

If you are not assigned to more than one organisation you will automatically be directed to the Ophthalmic Payments dashboard.

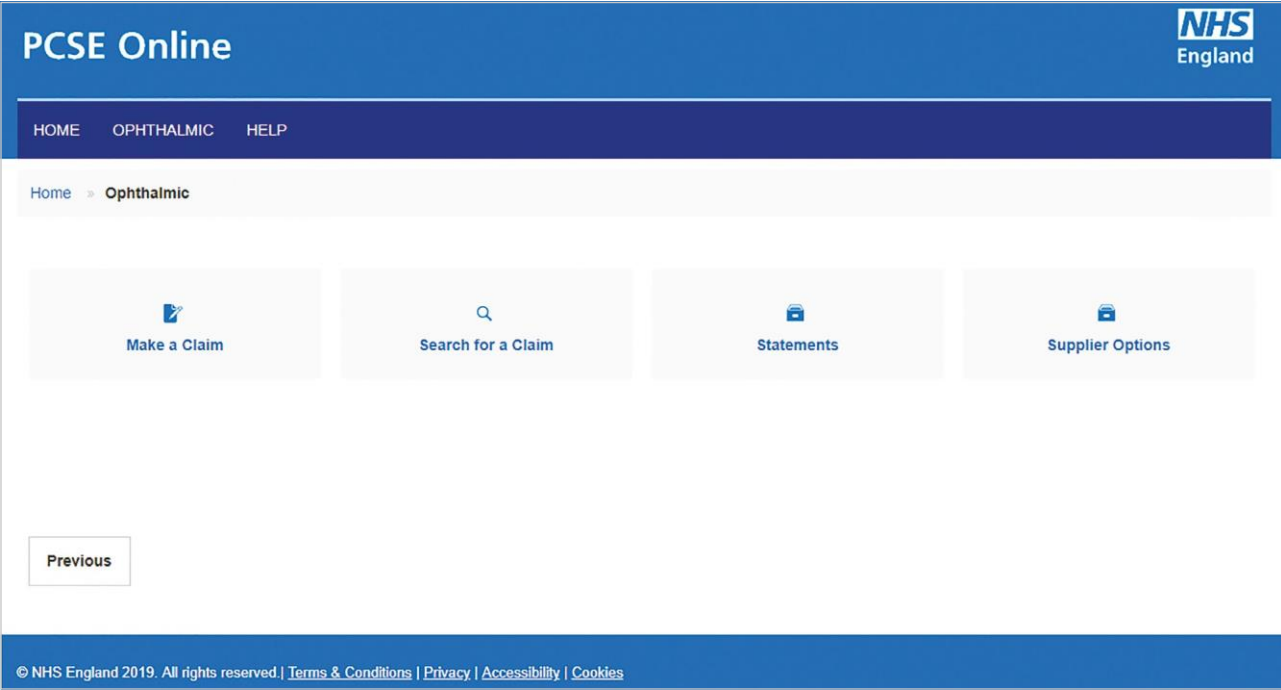
1.2 Dashboard

This screen shows your dashboard from where you can perform different tasks.

The navigation pane appears in the mid-section of the screen.

Each option in this section will help you perform a particular task.

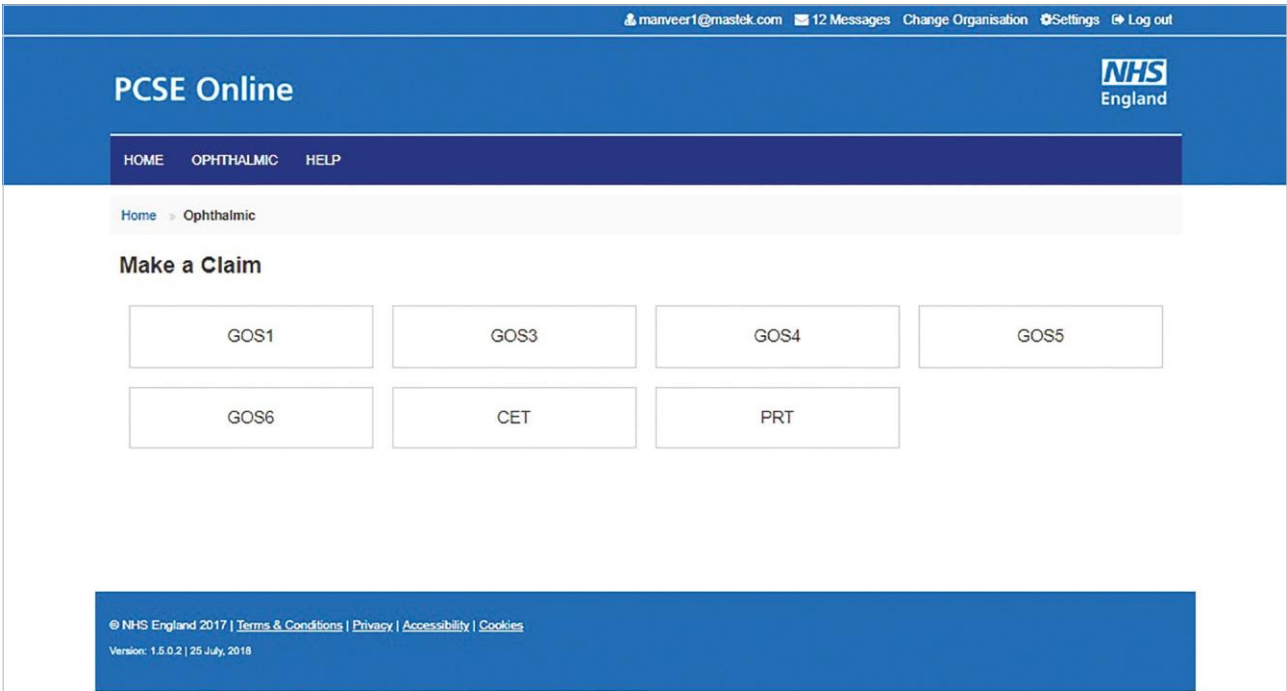
The options you see here are determined by the access permissions that have been granted to you by your User Administrator.



Top Tip - when completing any sections of the online forms, ensure ALL mandatory information is included before clicking Save and Continue.

2 Make a Claim

Select **Make a Claim** on the dashboard. You will then see the following screen where you can choose which GOS claim type you would like to make.



2.1 GOS1 Claim - NHS Sight Test

This claim process is split into five sections, with clear indication of which section you are currently on. Once a section is complete, a tick will be displayed.

2.1.1 Patient’s Details

This is the first section of the GOS1 claim where you need to enter the patient’s details.

manveer1@mastek.comMessagesChange OrganisationSettingsLog out

PCSE OnlineNHS England

HOMEOPHTHALMICHELP

Home > Ophthalmic > GOS1 Claim - NHS Eye Test

GOS 1 Claim - NHS Eye Test

0102030405

Patient's DetailsPatient's EligibilityPatient's DeclarationPerformer's DeclarationContractor Signatory's Declaration

I HAVE TESTED THE SIGHT OF THE PERSON NAMED ON THIS FORM ON

13/08/2018

CONTRACTOR'S NAME

Lenskart

PERFORMER'S NAME

Performer Name

PERFORMER'S NUMBER

Performer Number

YOUR REFERENCE

Reference Number

Patient's Details

TITLE

Please select

FIRST NAME

First Name

SURNAME

Surname

PREVIOUS SURNAME

Previous Surname

ADDRESS

Search for your residential address by entering your postcode

Postcode

Q

Enter Address Manually

Address:

DATE OF BIRTH

dd/mm/yyyy

NHS NUMBER

NHS Number

NATIONAL INSURANCE NUMBER

AA000000A

DATE OF LAST SIGHT TEST

dd/mm/yyyy

First Test

Not Known

Claim Number:

Save for Later

Save and Next

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Version: 1.5.0.2 | 25 July, 2018

Using PCSE Online for Ophthalmic Payment services

The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Sight Test Date	Optional	Enter the sight test date (dd/mm/yyyy) or select the date from the online calendar
Contractor's Name	*Mandatory	The contractor name always auto populates based on the organisation you are logged in to.
Performer's Name	*Mandatory	If you are the Performer your name will auto populate
Performer's Number	*Mandatory	If you are a performer, then based on your name, your number will also populate in the text box
Your Reference	Optional	This is a number a practice can choose for their own purposes to help their reconciliation process. It will appear on their statements
Title	Optional	Select the correct title
First Name	*Mandatory	Enter the patient's first name
Surname	*Mandatory	Enter the patient's surname
Previous Surname	Optional	Enter the patient's previous surname if applicable
Address	*Mandatory	Either enter the post code to search for an address or manually enter the address details in the appropriate fields
Date of Birth	*Mandatory	Enter the sight test date (dd/mm/yyyy) or select the date from the online calendar
NHS Number	Optional	Enter the patient's NHS number (if known)
National Insurance Number	Optional	Enter the patient's National Insurance Number
Date of Last Sight Test	*Mandatory	Enter the date of last sight test (dd/mm/yyyy) or select the date from the online calendar Or select one of the two options: First Test or Not Known

When you have entered the details, you will have the option to either **Save for later** or **Save and Next**.

If you select **Save and Next** the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended. Flagged sections will be highlighted with red text.

When you have successfully inputted all the correct details the Save and Next button will take you to the next section, **Patients Eligibility**.

Please note the claim will need to be signed again if any information is changed.

5

6

If you select the option to Save for later (please see Search section) the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click **Save and Next**.

Upon successful submission, the system will automatically generate a **CLAIM NUMBER** for further reference.

2.1.2 Patient’s Eligibility

This is the second section of the GOS1 claim where you need to enter the patient’s eligibility.

PCSE Online

NHS England

HOMEOPHTHALMICHELP

Home > Ophthalmic > GOS1 Claim - NHS Eye Test

GOS 1 Claims – Application for a NHS funded sight test

01

02

03

04

05

01 Patient's Details02 Patient's Eligibility03 Patient's Declaration04 Performer's Declaration05 Contractor/Signatory's Declaration

Patient's Eligibility

☐ The patient is 65 or over

☐ The patient is under 16

☐ The patient is a full time student aged 16, 17 or 18 at the school / college / university below

☐ The patient is 40 or over and is the parent / brother / sister / child of a person who has or has had glaucoma

☐ The patient is a prisoner on leave from the prison detailed below

THE PATIENT SUFFERS FROM

☐ diabetes

☐ glaucoma

enter GP's details below

☐ The patient is considered to be at risk of glaucoma by an ophthalmologist at the hospital below

☐ The patient is registered blind / partially sighted with Local Authority below

DETAILS OF ESTABLISHMENT (SCHOOL / COLLEGE / UNIVERSITY / PRISON / GP / LOCAL AUTHORITY / HOSPITAL)

Name

Address

EVIDENCE OF ELIGIBILITY

☒ Seen

☐ Not seen

PERSON GETTING THE BENEFIT

☒ The patient

☐ The patient's partner

NAME

N.I. NO.

PARTNER'S DATE OF BIRTH

NAME

NUMBER

DATE

MODE OF RECEIVING THE BENEFIT

☒ Income Support

☐ Universal Credit

☐ Pension Credit Guarantee Credit

☐ Income-based Jobseeker's Allowance

☐ Income-related Employment and Support Allowance

☐ Tax Credit and the patient/ patient and patient's partner are named on a valid RHD Tax Credit Exemption Certificate

☐ I am named on a valid HC2 certificate

CERTIFICATE NUMBER: HC2

Certificate HC2 Number

☐ I have been prescribed complex lenses under the RHD optical voucher scheme

Claim Number: AD400232

Previous

Save for Later

Save and Next

The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Patient's Eligibility	*Mandatory	Enter the NHS Eligibility Reason
Details of Establishment (Name)	*Mandatory	Enter name of establishment
Details of Establishment (Town)	Conditional	This is mandatory for the following eligibility categories: ■ I'm a full time student ■ I'm a prisoner on leave ■ I'm considered to be at risk of glaucoma ■ I am registered blind/partially sighted ■ I suffer from diabetes/glaucoma
Evidence of Eligibility	Conditional	This is mandatory for the following eligibility categories: ■ I'm a full time student ■ I'm a prisoner on leave ■ I'm considered to be at risk of glaucoma ■ I am registered blind/partially sighted ■ I suffer from diabetes/glaucoma
Person getting the benefit	Conditional	Select the correct option from Patient or Patient's Partner. If Patient's Partner' is selected, enter the following: ■ Name ■ National Insurance Number ■ Date of Birth
Mode of receiving the benefit	Conditional	Select the correct option
The patient is named on a valid HC2 certificate	*Mandatory if Patient's Eligibility is HC2	If selected, enter HC2 number.

If you select **Save and Next** the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

When you have successfully inputted all the correct details the **Save and Next** button will take you to the next section, **Patient's Declaration**.

If you select the option to **Save for later** the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click **Save and Next**.

2.1.3 Patient's Declaration

This is the third section of the GOS1 claim where the patient's declaration details and signature need to be obtained.

Department of Health regulations have been changed to allow GOS forms to be signed electronically.

Patients can sign GOS claims electronically using:

- A touchscreen device, such as a PC, tablet or phone
- By using a touchpad, mouse or other pen input device connected to a PC.
- Scanning a QR code with a touchscreen device and signing on the device

The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
The Signatory is the: Patient, Patient's Parent or Patient's Guardian	*Mandatory	Select the correct option
Name	*Mandatory	'Patient' is selected, their name will auto populate
Select patient's ethnic group	Optional	Select the correct option
Address	*Mandatory	'Patient' is selected, their address will auto populate
Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices). Please ensure all mandatory fields are completed, otherwise the signature will be lost when clicking save and continue.		

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GOS 1 Claims – Application for a NHS funded sight test

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Patient's Details

Patient's Eligibility

Patient's Declaration

Performer's Declaration

Contractor Signatory's Declaration

Patient's Declaration

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the relevant controller is NHS England. I can find out more about my rights at: <https://www.england.nhs.uk/contact-us/privacy-notice/> or by contacting 0300 311 22 33. Where I have provided personal data on behalf of another person, they agree to me doing so, and I will draw this notice to their attention.

THE SIGNATORY IS THE

☐ Patient

☐ Patient's parent

☐ Patient's carer or guardian

NAME

PLEASE CHOOSE ONE SELECTION FROM THE LIST TO INDICATE THE PATIENT'S ETHNIC GROUP (OPTIONAL)

Please select

ADDRESS

Search for an address by entering a postcode

Postcode

Q

Please enter the address manually

ADDRESS:

Please tap or scan the QR code to sign the declaration

Claim Number: ADA12325

Previous

Save for Later

Save and Next

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Using PCSE Online for Ophthalmic Payment services

Depending on the electronic signature option you are using, click or scan the QR Code on the screen.

GOS 1 Claims – Application for an NHS funded sight test

Patient's Details

Name: Mrs. Joan Sparrow

Date of Birth: 25/12/1979

Address: Flat 4.3, St Andrews Cross,PLYMOUTH,PL1 1DN

Date of last sight test: UNKNOWN

Patient's Eligibility

The patient suffers from: Diabetes

Details of entitlement: Local London

EVIDENCE OF ELIGIBILITY: seen

Patient's Declaration

Patient's Declaration Signature Screen

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the relevant controller is NHS England. I can find out more about my rights at: <https://www.england.nhs.uk/contact-us/privacy-notice/> or by contacting 0300 311 22 33. Where I have provided personal data on behalf of another person, they agree to me doing so, and I will draw this notice to their attention.

Please sign in the signature box below

Clear

Clear / Accept

When prompted, sign the signature box on the Patient Declaration and select Accept.

11

12

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Home » Ophthalmic » GOS1 Claim - NHS Eye Test

GOS 1 Claims – Application for a NHS funded sight test

01 Patient's Details 02 Patient's Eligibility 03 Patient's Declaration 04 Performer's Declaration 05 Contractor Signatory's Declaration

Patient's Declaration

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the relevant controller is NHS England. I can find out more about my rights at: <https://www.england.nhs.uk/contact-us/privacy-notice/> or by contacting 0300 311 22 33. Where I have provided personal data on behalf of another person, they agree to me doing so, and I will draw this notice to their attention.

THE SIGNATORY IS THE

☒ Patient ☐ Patient's parent ☐ Patient's carer or guardian

NAME
Abi London

PLEASE CHOOSE ONE SELECTION FROM THE LIST TO INDICATE THE PATIENT'S ETHNIC GROUP (OPTIONAL)
Please select

ADDRESS
Search for an address by entering a postcode
Postcode:

ADDRESS 8: 41, Creek Road, London, SE8 3BU

Signature:


Claim Number: ADA12326

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If you select **Save and Next** the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

When you have successfully inputted all the correct details the **Save and Next** button will take you to the next section, **Performer's Declaration**.

If you select the option to **Save for later** the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click **Save and Next**.

It will then be ready for the Performer to access and sign via the option to 'Search for Claim' on the dashboard screen.

2.1.4 Performer's Declaration

This is the fourth section of the GOS1 claim which the Performer needs to complete and sign.

ava17@maslek.com 0 Messages Settings Log out

PCSE Online

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Home » Ophthalmic » GOS1 Claim - NHS Eye Test

GOS 1 Claims – Application for a NHS funded sight test

01 Patient's Details 02 Patient's Eligibility 03 Patient's Declaration 04 Performer's Declaration 05 Contractor Signatory's Declaration

Performer's Declaration

IN THE CASE OF A RE-TEST AT LESS THAN THE STANDARD INTERVAL, PLEASE SPECIFY THE APPROPRIATE CODE
Please Select

☒ The patient was referred

☒ A new or changed prescription was issued ☐ A statement was issued showing no prescription was required ☐ An unchanged prescription was issued

☐ A voucher was issued

DISTANCE / BIFOCAL VOUCHER TYPE
Please Select Or ☐ Complex

READING VOUCHER TYPE
Please Select Or ☐ Complex

SUPPLEMENTS
☐ Prism ☐ Tint

SUPPLEMENTS
☐ Prism ☐ Tint

To be completed by the Performer who has conducted the sight test

PERFORMER'S NAME
Ava GP1

PERFORMER LIST NUMBER
GC-1000

I HAVE TESTED THE SIGHT OF THE PERSON NAMED ON THIS FORM ON
25/07/2019

Regenerate

CLAIM
I claim the current NHS sight test fee
Practice address where sight test took place
ADDRESS: London, London, PL1 1DN
Claim Number: ADA00232

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The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Sight test outcome	*Mandatory	Select one of the outcome options
Voucher issued	Optional	Click the check box if appropriate
Specify the appropriate code	Conditional	This is mandatory if it is less than the standard interval since the patient's last sight test Select the correct option from the dropdown & checkbox selection
First Voucher Type	Optional	Select the correct option from the dropdown & checkbox selection
Supplements	Optional	Select the correct option from the dropdown & checkbox selection
Second Voucher Type	Optional	Select the correct option from the dropdown & checkbox selection
Supplements	Optional	Select the correct option from the dropdown & checkbox selection
Auto Filled Performer's Details (to be checked by the Performer)		
Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices)		

Selecting **Save Awaiting Contractor Signatory** means the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

When you have successfully inputted all the correct details the **Save Awaiting Contractor Signatory** button will take you to the next section, **Contractor Signatory's Declaration**. If you have the Contractor Signatory role you will be able to complete the Contractor Signatory Declaration.

It will then be ready for the Contractor to access and sign via the option to 'Search for Claim' on the dashboard screen.

If the performer has selected voucher type once the contractor has signed the contractor signatory declaration and you will be able to Search for Claim' on the dashboard screen and create a GOS3 this gives you the opportunity to not re-enter the patient details and go straight to the prescription section.

If you select the option to **Save for later** the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click **Save Awaiting Contractor Signatory**.

2.1.5 Contractor Signatory's Declaration

This is the last and final section of the GOS1 claim, which needs to be completed by the Contractor Signatory who can view and check the details entered on the previous screens.

Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices).

The Contractor Signatory can then select **Submit** if they agree with the claim and accept the declaration. This will then send the claim to PCSE for processing and payment.

If the claim is not ready to be submitted the option to **Revert to draft** should be selected so the form can be re-visited and amended at a later time.

If the Contract Signatory has completed the form but does not wish to submit the claim at that time there is an option to **Close**. The claim will still be saved.

If the claim is not needed and should not be submitted the option to **Cancel Claim** should be selected. It will still be available to view via 'Search for claim'.

All cancelled claims are still viewable.

[Home](#)
[Ophthalmic](#)
[GOS1 Claim - NHS Eye Test](#)

GOS 1 Claim - NHS Eye Test

✓

✓

✓

✓

95

Patient's Details

Patient's Eligibility

Patient's Declaration

Performer's Declaration

Contractor Signatory's Declaration

Contractor Signatory's Declaration

I have tested the sight of the person named on this form on: 13/05/2018	Performer's Name: Sneha Gajwey
Contractor's Name: Lenskart	Performer's Number: 63773888
Your reference: Test1234	

Patient's Details

Name: Mrs. Jack Sparrow
Date of Birth: 31/12/1979
Address: Flat 4 B, St. Andrews Cross,PLYMOUTH,PL1 1DN
Date of last sight test: Unknown

Patient Eligibility

The patient suffers from: Diabetes
Evidence: Seen
Details of establishment: Local London

Patient's Declaration

The signatory is the Patient
Name: Jack Sparrow
Address: Flat 4 B, St. Andrews Cross,PLYMOUTH,PL1 1DN

Performer's Declaration

I have tested the sight of the person named on this form on: 13/05/2018
A new or changed prescription was issued
First voucher type: A
Second voucher complex: No
To be completed by the performer who has conducted the sight test
Performer's Name: Sneha Gajwey
Performer's List Number: 63773888

Claim

I claim the current NHS sight test fee
Practice address where sight test took place
Address: 98 City Walls Rd, CLOCKHILL, United Kingdom of Great Britain and Northern Ireland (the), PL15 9DN

I claim the current NHS sight test fee under the NHS (Optical Charges and Payments) Regulations 2013. I declare that the information given on this form is correct and complete and that this is the original form as signed by the respective patient, or other person as appropriate. I understand that if I withhold information or provide false or misleading information, disciplinary action may be taken against me and I may be liable to prosecution and or civil proceedings. I understand that my personal data will be processed by PCSE (Capita) to verify this Claim and the relevant controller is NHS England. I can find out more about my rights at: <https://www.england.nhs.uk/contact-us/privacy-notice/>, or by contacting 0300 311 22 33

To be completed by the contractor or authorized signatory

Regenerate

Please either tap/can this code or sign directly into the signature box (for touch enabled devices)



Clear

NAME

CONTRACTOR'S NAME

CONTRACTOR'S NUMBER

suman1 tanweer1	Lenskart	TQ65L
-----------------	----------	-------

Claim Number: ADA01819

Revert to Draft

Close

Cancel Claim

Submit

2. GOS3 - NHS Optical Voucher & Claim

Through the **GOS3** option, you can either **Create a GOS3 Voucher** or **Search for existing GOS3 Voucher**.

1. Create a GOS3 Voucher

Select GOS3 from the dashboard. You will then get a pop up with two options. Select **Create a GOS3 Voucher**.

manveer2@mastek.com Messages Change Organisation Settings Log out

PCSE Online

NHS England

HOME OPTHALMIC HELP

Home » Ophthalmic

Make a Claim

GOS 3 Options

Create a GOS 3 voucher

Search for existing GOS 3 voucher

GOS1

GOS5

GOS6

CET

PRT

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Version: 1.0.0.2 | 28 July 2018

2.2.2 Patient's Details

You will then see the GOS3 Claims - Optical Vouchers screen where you will first need to enter the patient's details.

manveer2@mastek.com4 MessagesChange OrganisationSettingsLog out

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HOMEOPHTHALMICHELP

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GOS 3 Claims - Optical Vouchers

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Patient Details

Prescription

Patient Eligibility

Supplier Declaration

Patient Declaration

DATE OF THIS PRESCRIPTION

27/08/2018

CONTRACTOR'S NAME

Lenskart

PERFORMER'S NAME

suman2 tanveer2

PERFORMER'S NUMBER

123452

YOUR REFERENCE

Reference Number

Patient's Details

TITLE

Lord

FIRST NAME

Jack

SURNAME

Sparrow

PREVIOUS SURNAME

Previous Surname

ADDRESS

Search for your residential address by entering your postcode

Postcode

Enter Address Manually

Address : Flat 4 8, St. Andrews Cross,PLYMOUTH,PL1 1DN

DATE OF BIRTH

01/01/1974

NHS NUMBER

NHS Number

NATIONAL INSURANCE NUMBER

AA000000A

Claim Number:

Save awaiting Performer

Save for Later

Save and Next

If you select **Save and Next** the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

When you have successfully inputted all the correct details the **Save and Next** button will take you to the next section, **Prescription**.

If you select the option to **Save for later** the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click **Save and Next**.

If you select **Save Awaiting Performer**, the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

2.2.3 Prescription

The performer should complete the relevant prescription fields and sign once complete.

manveer2@mastek.com4 MessagesChange OrganisationSettingsLog out

PCSE OnlineNHS England

HOMEOPHTHALMICHELP

Home > Ophthalmic > GOS3 - NHS Optical Voucher and Patient's Statements

GOS 3 Claims - Optical Vouchers

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Patient Details

Prescription

Patient Eligibility

Supplier Declaration

Patient Declaration

Prescription

RIGHT

SPH

1.00

CYL

1.00

AXIS

0

PRISM

00.00

BASE

Null

LEFT

SPH

1.00

CYL

1.00

AXIS

0

PRISM

00.00

BASE

Null

SPH

1.00

PRISM

00.00

BASE

Null

SPH

1.00

PRISM

00.00

BASE

Null

FIRST VOUCHER TYPE

A

Or

Complex

SUPPLEMENTS

Prism

Tint

SECOND VOUCHER TYPE

A

Or

Complex

SUPPLEMENTS

Prism

Tint

To be completed by performer who has conducted the sight test

PERFORMER'S NAME

suman2 tanveer2

PERFORMER'S LIST NUMBER

123452

DATE OF THIS PRESCRIPTION

27/08/2018

VOUCHER CODE

ADA02071

AUTHORISATION CODE

MT119024

Signature:

Signature

Clear

Claim Number:

Previous

Create GOS3 Voucher

Save for Later

Create GOS3 Claim

19

20

2.2.4 Prescription

This is the second section of the GOS3 claim where the prescription details should be entered.

ena33@maslek.com0 MessagesSettingsLog out

PCSE Online

NHS England

HOMEOPHTHALMICHELP

Home>Ophthalmic>GOS3 - NHS Optical Voucher and Patient's Statements

GOS 3 Claims - Optical Vouchers

01Patient Details

02Prescription

03Patient Eligibility

04Supplier Declaration

05Patient Declaration

Prescription

RIGHT

+/-SPH+/-CYLAXISPRISMBASE

+1.00+1.00100.00

SPHPRISMBASE

Add1.0000.00

LEFT

+/-SPH+/-CYLAXISPRISMBASE

+1.00+1.00100.00

SPHPRISMBASE

Add1.0000.00

DISTANCE / BIFOCAL VOUCHER TYPE

A

Or

Complex

SUPPLEMENTS

Prism

Tint

READING VOUCHER TYPE

A

Or

Complex

SUPPLEMENTS

Prism

Tint

To be completed by Performer who has conducted the sight test

PERFORMER'S NAME

PERFORMER LIST NUMBER

DATE OF THIS PRESCRIPTION

Ena CET

GC-44448

28/08/2019

VOUCHER CODE

AUTHORISATION CODE

ADA02187

VTF11063

Signature

Clear

Claim Number

Previous

Create GOS3 Voucher

Save for Later

Create GOS3 Claim

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The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Right Distance	*Mandatory	Enter the respective values - SPH & CYL (+/-) text box entry - Axis, Prism and Base (Auto increment field) - Minimum requirement is a value on SPH (which can be 0.00 in one eye)
Left Distance	*Mandatory	Enter the respective values - SPH & CYL (+/-) text box entry - Axis, Prism and Base (Auto increment field) - Minimum requirement is a value on SPH (which can be 0.00 in one eye)
Right Add	Optional	
Left Add	Optional	
First Voucher Type	Optional	Select the correct option from the dropdown menu & checkbox selection
Supplements	Optional	Select the correct option from the dropdown menu & checkbox selection
Second Voucher Type	Optional	Select the correct option from the dropdown menu & checkbox selection
Supplements	Optional	Select the correct option
Auto Filled Performer's Details (to be viewed by performer)		
Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices)		

- If you select:
- Create GOS3 Voucher** - produces a pdf which can be printed on A4, double sided in black and white and given to the patient.
 - Save for later** - The system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click **Create GOS3 Voucher** or **Create GOS3 claim**.
 - Create GOS3 claim** - This enables you to continue and complete the GOS3 claim.
 - Previous** - takes you back to the previous page to make any amends, corrections or view again.

2.2.5 Create a GOS3 Claim

From the GOS3 screen, you can also Create a GOS3 claim. This claim form is divided into 5 parts.

2.2.5.1 Patient's Details

This is the first section of the GOS3 claim where you need to enter the patient's details.

manveert@mastek.comMessagesChange OrganisationSettingsLog out

PCSE OnlineNHS England

HOMEOPHTHALMICHELP

Home » Ophthalmic » GOS3 - NHS Optical Voucher and Patient's Statements

GOS 3 Claims - Optical Vouchers

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02

03

04

05

Patient Details

Prescription

Patient Eligibility

Supplier Declaration

Patient Declaration

DATE OF THIS PRESCRIPTION

14/08/2018

CONTRACTOR'S NAME

Lenskart

PERFORMER'S NAME

Performer Name

PERFORMER'S NUMBER

Performer Number

YOUR REFERENCE

Reference Number

Patient's Details

TITLE

Please select

FIRST NAME

First Name

SURNAME

Surname

PREVIOUS SURNAME

Previous Surname

ADDRESS

Search for your residential address by entering your postcode

Postcode

Q

Enter Address Manually

Address :

DATE OF BIRTH

dd/mm/yyyy

NHS NUMBER

NHS Number

NATIONAL INSURANCE NUMBER

AA000000A

Claim Number:

Save awaiting Performer

Save for Later

Save and Next

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Version: 1.5.0.2 | 25 July, 2018

The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Sight Test Date	Optional	Enter the sight test date (dd/mm/yyyy) or select the date from the online calendar
Contractor's Name	*Mandatory	Enter the contractor's name If you are a contractor, then your name will automatically populate in the text box
Performer's Name	*Mandatory	Enter the performer's name If you are a contractor, the performers listed under your practice will automatically appear so you can select the relevant one
Performer's Number	*Mandatory	If you are a performer, then based on your name, your number will also populate in the text box
Title	Optional	Select the appropriate option
First Name	*Mandatory	Enter the patient's first name
Surname	*Mandatory	Enter the patient's surname
Previous Surname	Optional	Enter the patient's previous surname if applicable
Address	*Mandatory	Either enter the post code to search for an address or manually enter the address details in the appropriate fields
Date of Birth	*Mandatory	Enter the sight test date (dd/mm/yyyy) or select the date from the online calendar
NHS Number	Optional	Enter the patient's NHS number (if known)
National Insurance Number	Optional	Enter the patient's National Insurance Number

If you select **Save and Next** the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended. When you have successfully inputted all the correct details the **Save and Next** button will take you to the next section, **Prescription**.

If you select the option to **Save for later** the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click **Save and Next**.

If you select **Save Awaiting Performer**, the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

2.2.5.2 Printing a GOS3 Voucher

When you click on Create GOS3 Voucher a new tab opens with the voucher visible in a printable pdf file. You can download this file and print a copy of the voucher for the patient.

The print must be done on plain A4 paper and should be double-sided, otherwise it will be rejected by PCSE for processing. It can be printed in black and white.

The voucher will include a unique reference number and authorisation code. Please see the attached example below.

If the patient chooses to take their GOS3 voucher to another practice that is also using PCSE Online or eGOS it will be possible for that practice to search for it using the reference number and authorisation code and continue the process electronically.

However, if the other practice isn't using PCSE or eGOS, the process will need to be continued on a paper GOS3 form.

NHS OPTICAL VOUCHER AND PATIENT'S STATEMENT 11/11

For glasses/contact lenses, fill in, sign and date Part 2 when you order them from the optician of your choice. Sign and date Part 4 overleaf to have received them. Please complete this form using black ink and in BLOCK CAPITALS

PATIENT'S DETAILS

First names: [Grid]

Postcode: [Grid]

th: [Grid] NHS N^o f: [Grid] N.I.N^o f: [Grid]

EVIDENCE OF ELIGIBILITY

☒ Seen ☐ Not seen

THE PATIENT IS ENTITLED TO USE A VOUCHER BECAUSE

☐ The patient is under 16 ☐ The patient is full time student aged 16, 17 or 18 at the establishment below

☒ The patient is a prisoner on leave from the prison detailed below

DETAILS OF ESTABLISHMENT (SCHOOL/COLLEGE/UNIVERSITY/PRISON)

test test

PERSON GETTING THE BENEFIT / CREDIT IF NOT THE PATIENT

☐ The patient ☐ The patient's partner

PARTNERS NAME **PARTNERS NATIONAL INSURANCE NUMBER** **PARTNERS DATE OF BIRTH**

Name AA000000A dd/mm/yyyy

MODE OF RECEIVING THE BENEFIT

☐ Income support ☐ Universal credit ☐ Pension credit guarantee credit ☐ Income related employment and support allowance

☐ Income based jobseeker's allowance ☐ Tax credit and patient/patient's partner is named on a valid NHS tax credit exemption certificate

THE PATIENT NAMED ON A VALID **CERTIFICATE NUMBER**

☐ HC2 ☐ HC3 certificate Certificate Number

THE HC3 (BOX B) SHOWS THAT THE VOUCHER VALUE WILL BE REDUCED BY

£ 0.00

☐ The Patient has been prescribed complex lenses under the NHS optical voucher scheme

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the relevant controller is NHS England. I can find out more about my rights at: <https://www.england.nhs.uk/contact-us/privacy-notice/>, or by contacting 0300 311 22 33. Where I have provided personal data on behalf of another person, they agree to me doing so, and I will draw this notice to their attention

THE SIGNATORY IS THE

☒ Patient ☐ Patient's Parent ☐ Patient's Carer or a Guardian

NAME

Jack Sparrow

RESIDENTIAL ADDRESS

Search for your residential address by entering your postcode

Postcode [Grid] Enter Address Manually

Address : Flat 3 8, St. Andrews Cross,PLYMOUTH

Signature: [Signature] Clear

Claim Number: ADA01821

Previous Save awaiting Contractor Signatory Save for Later Save and Next

2.2.5.3 Patient's Eligibility

This is the third section of the GOS3 claim where you need to enter the patient's eligibility.

PCSE Online NHS England

HOME OPTHALMIC HELP

Home > Ophthalmic > GOS3 - NHS Optical Voucher and Patient's Statements

GOS 3 Claims - Optical Vouchers

01 Patient Details 02 Prescription 03 Patient Eligibility 04 Supplier Declaration 05 Patient Declaration

Patient's Eligibility

THE PATIENT WISHES TO ORDER

☒ Glasses ☐ Contact Lenses

THE PATIENT IS ENTITLED TO USE A VOUCHER BECAUSE

☐ The patient is under 16 ☐ The patient is full time student aged 16, 17 or 18 at the establishment below

☒ The patient is a prisoner on leave from the prison detailed below

DETAILS OF ESTABLISHMENT (SCHOOL/COLLEGE/UNIVERSITY/PRISON)

test test

EVIDENCE OF ELIGIBILITY

☒ Seen ☐ Not Seen

PERSON GETTING THE BENEFIT / CREDIT IF NOT THE PATIENT

☐ The patient ☐ The patient's partner

PARTNERS NAME **PARTNERS NATIONAL INSURANCE NUMBER** **PARTNERS DATE OF BIRTH**

Name AA000000A dd/mm/yyyy

MODE OF RECEIVING THE BENEFIT

☐ Income support ☐ Universal credit ☐ Pension credit guarantee credit ☐ Income related employment and support allowance

☐ Income based jobseeker's allowance ☐ Tax credit and patient/patient's partner is named on a valid NHS tax credit exemption certificate

THE PATIENT NAMED ON A VALID **CERTIFICATE NUMBER**

☐ HC2 ☐ HC3 certificate Certificate Number

THE HC3 (BOX B) SHOWS THAT THE VOUCHER VALUE WILL BE REDUCED BY

£ 0.00

☐ The Patient has been prescribed complex lenses under the NHS optical voucher scheme

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the relevant controller is NHS England. I can find out more about my rights at: <https://www.england.nhs.uk/contact-us/privacy-notice/>, or by contacting 0300 311 22 33. Where I have provided personal data on behalf of another person, they agree to me doing so, and I will draw this notice to their attention

THE SIGNATORY IS THE

☒ Patient ☐ Patient's Parent ☐ Patient's Carer or a Guardian

NAME

Jack Sparrow

RESIDENTIAL ADDRESS

Search for your residential address by entering your postcode

Postcode [Grid] Enter Address Manually

Address : Flat 3 8, St. Andrews Cross,PLYMOUTH

Signature: [Signature] Clear

Claim Number: ADA01821

Previous Save awaiting Contractor Signatory Save for Later Save and Next

The following table describes the different fields that you will see on this screen that need to be completed:

Field Name	Mandatory/Optional	Field Description
The Patient wishes to order	*Mandatory	Select the correct option
The patient is entitled to use a voucher because	*Mandatory	Select the correct option
Details of establishment (Name)	Optional	Enter Supplementary town
Details of establishment (Town)	Optional	Enter Supplementary town
Evidence of eligibility	*Mandatory	Select the correct option
Person getting the benefit	Optional	Select the correct option. Values are 'Patient' and 'The Patient's Partner'. Based on your selection, enter the following: - Partner Name - Partner National Insurance Number - Partner Date of Birth
Mode of receiving the benefit	*Mandatory	Select the correct option
The patient name on a valid...	*Mandatory	Select the option. Values are HC2 and HC3
Certificate Number	Optional	Enter the number
The HC3 shows that the voucher value will be reduced by	*Mandatory	Enter the value, text box entry (For HC3 only)
The Signatory is the...	*Mandatory	Select the relevant option
Name	*Mandatory	Enter the name
Address	*Mandatory	Enter the address

Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices)

Depending on the electronic signature option you are using, click or scan the QR Code on the screen.

HOMEOPHTHALMICHELP

Home » Ophthalmic » GOS3 - NHS Optical Voucher and Patient's Statements

GOS 3 Claims - Optical Vouchers

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Patient Details

Prescription

Patient Eligibility

Supplier Declaration

Patient Declaration

Patient's Eligibility

THE PATIENT WISHES TO ORDER

Glasses

Contact Lenses

THE PATIENT IS ENTITLED TO USE A VOUCHER BECAUSE

The patient is under 16

The patient is full time student aged 16, 17 or 18 at the establishment below

The patient is a prisoner on leave from the prison detailed below

DETAILS OF ESTABLISHMENT (SCHOOL/COLLEGE/UNIVERSITY/PRISON)

Name

Town

EVIDENCE OF ELIGIBILITY

Seen

Not Seen

PERSON GETTING THE BENEFIT / CREDIT IF NOT THE PATIENT

The patient

The patient's partner

PARTNERS NAMEPARTNERS NATIONAL INSURANCE NUMBERSPARTNERS DATE OF BIRTH

Name

AJ000000A

dd/mm/yyyy

MODE OF RECEIVING THE BENEFIT

Income support

Universal credit

Pension credit guarantee credit

Income related employment and support allowance

Income based jobseeker's allowance

Tax credit and patient/patient's partner is named on a valid NHS tax credit exemption certificate

THE PATIENT NAMED ON A VALID

HC2

HC3

certificate

CERTIFICATE NUMBER

Certificate Number

THE HC3 (BOX B) SHOWS THAT THE VOUCHER VALUE WILL BE REDUCED BY

£ 0.00

The Patient has been prescribed complex lenses under the NHS optical voucher scheme

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the relevant controller is NHS England. I can find out more about my rights at: <https://www.england.nhs.uk/contact-us/privacy-notice/>, or by contacting 0300 311 22 33. Where I have provided personal data on behalf of another person, they agree to me doing so, and I will draw this notice to their attention.

THE SIGNATORY IS THE

Patient

Patient's Parent

Patient's Carer or a Guardian

NAME

Name

RESIDENTIAL ADDRESS

Search for your residential address by entering your postcode

Postcode

Q

Enter Address Manually

Address :

Regenerate

Please tap or scan the QR code to sign the declaration



Claim Number: ADA01821

Previous

Save awaiting Contractor Signatory

Save for Later

Save and Next

When prompted, sign the signature box on the Patient Declaration and select Accept.

GOS 3 - NHS Optical Voucher and Patient's Statements

Patients Details

Name: Dr. Jack Sparrow

Date of Birth: 30/12/1944

Address: Flat 3 8, St. Andrews Cross,PLYMOUTH,PL1 1DN

Patients Eligibility

Evidence of Eligibility is: Not Seen

Patient's Declaration

Patient's Declaration Signature Screen

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me. I understand that I may have to repay the NHS sight test fee and may also be issued with a penalty charge if the information I have provided is later found to be incorrect. To enable the NHS to check my entitlement and to prevent and detect fraud I consent to the disclosure of relevant information from this form with and by PCSE (Capita) on behalf of NHS England, the NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, local authorities, and bodies performing functions on their behalf.

Please sign in the signature box below:



Clear

Close

Accept

On entering the above details, you will have the option to either **Save for later** or you can proceed further by clicking on **Save and Next**. On clicking **Save and Next**, the system will check all the validations and data format. On successful submission, you will be able to fill in the details of the next section i.e. **Supplier Declaration**.

Selecting **Save Awaiting Contractor Signatory** means the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

It will then be ready for the Contractor to access and sign via the option to **‘Search for Claim’** on the dashboard screen.

Using PCSE Online for Ophthalmic Payment services

2.2.5.4Supplier’s Declaration

This is the fourth section of GOS3 claim to be completed by the Supplier, which requires their declaration after viewing the prescription details.

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PCSE Online

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GOS3 - NHS Optical Voucher and Patient's Statements

GOS 3 Claims - Optical Vouchers

✓

✓

✓

04

05

Patient Details

Prescription

Patient Eligibility

Supplier Declaration

Patient Declaration

Date of this Prescription: 19/07/2019

Contractor's name: Specsavers2

Performer's name: Henry Watson

Performer's number: GC-00001

Patient's Details

Name: Mr. John Smith

Date of birth: 19/07/2000

Address: Flat 4 B, St. Andrews Cross,PLYMOUTH,PL1 1DN

Patient's Eligibility

The patient wishes to order glasses and is entitled to use a voucher because the patient has been prescribed complex lenses under the nhs optical voucher scheme

Evidence of eligibility is: SeenThe signatory is the: Patient

Name: John Smith

Address: Flat 4 B, St. Andrews Cross,PLYMOUTH,PL1 1DN

Voucher code: ADA10862

Authentication Code: PA546155

Prescription

Right: Sph -99.75; Cyl -86.75; Axis 180; Prism 99.75; Base IN

Left: Sph 99.75; Cyl 99.75; Axis 180; Prism 99.75; Base UP

Right: Sph 99.75; Prism 99.75; Base OT

Left: Sph 99.75; Prism 99.75; Base DN

Distance / Bifocal Voucher Type: Complex Supplements: Prism

Reading Voucher Type: Complex Supplements: Prism Supplements: Tint

Performer's name: Henry Watson

Performer List Number: GC-00001

Date of this Prescription: 19/07/2019

Supplier's Declaration

IN ACCORDANCE WITH THE PRESCRIPTION I HAVE SUPPLIED

☒ glasses

☐ Contact Lenses

☒ distance pair

☐ near pair

☐ bi-focal / varifocal pair

☒ requires a new or changed prescription

☐ has an unchanged prescription but has glasses / contact lenses which are unserviceable due to fair wear and tear

CLAIM

Supplements provided

1ST PAIR

Prism: 1

+

Tint: 1

+

☒ Small Glasses

54

☐ Special facial characteristics

☐ Prism controlled bifocals

2ND PAIR

Prism: Please Select

+

Tint: Please Select

+

☐ Small Glasses

none

☐ Special facial characteristics

The patient claims under the NHS optical voucher scheme as follows

	1st Pair	2nd Pair	Total
Actual retail cost of glasses / contact lenses	100.00	< 0.00	100.00 (1)
Total of voucher(s) and supplement(s) (specified above)	100.00	< 0.00	100.00 (2)
Patient's contribution as shown by box B of HC3 (if applicable)			0.00 (3)
Total claim for glasses / contact lenses (1 or 2 - whichever is the lowest, minus 3)			100.00 (4)

DECLARATION

I claim payment shown above under the NHS (Optical Charges and Payments) Regulations 2013. I declare that the information given on this form is correct and complete and that this is the original form as signed by the respective patient, or other person as appropriate. I understand that if I withhold information or provide false or misleading information, disciplinary action may be taken against me and I may be liable to prosecution and / or civil proceedings. I understand that my personal data will be processed by PCSE (Capita) to verify this Claim and the relevant controller is NHS England. I can find out more about my rights at: <https://www.england.nhs.uk/contact-us/privacy-notice/> or by contacting 0300 311 22 33

DATE OF FIRST / ONLY PAIR SUPPLIED

DATE OF SECOND PAIR SUPPLIED

SUPPLIER'S NAME

SUPPLIER'S NUMBER

SUPPLIER'S ADDRESS

Specsavers2

TP015

56 Lane, 12 M G Road, Linc Street, London, United Ki

Regenerate

Please either tap/scan this code or sign directly into the signature box (for touch enabled devices)

Clear

Claim Number: ADA10862

Previous

Revert to Draft

Cancel Claim

Save for Later

Save and Next

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Using PCSE Online for Ophthalmic Payment services

The Supplier can view the details that have already been entered and then complete the Supplier's Declaration.

The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
In accordance with the prescription I have Supplied	*Mandatory	Select the appropriate option(s)
Claim	*Mandatory	Select the appropriate option from the dropdown & checkbox selection
Actual retail cost of glasses/ contact lenses	Optional	Enter value only if less than value of the voucher
Total of voucher(s) and supplement(s)	*Mandatory	Auto populates based on prescription and option(s) selected in the 'Claim' section
Patient's contribution	Optional	Must be entered if Patient's eligibility is HC3
Total Claim for glasses/contact lenses	*Mandatory	Auto populates based on values entered above
Date of first/ only pair supplied	*Mandatory	Enter the date

Auto Filled Supplier's Details

Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices)

On entering the above details, you will have the option to either:

If the claim is not ready to be submitted the option to **Revert to draft** should be selected so the form can be re-visited and amended at a later time.

If the claim is not needed and should not be submitted the option to **Cancel Claim** should be selected. It will still be available to view via **'Search for claim'**. All cancelled claims are still viewable

Save for later - The system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click, **Save and Next**. At this point, the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended. When you have successfully inputted all the correct details the **Save and Next** button will take you to the next section, **Patient Declaration**.

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2.2.5.5 Patient’s Declaration

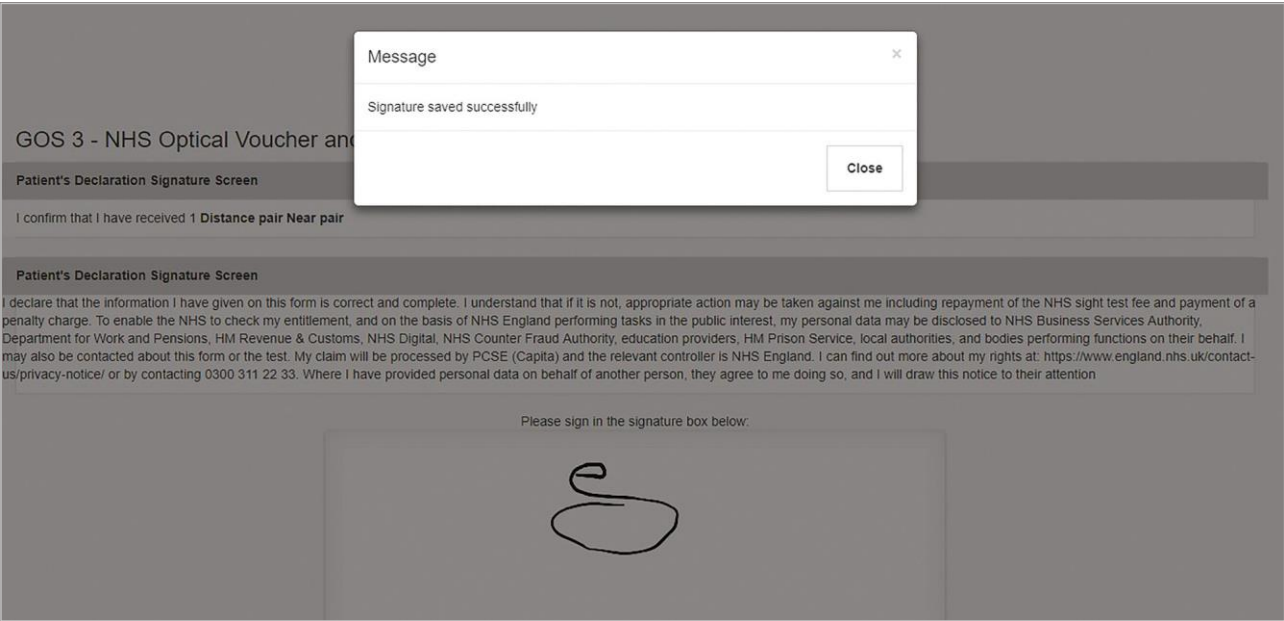
This is the last section of the GOS3 claim where the patient will sign their declaration.
The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Signatory Received	*Mandatory	Select the relevant option from the tick boxes
The Signatory is the: Patient, Patient’s Parent or Patient’s Parent or Guardian	*Mandatory	Select the correct option
Name	*Mandatory	If ‘Patient’ is selected, their name will auto populate.
Address	*Mandatory	If ‘address’ is selected, their name will auto populate
Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices)		

Depending on the electronic signature option you are using, click or scan the QR Code on the screen.

When prompted, sign the signature box on the Patient Declaration and select **Accept**.

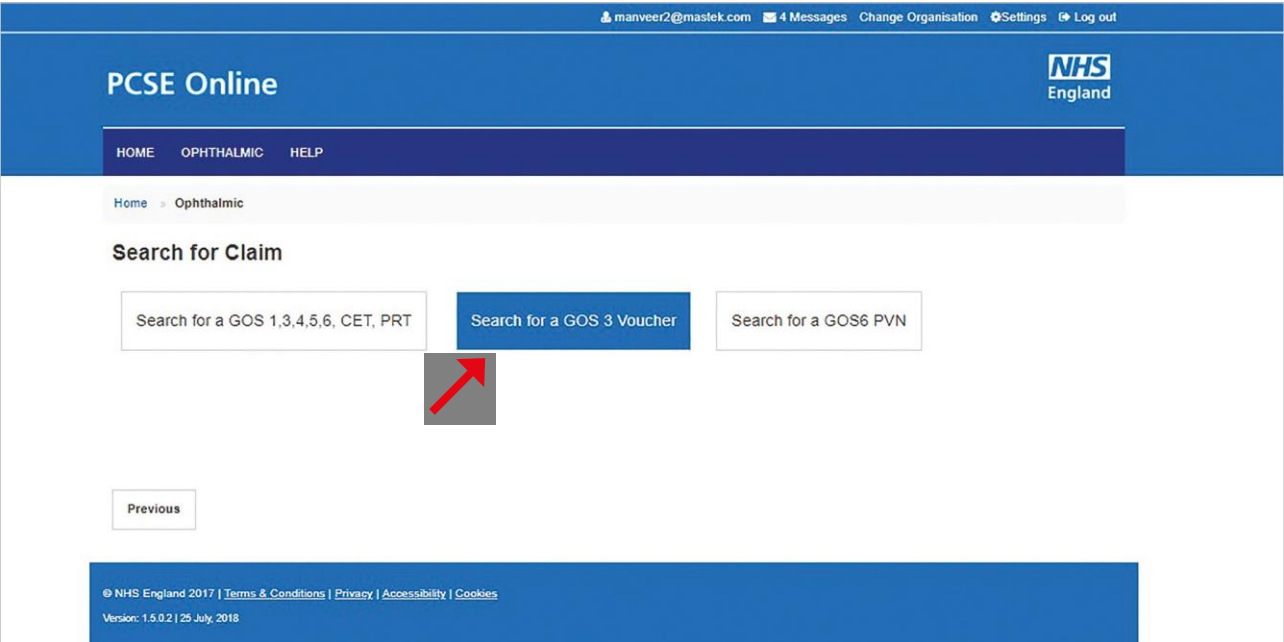
A dialogue box will appear to confirm the signature has been saved successfully on this form. Click close to progress to the next step.



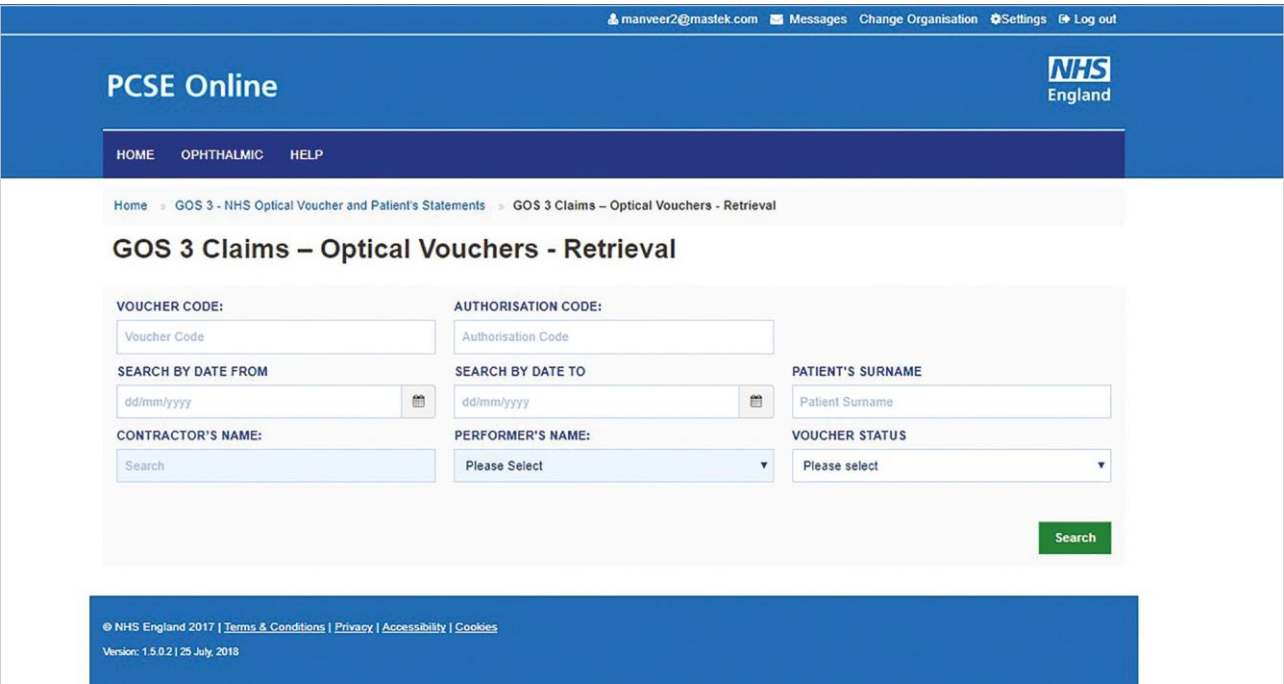
Once all the relevant information has been entered and the patient’s signature captured, select to either **Save for later** or to **Submit** for payment.

2.2.6 Search for Existing GOS3 Voucher

You can search for an existing GOS3 voucher from the **Search for a Claim** screen, on the Ophthalmic dashboard.



Selecting **Search for a GOS3 Voucher** will then display the following screen:



You can quickly search for a voucher issued by different contractors by entering the following details:

- Voucher Code
- Authorisation Code

To search for a voucher created in your practice, you should select your practice under 'Contractor's name'. You do not need the voucher code and authorisation code. If a GOS3 voucher is issued electronically on PCSE Online or eGOS a copy can be printed for the patient. The voucher will include a unique reference number and authorisation code.

If the patient chooses to take their GOS3 voucher to another practice that is also using PCSE Online or eGOS it will be possible to search for it using the reference number and authorisation code and continue the process electronically.

However, if the other practice isn't using PCSE or eGOS, the process will need to be continued on a paper GOS3 form.

PCSE Online

HOME OPTHALMIC HELP

Home > GOS 3 - NHS Optical Voucher and Patient's Statements > GOS 3 Claims – Optical Vouchers - Retrieval

GOS 3 Claims – Optical Vouchers - Retrieval

VOUCHER CODE: ADA02071

AUTHORISATION CODE: MT119824

SEARCH BY DATE FROM: dd/mm/yyyy

SEARCH BY DATE TO: dd/mm/yyyy

PATIENT'S SURNAME: Patient Surname

CONTRACTOR'S NAME: Search

PERFORMER'S NAME: Please Select

VOUCHER STATUS: Please select

Search

Contractor's Name	Performer's Name	Date of Sight Test	Patient Surname
Lenskart	suman2 tanveer2	27/08/2018	Sparrow

Showing 1 to 1 of 1 entries

<< < 1 > >>

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Version: 1.5.0.2 | 25 July, 2018

When you click on the **Search** button, search results will be displayed as shown below.

PCSE Online

HOME OPTHALMIC HELP

Home > GOS 3 - NHS Optical Voucher and Patient's Statements > GOS 3 Claims – Optical Vouchers - Retrieval

GOS 3 Claims – Optical Vouchers - Retrieval

VOUCHER CODE: ADA02071

AUTHORISATION CODE: MT119824

SEARCH BY DATE FROM: dd/mm/yyyy

SEARCH BY DATE TO: dd/mm/yyyy

PATIENT'S SURNAME: Patient Surname

CONTRACTOR'S NAME: Search

PERFORMER'S NAME: Please Select

VOUCHER STATUS: Please select

Search

Contractor's Name	Performer's Name	Date of Sight Test	Patient Surname
Lenskart	suman2 tanveer2	27/08/2018	Sparrow

Showing 1 to 1 of 1 entries

<< < 1 > >>

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Version: 1.5.0.2 | 25 July, 2018

Clicking on **Create GOS3 Claim** will take you to the prescription section of the form from where you can review the prescription and create a GOS3 claim. Please refer to the previous [GOS3 Prescription section](#).

2.2.6.1 Voucher issued by Same Contractor/Practice

To search for a voucher created in the same practice, you should first select your practice under ‘Contractor’s name’. You do not need the voucher code and authorisation code. You can then enter any of the following criteria in the GOS3 Claims - Optical Voucher - Retrieval screen:

- Search by Date From
- Search by Date To
- Patient’s Surname
- Contractor’s Name
- Performer’s Name
- Voucher Status

Select **Search** to see the results. Clicking on **Create GOS3 Claim** will take you to the prescription section of the form and you can create a GOS3 claim after reviewing the prescription. Please refer to the previous [GOS3 Prescription section](#).

manveer2@mastek.com4 MessagesChange OrganisationSettingsLog out

PCSE OnlineNHS England

HOMEOPHTHALMICHELP

Home>GOS 3 - NHS Optical Voucher and Patient's Statements>GOS 3 Claims – Optical Vouchers - Retrieval

VOUCHER CODE:
Voucher Code

AUTHORISATION CODE:
Authorisation Code

SEARCH BY DATE FROM
dd/mm/yyyy

SEARCH BY DATE TO
dd/mm/yyyy

PATIENT'S SURNAME
sparrow

CONTRACTOR'S NAME:
Search

PERFORMER'S NAME:
Please Select

VOUCHER STATUS
Please select

Search

Contractor's Name	Performer's Name	Date of Sight Test	Patient Surname	
Lenskart	suman2 tanveer2	27/08/2018	Sparrow	Create GOS 3 Claim
Lenskart	suman2 tanveer2	24/08/2018	Sparrow	Create GOS 3 Claim
Lenskart	suman2 tanveer2	24/08/2018	Sparrow	Create GOS 3 Claim
Lenskart	Sneha Gajway	12/08/2018	Sparrow	

Showing 1 to 4 of 4 entries

<<1>>

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Version: 1.5.0.2 | 25 July 2018

2.3 GOS4 - NHS Optical Repair/Replacement Claim

The GOS4 claim is for NHS Optical repair/replacement voucher application form. This particular claim form is divided into 6 parts.

2.3.1 Patient’s Details

This is the first section of the GOS4 claim where you need to enter the patient’s details. Screen shot of the referred screen is shown below:

akash2@mastek.com0 MessagesChange OrganisationSettingsLog out

PCSE OnlineNHS England

HOMEOPHTHALMICHELP

Home>Ophthalmic>GOS4 - NHS Optical repair/replacement voucher application form

010203040506

Patient's DetailsPatient's EligibilityPatient's DeclarationNHS England ApprovalSupplier's DeclarationPatient's Declaration 2

CONTRACTOR'S NAME
Specsaver's

PERFORMER'S NAME
akash gos claimant

PERFORMER'S NUMBER
GC-23456

YOUR REFERENCE
Reference Number

Patient's Details

TITLE
Please select

FIRST NAMES
First Names

SURNAME
Surname

PREVIOUS SURNAME
Previous Surname

ADDRESS
Search for your residential address by entering your postcode
Postcode
Please enter the address manually

DATE OF BIRTH
dd/mm/yyyy

NHS NO.
NHS No

N.I. NO.
AA000000A

DATE OF LAST SIGHT TEST
dd/mm/yyyy

First test

Not known

Claim Number:

Save for LaterSave and Next

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Navigation icons: back, forward, home

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The following table depicts the description of the above screen.

Field Name	Mandatory/Optional	Field Description
Contractor's Name	*Mandatory	The contractor name will populate in the text box based on the organisation you are logged in to'
Performer's Name	*Optional	Enter the performer's name, text box entry If you are a contractor, then automatically the performers under your list will be available here from where you have to select the respective one. If you are the Performer your name will populate in the text box automatically
Performer's Number	*Optional	The Performer number will populate in the text box based on the Performer that has been selected
Your Reference	Optional	Enter the Reference, text box entry
Title	Optional	Select the title/salutation, dropdown selection
First Name	*Mandatory	Enter the first name, text box entry
Surname	*Mandatory	Enter the surname, text box entry
Previous Surname	Optional	Enter the previous surname, text box entry
Address	*Mandatory	Either you can put your post code to search your address online or you can manually enter your address (text box entry)
Date of Birth	*Mandatory	Enter your date of birth, calendar widget
NHS Number	Optional	Enter your NHS number, text box entry
N.I.NO.	Optional	Enter your National Insurance Number, text box entry
Date of Last Sight Test	*Mandatory	Enter the date of last sight test, calendar widget or select First Test or Not Known

When you have entered the details, you will have the option to select either ‘Save for later’ or ‘Save and Next’.

Save for later: On clicking this button the system will save what you have entered but it will not automatically validate it.

Save and Next: On clicking this button the system will check and validate the information you have provided to make sure that there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

It is important to note that ‘Save for Later’ does not validate the entered data. Validation checks would be performed on clicking ‘Save & Next’.

*On successful submission, the system will automatically generate a **CLAIM NUMBER** for further reference.*

2.3.2 Patient’s Eligibility

This is the second section of the GOS4 claim where you need to enter the patient’s eligibility. An illustration of the screen is shown below:

akash2@mastek.com0 MessagesChange OrganisationSettingsLog out

PCSE OnlineNHS England

HOMEOPHTHALMICHELP

Home » Ophthalmic » GOS4 - NHS Optical repair/replacement voucher application form

GOS4 - NHS Optical repair/replacement voucher application form

010203040506

Patient's DetailsPatient's EligibilityPatient's DeclarationNHS England ApprovalSupplier's DeclarationPatient's Declaration 2

Patient's Eligibility ⓘ

☐ The patient is under 16

☐ The patient is under 18 and in the care of the local authority detailed below

☐ The patient is full time student aged 16, 17 or 18 at the school / college / university below

☐ The patient is a prisoner on leave from the prison detailed below ⓘ

DETAILS OF ESTABLISHMENT (SCHOOL / COLLEGE / UNIVERSITY / PRISON / LOCAL AUTHORITY)

Name

Town

EVIDENCE OF ELIGIBILITY

☐ Seen

☐ Not seen

PERSON GETTING THE BENEFIT

☐ The patient

☐ The patient's partner

PARTNER'S NAMEPARTNER'S N.I. NO.PARTNER'S DATE OF BIRTH

Name

AA000000A

dd/mm/yyyy

MODE OF RECEIVING THE BENEFIT

☐ Income Support

☐ Universal Credit

☐ Pension Credit Guarantee Credit

☐ Income-related Employment and Support Allowance

☐ Income-based Jobseeker's Allowance

☐ Tax Credit and the patient/ patient and patient's partner are named on a valid NHS Tax Credit Exemption Certificate

THE PATIENT IS NAMED ON A VALIDCERTIFICATE NUMBER

☐ HC2

☐ HC3

certificate

Certificate Number

THE HC3 (BOX B) SHOWS THAT THE VOUCHER VALUE WILL BE REDUCED BY

£ 0.00

☐ The Patient has been prescribed complex lenses under the NHS optical voucher scheme

☐ The patient provided the description below for how the loss or damage happened ⓘ

Claim Number: ADA02183

Previous

Save for Later

Save and Next

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The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
Patient's Eligibility	Mandatory	Enter the NHS Eligibility Reason, checkbox selection
Details of Establishment (Name)	Conditional/Mandatory	This is mandatory for the following eligibility categories: ■ I'm a full time student ■ I'm a prisoner on leave ■ I'm considered to be at risk of glaucoma ■ I am registered blind/partially sighted ■ I suffer from diabetes/glaucoma Enter Supplementary Name, text box entry
Details of Establishment (Town)	Conditional/Mandatory	This is mandatory for the following eligibility categories: ■ I'm a full time student ■ I'm a prisoner on leave ■ I'm considered to be at risk of glaucoma ■ I am registered blind/partially sighted ■ I suffer from diabetes/glaucoma Enter Supplementary town, text box entry
Evidence of Eligibility	*Mandatory	Select Yes or No
Person Getting the benefit	Conditional/Mandatory	Select the desired option, Checkbox selection; values are Patient and The Patient's Partner. If Patient's Partner is selected, enter the following: Partner's Name Partner's Date of Birth
Mode of Receiving the Benefit	Conditional/Mandatory	Select the desired option, Checkbox selection
The patient is named on a valid	Optional	Mandatory if Patient's Eligibility is HC2 or HC3. Select the option, Checkbox selection. If selected, enter certificate number
Certificate Number	Optional	If selected The patient is named on a valid, enter certificate number
The HC3 (Box B) shows that the voucher value will be reduced by	Optional	Enter the voucher value, textbox entry. Field become enable only after selecting HC3 option in the previous field
I have been prescribed complex lenses under the NHS optical voucher scheme	Conditional/Mandatory	Select the desired option, Checkbox selection

Continued →

Field Name	Mandatory/Optional	Field Description
The patient provided the description below for how the loss or damage happened	Conditional/Mandatory	Mandatory unless the patient is a under 16 or under 18 in the care of a local authority. Select the desired option, Checkbox selection
Damage/Loss Reason	Conditional	If selected The patient provided the description below for how the loss or damage happened then enter the details in the text box

When you have entered the details, you will have the option to select either ‘Previous’, ‘Save for later’ or ‘Save and Next’.

Previous: On clicking this button the system takes you back to the previous page to make any amends, corrections or view again.

Save for later: On clicking this button the system will save what you have entered but it will not automatically validate it.

Save and Next: On clicking this button the system will check and validate the information you have provided to make sure that there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

On successful submission, you will be able to fill in the details of the next part/section i.e. **Patient’s Declaration.**

2.3.3 Patient’s Declaration

This is the third section of the GOS4 claim where you will accept the patient’s declaration. An illustration of the screen is shown below:

akash2@mastek.com0 MessagesChange OrganisationSettingsLog out

PCSE OnlineNHS England

HOMEOPHTHALMICHELP

Home » Ophthalmic » GOS4 - NHS Optical repair/replacement voucher application form

GOS4 - NHS Optical repair/replacement voucher application form

010203040506

Patient's DetailsPatient's EligibilityPatient's DeclarationNHS England ApprovalSupplier's DeclarationPatient's Declaration 2

Patient's Declaration

I confirm there is no insurance warranty or after sales service covering my lost or damaged glasses or contact lenses. I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me. I understand that I may have to repay the cost of the voucher and may also be issued with a penalty charge if the information I have provided is later found to be incorrect. To enable the NHS to check my entitlement and to prevent and detect fraud I consent to the disclosure of relevant information from this form with and by PCSE (Capita) on behalf of NHS England, the NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, local authorities, and bodies performing functions on their behalf.

THE SIGNATORY IS THE

☐ patient

☐ Patient's parent

☐ patient's carer or guardian

NAME

ADDRESS

Search for an address by entering a postcode

Postcode

Q

Please enter the address manually

ADDRESS:

Regenerate

Please tap or scan the QR code to sign the declaration

QR Code

Claim Number: ADA02183

Previous

Save for Later

Save and Next

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Click on QR Code in the screen above and sign in signature box on the next screen before clicking the Accept button.

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Using PCSE Online for Ophthalmic Payment services

GOS4 - NHS Optical repair/replacement voucher application form

Patients Details

Name: Akash gos6

Date of birth: 01/02/2000

Address: Flat 3 8, St. Andrews Cross,PLYMOUTH,PL1 1DN

Date of last sight test: First test

Patients Eligibility

Evidence of Eligibility is: Seen

The patient receives Income Support

The patient provided the description below for how the loss or damage happened

Test

Patients Declaration

Patient's Declaration Signature Screen

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the relevant controller is NHS England. I can find out more about my rights at: https://www.england.nhs.uk/contact-us/privacy-notice/ or by contacting 0300 311 22 33. Where I have provided personal data on behalf of another person, they agree to me doing so, and I will draw this notice to their attention

Please sign in the signature box below:

Clear

Close

Accept

44

The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
The Signatory is the	*Mandatory	Select the desired option, mandatory field
Name	*Mandatory	Enter the name, text box entry. If 'Patient' is selected, their name will auto populate
Address	*Mandatory	Enter the name, text box entry. If 'Patient' is selected, their address will auto populate
Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices)		

When you have entered the details, you will have the option to select either ‘Previous’, ‘Save for later’ or ‘Save and Next’.

Previous: On clicking this button the system takes you back to the previous page to make any amends, corrections or view again.

Save for later: On clicking this button the system will save what you have entered but it will not automatically validate it.

Save and Next: On clicking this button the system will check and validate the information you have provided to make sure that there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

The next section of the form will require the NHS England Approval.

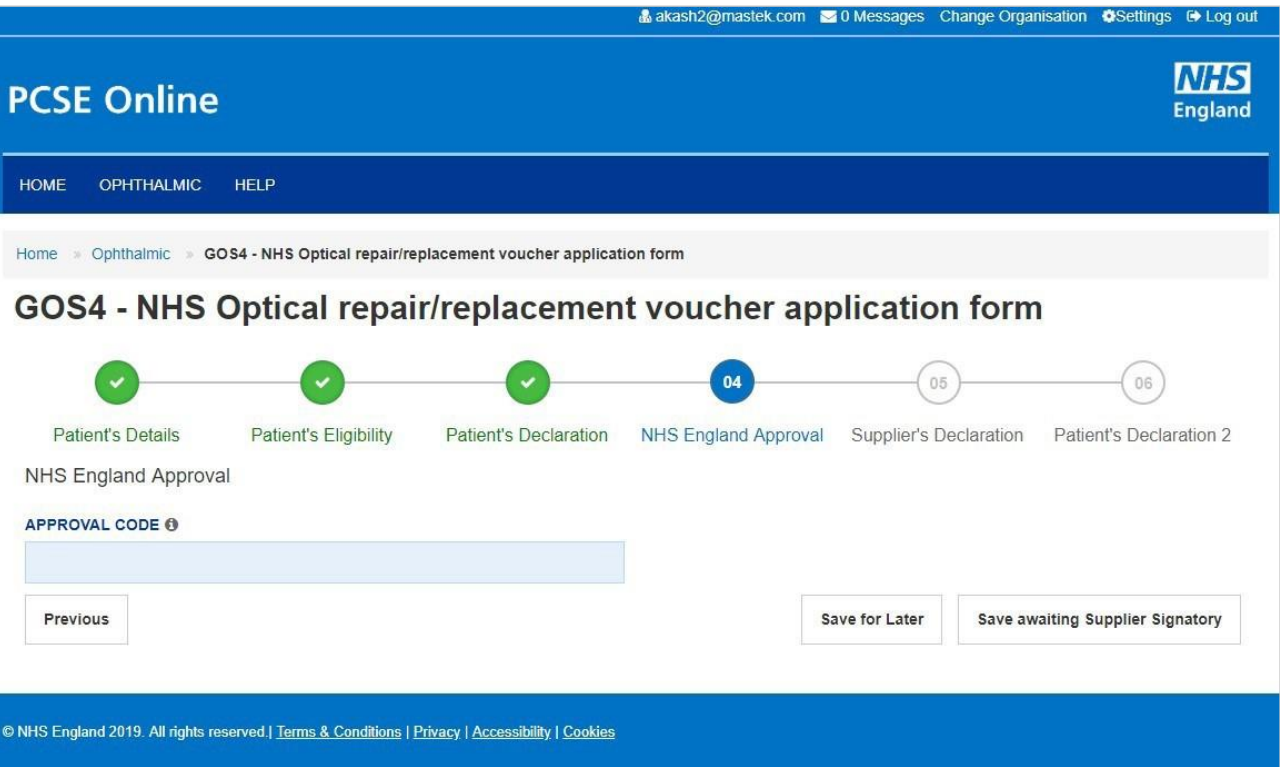
2.3.4 NHS England Approval

This is the fourth section of the GOS4 claim where you need to have the NHS England Approval.

All GOS4 voucher claims for adults aged 16 and over need to be pre-approved by NHS Business Services Authority (NHSBSA).

Contractors should ring NHSBSA on 0300 330 9403 between 08:00 and 16:30, Monday to Friday to make the request.

An illustration of twhe screen is shown below:



The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
Approval Code	*Conditional	This is mandatory for adults age 16 and over. Enter the approval code, text box entry

When you have entered the details, you will have the option to select either ‘Previous’, ‘Save for later’ or ‘Save and Next’.

Previous: On clicking this button the system takes you back to the previous page to make any amends, corrections or view again.

Save for later: On clicking this button the system will save what you have entered but it will not automatically validate it.

Save and Next: On clicking this button the system will check and validate the information you have provided to make sure that there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

The next section of the form will require the NHS England Approval.**Save awaiting Supplier Signatory:** On clicking this button the system will check and validate the information you have provided to make sure that there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended. It will then be ready for the Supplier to access and sign via the option to ‘Search for Claim’ on the dashboard screen.

2.3.5 Supplier’s Declaration

This is the fifth section of the GOS4 claim where you need to have the supplier’s declaration. An illustration of the screen is shown below:

PCSE Online

NHS England

HOMEOPHTHALMICHELP

Home>Ophthalmic>GOS4 - NHS Optical repair/replacement voucher application form

GOS4 - NHS Optical repair/replacement voucher application form

010203040506

Patient's DetailsPatient's EligibilityPatient's DeclarationNHS England ApprovalSupplier's DeclarationPatient's Declaration 2

Contractor's name: Specsaver's

Performer's name: akash gos claimant

Performer's number: GC-23456

Patients Details

Name: Akash gos6

Date of birth: 01/02/2000

Address: Flat 3 B, St. Andrews Cross,PLYMOUTH,PL1 1DN

Date of last sight test: First test

Patients Eligibility

Evidence of Eligibility is: Seen

Person getting the benefit patient

The patient receives Income Support

The patient provided the description below for how the loss or damage happened

Text

Patients Declaration

The signatory is the Patient

Name: Akash gos6

Address: Flat 3 B, St. Andrews Cross,PLYMOUTH,PL1 1DN

NHS England Approval

The applicant's claim has been considered and is: approved by NHS England

Approval code: 1234-abc

Supplier's Declaration

IN ACCORDANCE WITH THE PRESCRIPTION AND DETAILS BELOW I HAVE

Repaired

Replaced

distance pair

near pair

bi-focal / varifocal pair

distance pairnear pairbi-focal / varifocal pair

Prescription

RIGHT

SPH

00.00

ADD

00.00

SPH

00.00

PRISM

00.00

BASE

00.00

LEFT

SPH

00.00

ADD

00.00

SPH

00.00

PRISM

00.00

BASE

00.00

VOUCHER TYPE

Please Select

Or

Complex

Supplements

Prism

Tint

Voucher value appropriate to the above prescription

£ 0.00

(1)

Parts

Lens/C.L

Right

Left

Both

£ 0.00

(2)

Frame

Front

Side

Whole

£ 0.00

(3)

Supplements

Prism

Tint

Small Glasses

mm

£ 0.00

(4)

CLAIM

I claim under the NHS optical voucher scheme

Voucher value plus any supplement(s) (sum of 1+4)

£ 0.00

(5)

Or part(s) at current prices plus any supplement(s) (sum of 2+3+4)

£ 0.00

(6)

Or actual retail cost of

Please Select

£ 0.00

(7)

Patient's contribution as shown by BOX B of certificate HC3 (if applicable)

£ 0.00

(8)

Total claim (5 or 6, or 7 whichever is the lowest, minus 8)

£ 0.00

DECLARATION

I claim payment shown above under the NHS (Optical Charges and Payments) Regulations 2013. I declare that the information given on this form is correct and complete and that this is the original form as signed by the respective patient, or other person as appropriate. I understand that if I withhold information or provide false or misleading information, disciplinary action may be taken against me and I may be liable to prosecution and or civil proceedings. I understand that my personal data will be processed by PCSE (Capita) to verify this Claim and the relevant controller is NHS England. I can find out more about my rights at: <https://www.england.nhs.uk/contact-us/privacy-notice/> or by contacting 0300 311 22 33

NAME

akash signatory

CONTRACTOR'S NAME

Specsaver's

CONTRACTOR'S NUMBER

TQ91T

SUPPLIER'S ADDRESS

Studio 103 The Business Centre 61, Wellfield Road, R

Regenerate

Please either tap/can this code or sign directly into the signature box (for touch enabled devices)

QR Code

Signature Box

Claim Number: ADA02183

Previous

Revert to Draft

Cancel Claim

Save for Later

Save and Next

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The Supplier can view the details (as entered so far) by the performer/contractors. After viewing the same, he will fill up the Suppliers Declaration which on submitting will go further for Patient Declaration for the second time.

The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
Repaired/ Replaced	*Mandatory	Select the desired option, checkbox selection
Distance pair/ near pair/ bi-focal, varifocal pair	*Mandatory	Select the desired option, checkbox selection
Prescription		
Right Distance	Optional	Mandatory in the case of replacement or lens repair. Enter the respective values ■ SPH & CYL (+/-) text box entry ■ Axis, Prism and Base (Auto increment field) ■ Minimum requirement is a value on SPH (which can be 0.00 in one eye)
Left Distance	Optional	Mandatory in the case of replacement or lens repair. Enter the respective values ■ SPH & CYL (+/-) text box entry ■ Axis, Prism and Base (Auto increment field) ■ Minimum requirement is a value on SPH (which can be 0.00 in one eye)
Voucher Type	Optional	Select the desired option, dropdown & checkbox selection
Supplements	Optional	Select the desired option, checkbox selection
Parts		
Voucher value to the above prescription (1)	Auto-populated	The value will auto-populate for Replaced scenario
Lens/C.L(2)	Optional	If Repair is for Lens(es), select the desired option. The value will auto-populate based on checkbox selection
Frame(3)	Optional	If Repair is for Frame, select the desired option. The value will auto-populate based on checkbox selection
Supplements(4)	Optional	The value of Supplements will auto populate based on the option(s)selection: Enter 1 or 2 in the Prism and Tint value if required. Select small glasses, special facial characteristics, prism controlled bifocals if required. If small glasses selected, mm value must be entered

Continued →

Field Name	Mandatory/Optional	Field Description
Voucher value plus any supplements(s) (sum of 1+4)(5)	Auto-populated	Sum of Voucher value to the above prescription plus supplements value in the case of Replaced
Or parts at current prices plus any supplement(s) (sum of 2+3+4) (6)	Auto-populated	Sum of Lens plus frame plus supplements value in the case of repaired
Or actual retail cost of (7)	Optional	Enter retail cost if less than value of voucher
Patient's contribution as shown by BOX B of certificate HC3 (if applicable) (8)	Optional	Text-box entry
Total Claim (5 or 6, or 7 whichever is the lowest, minus 8)	Auto-populated	Populated value based on the calculation of 5, 6, 7 and 8 values
Auto filled Contractor's Details		
Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices)		

When you have entered the details, you will have the option to select either 'Previous', 'Revert to draft', 'Cancel Claim', 'Save for later' or 'Save and Next'.

Previous: On clicking this button the system takes you back to the previous page to make any amends, corrections or view again.

Revert to draft: This button can be selected if the claim is not ready to be submitted and form needs to be revisited and amended later.

Cancel Claim: This button can be selected when the claim is no more required. It will still be available to view via 'Search for claim'. All cancelled claims are still viewable.

Save for later: On clicking this button the system will save what you have entered but it will not automatically validate it.

Save and Next: On clicking this button the system will check and validate the information you have provided to make sure that there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

2.3.6 Patient’s Declaration

This is the sixth and final section of the GOS4 claim where you need to again get the patient’s declaration. An illustration of the screen is shown below:

akash4@mastek.com4 MessagesChange OrganisationSettingsLog out

PCSE Online

HOMEOPHTHALMICHELP

HomeOphthalmicGOS4 - NHS Optical repair/replacement voucher application form

GOS4 - NHS Optical repair/replacement voucher application form

✓

✓

✓

✓

✓

06

Patient's Details

Patient's Eligibility

Patient's Declaration

NHS England Approval

Supplier's Declaration

Patient's Declaration 2

THE PATIENT HAS CONFIRMED THAT THEIR

☒ Distance pair

☐ Near pair

☐ Bi-focal / varifocal pair of glasses / Contact lenses

HAVE BEEN

☐ repaired

☐ replaced

THE SIGNATORY IS THE

☐ Patient

☐ Patient's parent

☐ Patient's Carer or a Guardian

NAME

ADDRESS

Search for an address by entering a postcode

Q

Please enter the address manually

ADDRESS:

Regenerate

Please tap or scan the QR code to sign the declaration

QR Code

Claim Number: ADA02183

Save for Later

Submit

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GOS4 - NHS Optical repair/replacement voucher application form

Patients Declaration

The signatory is Akash gos6

Address: Flat 3 8, St. Andrews Cross,PLYMOUTH,PL1 1DN

Patient's Declaration Signature Screen

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the relevant controller is NHS England. I can find out more about my rights at: https://www.england.nhs.uk/contact-us/privacy-notice/ or by contacting 0300 311 22 33. Where I have provided personal data on behalf of another person, they agree to me doing so, and I will draw this notice to their attention.

Please sign in the signature box below:

Clear

Close

Accept

The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
The Patient confirmed that their distance pair, near pair, bifocal/varifocal pair	*Auto-populated	This will auto populate based on what has been selected in the Supplier’s Declaration
Have been repaired, replaced	*Mandatory	Select the desired option, checkbox selection
The Signatory is the: Patient, Patient’s Parent or Patient’s Parent or Guardian	*Mandatory	Select the desired option, checkbox selection
Name	*Mandatory	If Patient is selected, their name will auto populate
Address Search for an address by using postcode	*Mandatory	If Patient is selected, their address will auto populate
Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices)		

When you have entered the details, you will have the option to select either ‘Save for later’ or ‘Submit’.

Save for later: On clicking this button the system will save what you have entered but it will not automatically validate it.

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Submit: This button can be selected when the declaration is accepted and the claim can be sent to PCSE for processing and payment. The claim will further proceed to GMP users.

*Once the claim submitted successfully, it will be forwarded to the **GMP** who will be responsible to process it further.*

2.4 GOS5 Claim - Private Eye Test

The GOS5 Private Eye Test claim form is divided into five parts.

2.4.1 Patient's Details

This is the first section of the GOS5 claim where you need to enter the patient's details.

manveer2@mastek.com2 MessagesChange OrganisationSettingsLog out

PCSE Online

HOMEOPHTHALMICHELP

Home » Ophthalmic » GOS 5 Claim - Private Eye Test

GOS5 Claim - Private Eye Test

01

02

03

04

05

Patient's Details

Patient's Eligibility

Patient's Declaration

Performer's Declaration

Contractor Signatory's Declaration

I HAVE TESTED THE SIGHT OF THE PERSON NAMED ON THIS FORM ON

16/08/2018

CONTRACTOR'S NAME

Lenskart

PERFORMER'S NAME

suman2 tanveer2

PERFORMER'S NUMBER

64553433

YOUR REFERENCE

Reference Number

Patient's Details

TITLE

Please select

FIRST NAME

First Name

SURNAME

Surname

PREVIOUS SURNAME

Previous Surname

ADDRESS

Search for your residential address by entering your postcode

Postcode

Q

Enter Address Manually

Address:

DATE OF BIRTH

dd/mm/yyyy

NHS NUMBER

NHS Number

NATIONAL INSURANCE NUMBER

AA000000A

DATE OF LAST SIGHT TEST

dd/mm/yyyy

First Test

Not Known

Claim Number:

Save for Later

Save and Next

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Version: 1.5.0.2 | 25 July, 2018

The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Sight Test Date	Optional	Enter the sight test date (dd/mm/yyyy) or select the date from the online calendar
Contractor's Name	*Mandatory	Enter the contractor's name If you are a contractor, then your name will automatically populate in the text box
Performer's Name	*Mandatory	Enter the performer's name If you are a contractor, the performers listed under your practice will automatically appear so you can select the relevant one
Performer's Number	*Mandatory	If you are a performer, then based on your name, your number will also populate in the text box
Title	Optional	Select the correct title
First Name	*Mandatory	Enter the patient's first name
Surname	*Mandatory	Enter the patient's surname
Previous Surname	Optional	Enter the patient's previous surname if applicable
Address	*Mandatory	Either enter the post code to search for an address or manually enter the address details in the appropriate fields
Date of Birth	*Mandatory	Enter the sight test date (dd/mm/yyyy) or select the date from the online calendar
NHS Number	Optional	Enter the patient's NHS number (if known)
National Insurance Number	Optional	Enter the patient's National Insurance Number
Date of Last Sight Test	*Mandatory	Enter the date of last sight test (dd/mm/yyyy) or select the date from the online calendar Select one of the two options: First Test or Not Known

When you have entered the details, you will have the option to either **Save for Later** or **Save and Next**.

If you select **Save and Next** the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

When you have successfully inputted all the correct details the **Save and Next** button will take you to the next section, **Patient's Eligibility**.

If you select the option to **Save for Later** the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click **Save and Next**.

2.4.2 Patient's Eligibility

This is the second section of the GOS5 claim where you need to enter the patient's eligibility.

manveer2@mastek.com2 MessagesChange OrganisationSettingsLog out

PCSE Online

HOMEOPHTHALMICHELP

Home > Ophthalmic > GOS 5 Claim - Private Eye Test

GOS5 Claim - Private Eye Test

01Patient's Details

02Patient's Eligibility

03Patient's Declaration

04Performer's Declaration

05Contractor Signatory's Declaration

Patient's Eligibility

NAMED ON VALID HC3 CERTIFICATE

☐ The patient

☐ The patient's partner

CERTIFICATE NUMBER

Certificate Number

The patient has to pay upto

£ 0.00

for a private sight test

☐ The patient understands that they will have to pay up to the amount above (plus any difference between the NHS sight test fee and the cost of the sight test) provided their sight test costs more than the NHS sight test

☐ The patient cannot attend a practice unaccompanied for a sight test because

Please select

PLEASE CHOOSE ONE SELECTION FROM THE LIST TO INDICATE YOUR ETHNIC GROUP (OPTIONAL)

Please select

Claim Number: ADA01891

Previous

Save for Later

Save and Next

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The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Named on valid HC3 certificate	*Mandatory	Select the appropriate option from 'The Patient' and 'The Patient's Partner'
Certificate Number	*Mandatory	Enter the certificate number
Patient Contribution	*Mandatory	Enter the contribution amount
Patient Declaration for payment	*Mandatory	Tick the declaration
The patient cannot attend a practice unaccompanied for a sight test because	Optional	If it is a claim for a domiciliary sight test, type a reason in the free text box
Indicate Ethnic Group	Optional	Tick the appropriate option from the dropdown menu

When you have entered the details, you will have the option to either **Save for Later** or **Save and Next**.

If you select **Save and Next** the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

When you have successfully inputted all the correct details the **Save and Next** button will take you to the next section, **Patient's Declaration**.

If you select the option to **Save for Later** the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click **Save and Next**.

2.4.3 Patient's Declaration

This is the third section of the GOS5 claim where you need to enter the patient's declaration.

PCSE Online

HOMEOPHTHALMICHELP

Home > Ophthalmic > GOS 5 Claim - Private Eye Test

GOS5 Claim - Private Eye Test

01

02

03

04

05

Patient's Details

Patient's Eligibility

Patient's Declaration

Performer's Declaration

Contractor Signatory's Declaration

Patient's Declaration

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the relevant controller is NHS England. I can find out more about my rights at: <https://www.england.nhs.uk/contact-us/privacy-notice/> or by contacting 0300 311 22 33. Where I have provided personal data on behalf of another person, they agree to me doing so, and I will draw this notice to their attention

THE SIGNATORY IS THE

☐ patient

☐ Patient's parent

☐ Patient's carer or guardian

NAME

ADDRESS

Search for your residential address by entering your postcode

Please enter the address manually

ADDRESS:

Please tap or scan the QR code to sign the declaration

Regenerate

Claim Number: ADA12328

Previous

Save for Later

Save and Next

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Depending on the electronic signature option you are using, click or scan the QR Code on the screen.

When prompted, sign the signature box on the Patient Declaration and select **Accept**.

A dialogue box will appear to confirm the signature has been saved successfully on this form. Click close to progress to the next step.

GOS 5 claims - Help with cost of private sight test

Patient's Details

Name: Lord Jack Sparrow

Date of Birth: 01/01/1945

Address: Flat 6 B, St. Andrews Cross,PLYMOUTH,PL1 1DN

Date of last sight test: First Test

Patient Eligibility

The patient is named on a valid certificate:Certificate Number: HC3-111111111

Showing that they must pay up to: £ 10.00

The patient cannot attend a practice unaccompanied for a sight test becauseAmputee

Patient's Declaration

Patient's Declaration Signature Screen

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the relevant controller is NHS England. I can find out more about my rights at: https://www.england.nhs.uk/contact-us/privacy-notice/ or by contacting 0300 311 22 33. Where I have provided personal data on behalf of another person, they agree to me doing so, and I will draw this notice to their attention

Please sign in the signature box below:

Clear

Close

Accept

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Navigation icons: back, forward, home, search, etc.

Using PCSE Online for Ophthalmic Payment services

HOMEOPHTHALMICHELP

HomeOphthalmicGOS 5 Claim - Private Eye Test

GOS5 Claim - Private Eye Test

03

04

05

Patient's Details

Patient's Eligibility

Patient's Declaration

Performer's Declaration

Contractor Signatory's Declaration

Patient's Declaration

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the relevant controller is NHS England. I can find out more about my rights at: https://www.england.nhs.uk/contact-us/privacy-notice/ or by contacting 0300 311 22 33. Where I have provided personal data on behalf of another person, they agree to me doing so, and I will draw this notice to their attention

THE SIGNATORY IS THE

☒ patient

☐ Patient's parent

☐ Patient's carer or guardian

NAME

abl london

ADDRESS

Search for your residential address by entering your postcode

Postcode

Please enter the address manually

ADDRESS: 43, Creek Road,London,SE8 3BU

Signature:

Clear

Claim Number: ADA12328

Previous

Save for Later

Save and Next

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Once you have completed this section you will have the option to either **Save and Next**, or **Save for Later**.

If you select **Save and Next** the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

When you have successfully inputted all the correct details the **Save and Next** button will take you to the next section, **Performer's Declaration**.

If you select the option to **Save for Later** the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click **Save and Next**.

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Navigation icons: back, forward, home, search, etc.

2.4.4 Performer's Declaration

This is the fourth section of the GOS5 claim which the Performer needs to complete.

The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Outcome of Sight Test	*Mandatory	Tick the appropriate option
The Patient was the:	Optional	Tick the appropriate option
First Voucher Type	Optional	Select the appropriate option if applicable
Supplements	Optional	Tick box selection
Second Voucher Type	Optional	Select the appropriate option if applicable
Supplements	Optional	Tick box selection
The date of the sight test is automatically populated		
Specify appropriate code	Optional	This is mandatory if it is less than the standard interval since the patient's last sight test. Select the appropriate code from the dropdown
Auto Filled fields: Performer's Name & Performer's List Number		
Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices)		
Claim	*Mandatory	Enter the amount in the text box
Address	Optional	Enter the address using the search function or by typing it into the respective fields.

Once you have completed this section you will have the option to either **Save Awaiting Contractor Signatory** or **Save for Later**.

If you select **Save Awaiting Contractor Signatory** the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

When you have successfully inputted all the correct details the **Save Awaiting Contractor Signatory** button will take you to the next section, **Contractor Signatory's Declaration**.

If you select the option to **Save for Later** the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click **Save Awaiting Contractor Signatory**.

It will then be ready for the Contractor to access and sign via the option to 'Search for Claim' on the dashboard screen.

2.4.5 Contractor Signatory’s Declaration

This is the last and final section of the GOS5 claim, which needs to be completed by the Contractor Signatory who can view and check the details entered on the previous screens.

Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices).

The Contractor Signatory can then select **Submit** if they agree with the claim and accept the declaration. This will then send the claim to PCSE for processing and payment.

If the claim is not ready to be submitted the option to **Revert to draft** should be selected so the form can be re-visited and amended at a later time.

If the Contract Signatory has completed the form but does not wish to submit the claim at that time there is an option to **Close**. The claim will still be saved.

If the claim is not needed and should not be submitted the option to **Cancel Claim** should be selected. It will still be available to view via ‘**Search for claim**’.

All cancelled claims are still viewable.

marveer2@mastek.com2 MessagesChange OrganisationSettingsLog out

PCSE OnlineNHS England

HOMEOPHTHALMICHELP

Home>Ophthalmic>GOS 5 Claim - Private Eye Test

GOS5 Claim - Private Eye Test

✓

✓

✓

✓

05

Patient's Details

Patient's Eligibility

Patient's Declaration

Performer's Declaration

Contractor Signatory's Declaration

Contractor Signatory's Declaration

I have tested the sight of the person named on this form on: 16/08/2018

Performer's Name: suman2 tanveer2

Contractor's Name: Lenskart

Performer's Number: 64553433

Patient's Details

Name: Lord Jack Sparrow

Date of Birth: 01/01/1945

Address: Flat 6 8, St. Andrews Cross,PLYMOUTH,PL1 1DN

Date of last sight test: First Test

Patient Eligibility

The patient is named on a valid certificate:Certificate Number: HCG-111111111

Showing that they must pay up to £ 10.00

The patient cannot attend a practice unaccompanied for a sight test because:Amputee

Ethnicity: Other White Background

Patient's Declaration

The signatory is the Patient

Name: Jack Sparrow

Address: Flat 6 8, St. Andrews Cross,PLYMOUTH,PL1 1DN

Performer's Declaration

A new or changed prescription was issuedA voucher was issued

First voucher type: AFirst voucher complex: No

Second voucher complex: NoThe patient was the: 1st patient at the address

Lower of private charge or NHS sight test fee: £ 21.25Lower of private charge or NHS domiciliary visit fee (where appropriate): £ 20.00

Maximum claimable in respect of sight test: £ 41.25Patient's contribution: £ 10.00

Total claim in respect of sight test: £ 31.25

I have tested the sight of the person named on this form on: 16/08/2018

To be completed by the performer who has conducted the sight test

Performer's Name: suman2 tanveer2Performer's List Number: 64553433

Claim

I claim the current NHS sight test fee

Practice address where sight test took place

Address: Flat 6 8, St. Andrews Cross,PLYMOUTH,PL1 1DN

I claim the payment shown above under the NHS (Optical Charges and Payments) Regulations 2013. I declare that the information given on this form is correct and complete and that this is the original form as signed by the respective patient, or other person as appropriate. I understand that if I withhold information or provide false or misleading information, disciplinary action may be taken against me and I may be liable to prosecution and or civil proceedings. I understand that my personal data will be processed by PCSE (Capita) to verify this Claim and the relevant controller is NHS England. I can find out more about my rights at: https://www.england.nhs.uk/contact-us/privacy-notice/, or by contacting 0300 311 22 33.

To be completed by the contractor or authorised signatory

Regenerate

Please either tap/scan this code or sign directly into the signature box (for touch enabled devices)



Clear

NAME

suman2 tanveer2

CONTRACTOR NAME

Lenskart

CONTRACTOR'S NUMBER

TQ65L

Claim Number : ADA01891

Revert to Draft

Close

Cancel Claim

Submit

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Navigation icons: back, forward, home, search, etc.

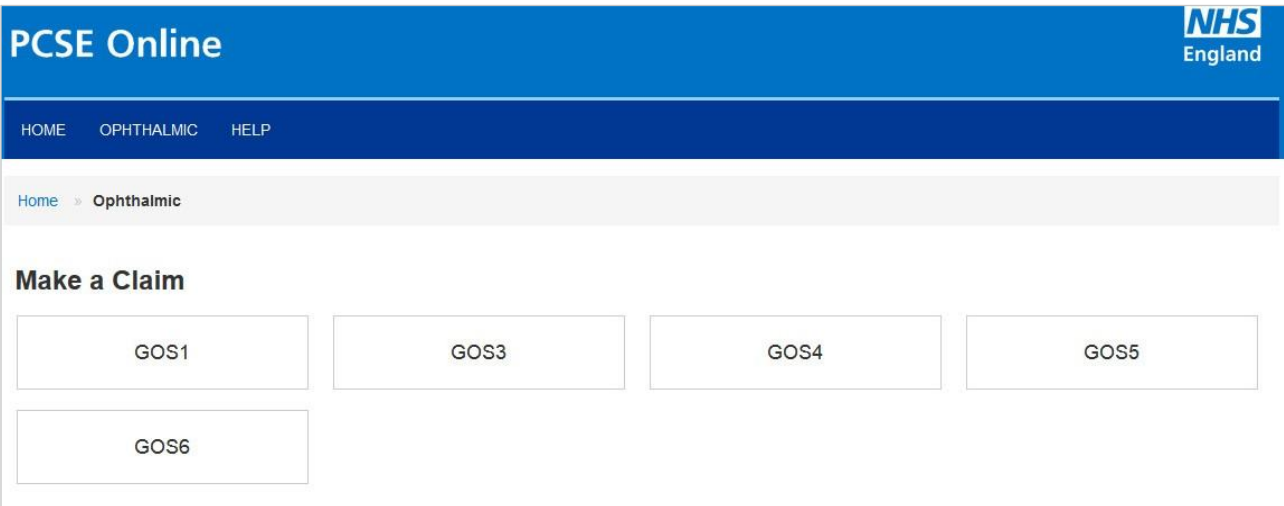
64

2.5 Domiciliary: Pre-Visit Notification

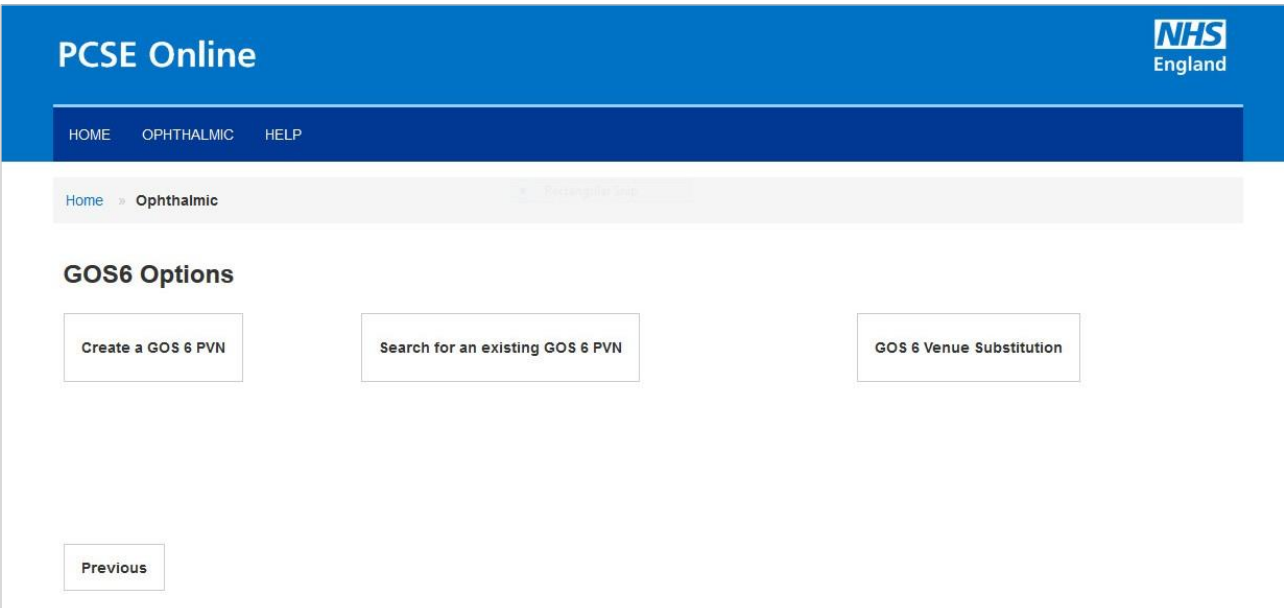
A pre-visit notification (PVN) must be submitted for a domiciliary visit in line with regulations. You can only claim a domiciliary fee in respect of a patient who is eligible for a GOS sight test, if they are unable to leave home unaccompanied for reasons of physical or mental illness or disability. Please see Making Accurate Claims for guidance on Domiciliary visits.

2.5.1 Create a PVN

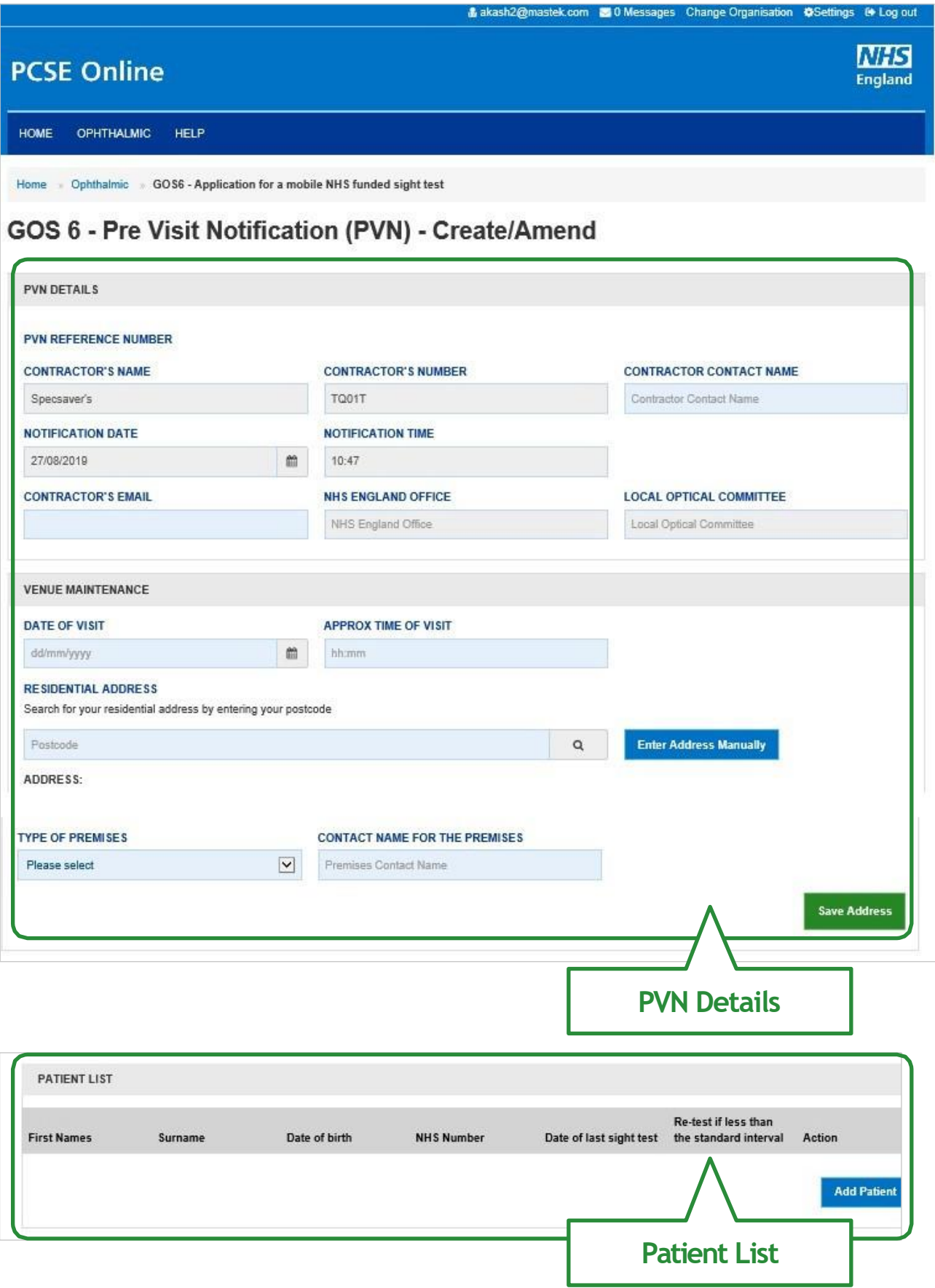
To create a new PVN click on GOS6 in the Make a Claim screen



Then click Create a GOS6 PVN



Through this section, you can create a domiciliary pre-visit notification (PVN). An illustration of the screen is shown below:



PATIENT MAINTENANCE

FIRST NAME

SURNAME

DATE OF BIRTH

NHS NUMBER

DATE OF LAST SIGHT TEST

☐ First test

☐ Unknown

IN THE CASE OF A RE-TEST AT LESS THAN THE STANDARD INTERVAL, PLEASE SPECIFY THE APPROPRIATE CODE

Save Patient

Patient Maintenance

EXCEPTION REASONS

REASON FOR SUBMITTING ANOTHER PVN

REASON LESS THAN 48HRS HAS BEEN GIVEN BEFORE DATE OF VISIT

☐ Patient is a new resident

☐ Patient has only just developed an eye or vision problem

☐ Other

OTHER REASONS LESS THAN 48HRS HAS BEEN GIVEN BEFORE DATE OF VISIT TO MAKE A CHANGE TO PVN

Close

Save for Later

Submit

Exception Reasons

The following table depicts the description of the above screen:

PART 1 - PVN Details

Field Name	Mandatory/Optional	Field Description
Contractor's Name	Prefilled	Contractor's name will populate in the text box based on the organisation you are logged in to
Contractor's Number	Prefilled	The ODS code will populate in the text box based on the organisation you are logged in to
Contractor Contact Name	*Mandatory	Enter the name, text box entry
Notification Date	Prefilled	You cannot change the notification date
Notification Time	Prefilled	You cannot change the notification time
Contractor's Email	Optional	Enter the email, text box entry
NHS England Office	Prefilled	Auto populated based on postcode in Address
Local Optical Committee	Prefilled	Auto populated based on postcode in Address
Date of Visit	*Mandatory	Enter the date of visit, calendar widget
Approx time of visit	*Mandatory	Enter the time of visit, text box entry
Residential Address	*Mandatory	Either enter the postcode to search for an address online or manually enter the address details in the appropriate fields
Type of Premises	*Mandatory	Select the type of premises from dropdown values
Contact Name for the Premises	*Mandatory	Enter the premises contact name, text box entry

When you have entered the details, you will have the option to select either ‘Save Address’ or ‘Amend Address’.

Save Address: You can save these entered details. On saving it, a PVN Reference number will be generated automatically for your future reference.

Amend Address: Button appears after PVN Creation. You can edit these entered details.

PART 2 - Patient List

In this section, you can view the list of the patients added in [Part 3 Patient Maintenance \(described below\)](#).
You can view the added patient details in the grid with the option of ‘Delete Patient’ and ‘Amend Patient’.
Delete Patient: On clicking this option, the respective patient details will get removed from the list.
Amend Patient: On clicking the option, the respective patient details will be displayed with existing entries. You can amend the details and save it. The latest details will again appear in the grid.

PART 3 - Patient Maintenance

Field Name	Mandatory/Optional	Field Description
First Name	*Mandatory	Enter the name, text box entry
Surname	*Mandatory	Enter the name, text box entry
Date of Birth	*Mandatory	Enter the date of birth, calendar widget
NHS Number	Optional	YEnter the NHS number, text box entry
Date of Last Sight Test	*Mandatory	Enter the date of last sight test or select First Test or Unknown
In the case of a retest at less than the standard interval, please specify the appropriate code	Optional	Select the desired option from dropdown values

When you have entered the details, you will have the option to select either ‘Save Patient’.
Save Patient: On successful submission of the details, it will appear in the grid of Patient List. From there, you can edit/delete the details as required.
After entering the details of Part 1, 2 and 3 you can click on ‘Submit’ button to save the details as Part 4 of the form is only relevant when a PVN is being amended.
When you have entered the details, you will have the option to select either ‘Close’, ‘Save for later’ or ‘Submit’.
Close: This button can be selected if the user has completed the form but does not wish to submit the PVN. This PVN will be saved.

Save for later: On clicking this button the system will save what you have entered but it will not automatically validate it.
Submit: On clicking this button the system will check and validate the information you have provided to make sure that there is nothing missing or incorrect.

Top Tip - Remember ‘Save for Later’ does not validate the entered data. Validation checks would be performed on clicking ‘Submit’.

PART 4 - Exception Reasons

Field Name	Mandatory/Optional	Field Description
Reason for submitting another PVN	Optional	Enter the reason, text box entry
Reason less than 48 hrs. has been given before date of visit	Optional	Three checkboxes for reasons, select as required
Other reasons less than 48 hrs. has been given before date of visit to make a change to PVN	Optional	Enter the reason if checkbox for other is selected, text box entry

2.5.2 GOS6 PVN - Search

You will have the access to search for an existing GOS6 PVN from the GOS6 section. To search the for a PVN, you can enter any of the following criteria in the **Pre-Visit Notification (PVN) - Search** screen:

- Search by Date From
- PVN Reference Number
- Date of Visit (From and To)
- PVN Status
- Premises Postcode
- Notification Date (From and To)

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PCSE OnlineNHS England

HOMEOPHTHALMICHELP

Home » Ophthalmic » GOS6 - Application for a mobile NHS funded sight test

CONTRACTOR'S NAME

Contractor Name

DATE OF VISIT DATE FROM

dd/mm/yyyy

PVN STATUS

Please select

RLT AREA

Please select

CONTRACTOR'S NUMBER

Contractor Number

TO

dd/mm/yyyy

NOTIFICATION DATE FROM

dd/mm/yyyy

TO

dd/mm/yyyy

PVN REFERENCE NUMBER

PVN Reference Number

PREMISES POSTCODE

Premises Postcode

Search

Close

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The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
Contractor's Name	Prefilled	Contractor's name will populate in the text box based on the organisation you are logged in to
Contractor's Number	Prefilled	The ODS code will populate in the text box based on the organisation you are logged in to
PVN Reference Number	Optional	Enter the PVN Reference number, text box entry
Date of Visit Date From	Optional	Enter the start date of visit, calendar widget
To	Optional	Enter the end date of visit, calendar widget
Premises Postcode	Optional	Enter the postcode, text box entry
PVN Status	Optional	Select the status from dropdown values
Notification Date From	Optional	Enter the start date of notification, calendar widget
To	Optional	Enter the end date of notification, calendar widget

On entering the search criteria, click on 'Search' button. To discard the entered details click on 'Close' button.

The following table depicts the description of the above screen:
On entering the search criteria, click on ‘Search’ button. To discard the entered details click on ‘Close’ button.

akash2@mastek.com0 MessagesChange OrganisationSettingsLog out

PCSE OnlineNHS England

HOMEOPHTHALMICHELP

Home>Ophthalmic>GOS6 - Pre Visit Notification (PVN) - Search

GOS6 - Pre Visit Notification (PVN) - Search

CONTRACTOR'S NAME

Specsaver's

CONTRACTOR'S NUMBER

TQ01T

PVN REFERENCE NUMBER

PVN Reference Number

DATE OF VISIT DATE FROM

dd/mm/yyyy

TO

dd/mm/yyyy

PREMISES POSTCODE

Premises Postcode

PVN STATUS

Please select

NOTIFICATION DATE FROM

18/07/2019

TO

28/08/2019

RLT AREA

Please select

Search

PVN Reference Number	Date of Visit	Premises	Status	Notification Date				
P-UN10686	10/04/2020	(D) - Day Centre	Accepted	21/08/2019	Amend Patient Details	Add Patients (Max. 3)	Cancel GOS6 PVN	Open
P-PK28526	16/11/2019	(N) - Nursing Home	Accepted	15/08/2019	Amend Patient Details	Add Patients (Max. 3)		Open
P-RX47244	17/10/2019	(N) - Nursing Home	Draft	23/07/2019	Amend Patient Details	Add Patients (Max. 3)		Open
P-NK22984	03/09/2019	(N) - Nursing Home	Draft	06/08/2019	Amend Patient Details	Add Patients (Max. 3)		Open

From the list of PVNs presented in the search results, you will be able to click the following options:

- PVN Reference Number
- Amend Patient Details
- Add Patients (Max. 3)
- Cancel GOS6 PVN
- Open



Clicking the PVN Reference Number or Open to view the patient list for a particular PVN.

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PCSE OnlineNHS England

HOMEOPHTHALMICHELP

PCSE Home>Ophthalmic>GOS6 - Application for a mobile NHS funded sight test

GOS6 - Pre Visit Notification (PVN) - View PVN and Choose Patient

PVN REFERENCE NUMBER:

P-PG19710

STATUS:

Accepted

PATIENT'S FIRST NAMES:

Patient First Name

PATIENT'S SURNAME:

Patient Surname

PATIENT'S DATE OF BIRTH

dd/mm/yyyy

Search

Date of Visit	Premises	Notification Date	Patient's First Names	Patient's Surname	Date of Birth		
08/09/2018	(H) - Home	07/08/2018	sfsdfd	dfdfdf	11/10/2000	Amend GOS6 PVN	Create GOS6

Showing 1 to 1 of 1 entries

<<<1>>>

Close

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2.5.3 Amend GOS6 PVN

Patients can be added to, deleted from or substituted in a PVN in advance of a domiciliary visit in line with regulations.

Click ‘Amend Patient Details’.

PCSE Online

NHS England

HOMEOPHTHALMICHELP

HomeOphthalmicGOS6 - Pre Visit Notification (PVN) - Search

GOS6 - Pre Visit Notification (PVN) - Search

CONTRACTOR'S NAME

Gray Optician

CONTRACTOR'S NUMBER

TP37L

PVN REFERENCE NUMBER

P-YN39446

DATE OF VISIT DATE FROM

dd/mm/yyyy

TO

dd/mm/yyyy

PREMISES POSTCODE

Premises Postcode

PVN STATUS

Please select

NOTIFICATION DATE FROM

dd/mm/yyyy

TO

dd/mm/yyyy

RLT AREA

Please select

Search

PVN Reference Number

Date of Visit

Premises

Status

Notification Date

P-YN39446

30/08/2019

(N) - Nursing Home

Accepted

07/08/2019

Amend Patient Details

Cancel GOS6 PVN

Open

The click ‘Amend Patient’, ‘Delete Patient’ or ‘Add Patient’

PATIENT LIST						
First Names	Surname	Date of birth	NHS Number	Date of last sight test	Re-test if less than the standard interval	Action
Kiki	Philip	13/08/1989		Unknown		Delete PatientAmend Patient
Nick	Johnson	28/08/1956		First Test		Delete PatientAmend Patient
Tracy	Chapman	20/08/1956		Unknown		Delete PatientAmend Patient
						Add Patient

Enter the Patient details and click ‘Save Patient’.

PATIENT MAINTENANCE

FIRST NAME

Kiki

SURNAME

Philip

DATE OF BIRTH

13/08/1989

NHS NUMBER

NHS Number

DATE OF LAST SIGHT TEST

dd/mm/yyyy

☐ First test

☒ Unknown

IN THE CASE OF A RE-TEST AT LESS THAN THE STANDARD INTERVAL, PLEASE SPECIFY THE APPROPRIATE CODE

Please Select

Save Patient

2.5.4 Same Day Additions and/or Substitutions

Regulations stipulate up to three changes (additions or substitutions) may be made at the time of the notified visit, but only if it would not have been possible to give 48 hours’ notice, for example; in respect of a new resident or a person who has only just developed an eye or vision problem.

Search for the PVN and click ‘Add Patients (Max 3)’ to be taken to the GOS6 Patient Details screen and complete the GOS6 claim.

PCSE Online

NHS England

HOMEOPHTHALMICHELP

HomeOphthalmicGOS6 - Pre Visit Notification (PVN) - Search

CONTRACTOR'S NAME

Auckland Island Opticians

CONTRACTOR'S NUMBER

TP5MM

PVN REFERENCE NUMBER

PVN Reference Number

DATE OF VISIT DATE FROM

01/10/2019

TO

31/10/2019

PREMISES POSTCODE

Premises Postcode

PVN STATUS

Accepted

NOTIFICATION DATE FROM

dd/mm/yyyy

TO

dd/mm/yyyy

RLT AREA

Please select

Search

PVN Reference Number	Date of Visit	Premises	Status	Notification Date				
P-UJ24883	16/10/2019	(H) - Home	Accepted	09/10/2019	Amend Patient Details	Add Patients (Max. 3)	Cancel GOS6 PVN	Open
P-NS16386	12/10/2019	(H) - Home	Accepted	09/10/2019	Amend Patient Details	Add Patients (Max. 3)	Cancel GOS6 PVN	Open
P-AA50387	10/10/2019	(H) - Home	Accepted	03/10/2019	Amend Patient Details	Add Patients (Max. 3)	Cancel GOS6 PVN	Open
P-AA50385	09/10/2019	(R) - Residential Home	Accepted	03/10/2019	Amend Patient Details	Add Patients (Max. 3)	Cancel GOS6 PVN	Open
P-XS26591	04/10/2019	(S) - Sheltered Housing	Accepted	03/10/2019	Amend Patient Details	Add Patients (Max. 3)	Cancel GOS6 PVN	Open

2.5.5 Amend Patient details on the day of the visit

As PVNs are created from information provided by patients or patient representatives when they book an appointment, it is not uncommon to find out at the time of the sight test that the details provided on the PVN relating to the patient are incorrect. If that is case, the user can amend patient details.

Once you click Amend, the patient details will prepopulate in the table below and you can change any of the fields. Press the ‘Save Patient button’ to save the changes.

PATIENT MAINTENANCE

FIRST NAME

Kiki

SURNAME

Philip

DATE OF BIRTH

13/08/1989

NHS NUMBER

NHS Number

DATE OF LAST SIGHT TEST

dd/mm/yyyy

☐ First test☒ Unknown

IN THE CASE OF A RE-TEST AT LESS THAN THE STANDARD INTERVAL, PLEASE SPECIFY THE APPROPRIATE CODE

Please Select

Save Patient

2.5.6 Same Day Venue Substitution

If, on the day of the visit, you unable to visit a residence previously notified for reasons beyond your control, for example an outbreak of illness affecting the care home, another venue may be substituted provided a) NHS England has already been notified of a planned visit to the alternative venue and this visit has not yet taken place; and b) you inform NHS England and they agree to the substitution.

Click ‘GOS6 Venue Substitution’.

PCSE Online

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Ophthalmic

GOS6 Options

Create a GOS 6 PVN

Search for an existing GOS 6 PVN

GOS 6 Venue Substitution

Previous

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GOS6 - Application for a mobile NHS funded sight test

GOS 6-Pre Visit Notification(PVN)-Venue Substitution

PVN TO BE SUBSTITUTED

PVN To Be Substituted

Q

CURRENT VISIT DATE

Current Visit Date

CURRENT VISIT TIME

Current Visit Time

NEW VISIT DATE

dd/mm/yyyy

NEW VISIT TIME

New Visit Time

PVN TO BE USED

PVN To Be Used

Q

CURRENT VISIT DATE

Current Visit Date

CURRENT VISIT TIME

Current Visit Time

NEW VISIT DATE

New Visit Date

NEW VISIT TIME

New Visit Time

APPROVAL DETAILS

Approval Details

Submit

Close

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[Accessibility](#)

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The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
PVN to be substituted	*Mandatory	Enter the PVN number, text box entry OR Search for the PVN using search button
Current Visit Date	*Mandatory	Prefilled with current visit date
Current Visit Time	*Mandatory	Prefilled with current visit time
New Visit Date	*Mandatory	Enter the New date of visit, calendar widget
New Visit Time	*Mandatory	Enter the New time of visit, text box
PVN to be used	*Mandatory	Enter the PVN number, text box entry OR Search for the PVN using search button
Approval Details	*Mandatory	Enter the approval details, text box entry

On clicking ‘Submit’ the PVN details are validated and Substitution is completed.

2.6 Create GOS6 Claim

To create a GOS6 claim you must first open the PVN.

manveer2@mastek.com2 MessagesChange OrganisationSettingsLog out

PCSE OnlineNHS England

HOMEOPHTHALMICHELP

PCSE Home » Ophthalmic » GOS6 - Application for a mobile NHS funded sight test

GOS6 - Pre Visit Notification (PVN) - View PVN and Choose Patient

PVN REFERENCE NUMBER:
P-PG19710

STATUS:
Accepted

PATIENT'S FIRST NAMES:
Patient First Name

PATIENT'S SURNAME:
Patient Surname

PATIENT'S DATE OF BIRTH:
dd/mm/yyyy

Search

Date of Visit	Premises	Notification Date	Patient's First Names	Patient's Surname	Date of Birth		
08/09/2018	(H) - Home	07/08/2018	sfsdfd	dfdfdf	11/10/2000	Amend GOS6 PVN	Create GOS6

Showing 1 to 1 of 1 entries

<< < 1 > >>

Close

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Version: 1.5.0.2 | 25 July, 2018

On clicking ‘Create GOS6’, the following screen will be displayed:

2.6.2 Patient Details

akash2@mastek.com0 MessagesChange OrganisationSettingsLog out

PCSE OnlineNHS England

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GOS 6 - Application for a mobile NHS funded sight test

01Patient's Details

02Patient's Eligibility

03Patient's Declaration

04Performer's Declaration

05Contractor Signatory's Declaration

I HAVE TESTED THE SIGHT OF THE PERSON NAMED ON THIS FORM ON
28/08/2019

PVN REFERENCE NUMBER
P-PW42215

CONTRACTOR'S NAME
Specsavers

PERFORMER'S NAME
akash gos claimant

PERFORMER'S NUMBER
GC-23456

YOUR REFERENCE
Reference Number

Patient's Details

TITLE
Please select

FIRST NAMES
First names

SURNAME
Surname

PREVIOUS SURNAME
Previous surname

ADDRESS
Search for an address by entering a postcode
Postcode

Please enter the address manually

ADDRESS: Flat 3 8, St. Andrews Cross,PLYMOUTH,PL1 1DN

DATE OF BIRTH
dd/mm/yyyy

NHS NO.
NHS No.

N.I. NO.
AA000000A

DATE OF LAST SIGHT TEST
dd/mm/yyyy

First test

Not known

THE PATIENT CANNOT ATTEND A PRACTICE UNACCOMPANIED FOR A SIGHT TEST BECAUSE

Claim Number:

Save for Later

Save and Next

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The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
I have tested the sight of the person named on this form on	*Mandatory	Values are prefilled, calendar widget
PVN Reference Number	*Mandatory	Values are prefilled
Contractor's Name	*Mandatory	Values are prefilled
Performer's Name	*Mandatory	Values are prefilled
Performer's Number	*Mandatory	Values are prefilled
Title	Optional	Select the salutation, dropdown selection
First Name	*Mandatory	Values are prefilled
Surname	*Mandatory	Values are prefilled
Previous Surname	Optional	Enter the previous surname, text box entry
Address	*Mandatory	Values are prefilled
Date of Birth	*Mandatory	Values are prefilled
NHS No.	Optional	Enter the NHS number, text box entry
N.I. No.	Optional	Enter the N.I number, text box entry
Date of Last Sight Test	*Mandatory	Enter the date of last sight test, calendar widget or tick checkbox for First Test and Unknown, select as required
The patient cannot attend a practice unaccompanied for a sight test because	*Mandatory	Enter the reason, text box entry

When you have entered the details, you will have the option to select either ‘Save for later’ or ‘Save and Next’.

Save for later: On clicking this button the system will save what you have entered but it will not automatically validate it.

Save and Next: On clicking this button the system will check and validate the information you have provided to make sure that there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

On successful submission, you will be able to fill in the details of the next part/section i.e. **Patient’s Eligibility.**

It is important to note that ‘Save for Later’ does not validate the entered data. Validation checks would be performed on clicking ‘Save & Next’.

manveer2@mastek.com2 MessagesChange OrganisationSettingsLog out

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GOS 6 - Application for a mobile NHS funded sight test

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Patient's DetailsPatient's EligibilityPatient's DeclarationPerformer's DeclarationContractor Signatory's Declaration

Patient's Eligibility

☐ The patient is 60 or over

☐ The patient is under 16

☐ The patient is a full time student aged 16, 17 or 18 at the establishment below

☐ The patient is 40 or over and is the parent/brother/sister/child of a person who has or has had glaucoma

☐ The patient is a prisoner on leave from the prison detailed below

THE PATIENT SUFFERS FROM

☐ Diabetes

☐ Glaucoma

Enter GP's details below

☐ The patient is considered to be at risk of glaucoma by an ophthalmologist at the hospital below

☐ The patient is registered blind/partially sighted with the local authority below

PLEASE SELECT THE TYPE OF ESTABLISHMENT YOU HAVE IDENTIFIED ABOVE

Name

Town

EVIDENCE OF ELIGIBILITY

☐ Seen

☐ Not Seen

PERSON GETTING THE BENEFIT

☐ The Patient

☐ The patient's partner

NAME

NATIONAL INSURANCE NUMBER

DATE OF BIRTH

Name

AA000000A

dd/mm/yyyy

MODE OF RECEIVING THE BENEFIT

☐ Income support

☐ Universal Credit

☐ Pension credit guarantee credit

☐ Income based jobseeker's allowance

☐ Income related employment and support allowance

☐ Tax credit and patient/patient's partner is named on a valid NHS tax credit exemption certificate

CERTIFICATE HC2 NUMBER

☐ The patient is named on a valid HC2 certificate

Certificate HC2 Number

☐ I have been prescribed complex lenses under the NHS optical voucher scheme

Claim Number: ADA01893

Previous

Save for Later

Save and Next

2.6.3 Patient Eligibility

The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
Patient's Eligibility	*Mandatory	Enter the NHS Eligibility Reason, checkbox selection
Details of Establishment (Name)	*Conditional	This is mandatory for the following eligibility categories: ■ I'm a full time student ■ I'm a prisoner on leave ■ I'm considered to be at risk of glaucoma ■ I am registered blind/partially sighted ■ I suffer from diabetes/glaucoma Enter Supplementary Name, text box entry
Details of Establishment (Town)	*Conditional	This is mandatory for the following eligibility categories: ■ I'm a full time student ■ I'm a prisoner on leave ■ I'm considered to be at risk of glaucoma ■ I am registered blind/partially sighted ■ I suffer from diabetes/glaucoma Enter Supplementary town, text box entry
Evidence of Eligibility	*Mandatory	Select Yes or No
Person Getting the benefit	*Mandatory	Select the desired option, Checkbox selection; values are Patient and The Patient's Partner. If Patient's Partner is selected, enter the following: ■ Name ■ National Insurance Number ■ Date of Birth
Mode of Receiving the Benefit	*Mandatory	Select the desired option, Checkbox selection
The patient is named on valid on a HC2 certificate	*Mandatory	Mandatory if Patient's Eligibility is HC2. Select the option, Checkbox selection. If selected, enter HC2 number.

When you have entered the details, you will have the option to select either 'Previous', 'Save for later' or 'Save and Next'.

Previous: On clicking this button the system takes you back to the previous page to make any amends, corrections or view again.

Save for later: On clicking this button the system will save what you have entered but it will not automatically validate it.

Save and Next: On clicking this button the system will check and validate the information you have provided to make sure that there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

On successful submission, you will be able to fill in the details of the next part/section i.e. **Patient's Declarations.**

It is important to note that 'Save for Later' does not validate the entered data. Validation checks would be performed on clicking 'Save & Next'.

2.6.4 Patient Declaration

manveer2@mastek.com2 MessagesChange OrganisationSettingsLog out

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GOS 6 - Application for a mobile NHS funded sight test

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Patient's Details

Patient's Eligibility

Patient's Declaration

Performer's Declaration

Contractor Signatory's Declaration

Patient's Declaration

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the relevant controller is NHS England. I can find out more about my rights at: <https://www.england.nhs.uk/contact-us/privacy-notice/> or by contacting 0300 311 22 33. Where I have provided personal data on behalf of another person, they agree to me doing so, and I will draw this notice to their attention

THE SIGNATORY IS THE

☐ Patient

☐ Patient's Parent

☐ Patient's carer or guardian

NAME

Name

PLEASE CHOOSE ONE SELECTION FROM THE LIST TO INDICATE THE PATIENT'S ETHNIC GROUP

Please select

ADDRESS

Search for your residential address by entering your postcode

Postcode

Q

Enter Address Manually

Address:

Please tap or scan the QR code to sign the declaration

Regenerate

Claim Number: ADA01893

Previous

Save awaiting Performer

Save for Later

Save and Next

Click on QR Code in the screen above and sign in signature box on the next screen before clicking the Accept button.



GOS6 - Application for a mobile NHS funded sight test

Patient's Details

Name: Automation1558 AutoSurname

Address: The West Ham,Silverdale Lane,Leeds,London

Date of Birth: 10/10/1989

Date of last sight test: First Test

The patient cannot attend a practice unaccompanied for a sight test because: Dementia

Patient Eligibility

The patient is prisoner on leave from the prison detailed below

Details of establishment: Cell1 Cell1

EVIDENCE OF ELIGIBILITY: Seen

Patient's Declaration

Patient's Declaration Signature Screen

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the relevant controller is NHS England. I can find out more about my rights at: <https://www.england.nhs.uk/contact-us/privacy-notice/> or by contacting 0300 311 22 33. Where I have provided personal data on behalf of another person, they agree to me doing so, and I will draw this notice to their attention

Please sign in the signature box below:

ClearCloseAccept

manveer2@mastek.com2 MessagesChange OrganisationSettingsLog out

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GOS 6 - Application for a mobile NHS funded sight test

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Patient's Details

Patient's Eligibility

Patient's Declaration

Performer's Declaration

Contractor Signatory's Declaration

Patient's Declaration

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the relevant controller is NHS England. I can find out more about my rights at: <https://www.england.nhs.uk/contact-us/privacy-notice/> or by contacting 0300 311 22 33. Where I have provided personal data on behalf of another person, they agree to me doing so, and I will draw this notice to their attention

THE SIGNATORY IS THE

☒ Patient

☐ Patient's Parent

☐ Patient's carer or guardian

NAME

Automation1558 AutoSurname

PLEASE CHOOSE ONE SELECTION FROM THE LIST TO INDICATE THE PATIENT'S ETHNIC GROUP

White and Black African

ADDRESS

Search for your residential address by entering your postcode

Postcode

Q

Enter Address Manually

Address:

The West Ham,Silverdale Lane,Leeds,London

Signature:

Clear

Claim Number: ADA01893

Previous

Save awaiting Performer

Save for Later

Save and Next

This is the third section of the claim form. The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
The Signatory is the Patient, Patient's Parent or Patient's Parent or Guardian	*Mandatory	Select the desired option, checkbox selection
Name	*Mandatory	Enter the name, text box entry. If 'Patient' is selected, their name will auto populate.
Select Patient's Ethnic Group	Optional	Select the desired option, dropdown selection
Evidence of Eligibility	*Mandatory	Select Yes or No
Address	*Mandatory	Enter the name, text box entry. If 'Patient' is selected, their address will auto populate

Please either select/scan the code as shown in the screen or sign directly into the signature box (for touch enabled devices)

When you have entered the details, you will have the option to select either ‘Previous’, ‘Save Awaiting Performer’, ‘Save for later’ or ‘Save and Next’.

Previous: On clicking this button the system takes you back to the previous page to make any amends, corrections or view again.

Save Awaiting Performer: On clicking this button the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

Save for later: On clicking this button the system will save what you have entered but it will not automatically validate it.

Save and Next: On clicking this button the system will check and validate the information you have provided to make sure that there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

On successful submission, you will be able to fill in the details of the next part/section i.e. **Performer’s Declarations.**

It is important to note that ‘Save for Later’ does not validate the entered data. Validation checks would be performed on clicking ‘Save & Next’.

2.6.5 Performers Declaration

manveer2@mastek.com2 MessagesChange OrganisationSettingsLog out

PCSE OnlineNHS England

HOMEOPHTHALMICHELP

Home > Ophthalmic > GOS6 - Application for a mobile NHS funded sight test

GOS 6 - Application for a mobile NHS funded sight test

0102030405

Patient's DetailsPatient's EligibilityPatient's DeclarationPerformer's DeclarationContractor Signatory's Declaration

Performer's Declaration

IN THE CASE OF A RE-TEST AT LESS THAN THE STANDARD INTERVAL, PLEASE SPECIFY THE APPROPRIATE CODE

Please Select

☐ I have made a domiciliary visit to conduct this sight test to one patient at the address in part 1

☐ I have made a domiciliary visit to several patients at the address in part 1

THE PATIENT WAS THE

☐ 1st patient at the address

☐ 2nd patient at the address

☐ 3rd or subsequent patient at the address

☐ The patient was referred to their GP or Ophthalmic hospital

☐ A new or changed prescription was issued

☐ A statement was issued showing no prescription was required

☐ An unchanged prescription was issued

☐ A voucher was issued

FIRST VOUCHER TYPE

Please Select

Or

☐ Complex

SECOND VOUCHER TYPE

Please Select

Or

☐ Complex

SUPPLEMENTS

☐ Prism

☐ Tint

SUPPLEMENTS

☐ Prism

☐ Tint

To be completed by the performer who has conducted the sight test

PERFORMER'S NAME :

suman2 tanveer2

PERFORMER'S LIST NUMBER :

64553433

I HAVE TESTED THE SIGHT OF THE PERSON NAMED ON THIS FORM ON

16/08/2018

CLAIM

I Claim

☐ I claim the current NHS sight test fee

☐ The domiciliary fee for the 1st or 2nd patient at the address

☐ The domiciliary fee for the 3rd or subsequent patient at the address

Address where sight test took place:

Postcode

The West Ham, Silverdale Lane, Leeds, London

Enter Address Manually

ADDRESS OF CONTRACTOR WHO PROVIDED SIGHT TEST

98 City Walls Rd, CLOCKHILL, United Kingdom of Great Britain and Northern Ireland (the), PL15 9BN

Please either tap/scan this code or sign directly into the signature box (for touch enabled devices)

Regenerate



Clear

Claim Number: ADA01893

Previous

Save awaiting Contractor Signatory

Save for Later

Save and Next

The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
In the case of a re-test at less than the standard interval, please specify the appropriate code	*Mandatory	Select the desired option, dropdown selection
I have made a domiciliary visit to	*Mandatory	Select the desired option, checkbox selection
First Voucher Type	Optional	Select the desired option, checkbox selection
Second Voucher Type	Optional	Select the desired option, dropdown & checkbox selection
Auto Filled fields: Performer's Name, Performer's List Number & Test Date		
I claim	*Mandatory	Select the desired option, checkbox selection
Address where sight test took place	*Mandatory	Enter the address, text box entry
Please either select/scan the code as shown in the screen or sign directly into the signature box (for touch enabled devices)		

When you have entered the details, you will have the option to select either ‘Previous’, ‘Save Awaiting Contractor Signatory’, ‘Save for later’ or ‘Save and Next’.

Previous: On clicking this button the system takes you back to the previous page to make any amends, corrections or view again.

Save awaiting Contractor Signatory: On clicking this button the system will check and validate the information you have provided to make sure that there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended. It will then be ready for the Contractor to access and sign via the option to ‘Search for Claim’ on the dashboard screen.

Save for later: On clicking this button the system will save what you have entered but it will not automatically validate it.

Save and Next: On clicking this button the system will check and validate the information you have provided to make sure that there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

On successful submission, you will be able to fill in the details of the next part/section i.e. **Contractor Signatory’s Declarations**.

2.6.6 Contractor Signatory’s Declaration

This is the last section of the form. An illustration of the screen is shown below:



This is the last and final section of GOS6 claim to be filled up by the designated personnel of Contractor Signatory. When you have entered the details, you will have the option to select either ‘Cancel Claim’, ‘Revert to Draft’, ‘Close’ or ‘Submit’.

Cancel Claim: This button can be selected when the claim is no more required.

Revert to draft: This button can be selected if the claim is not ready to be submitted and form needs to be revisited and amended later.

Close: This button can be selected if the user has completed the form but does not wish to submit the claim. This claim will be saved.

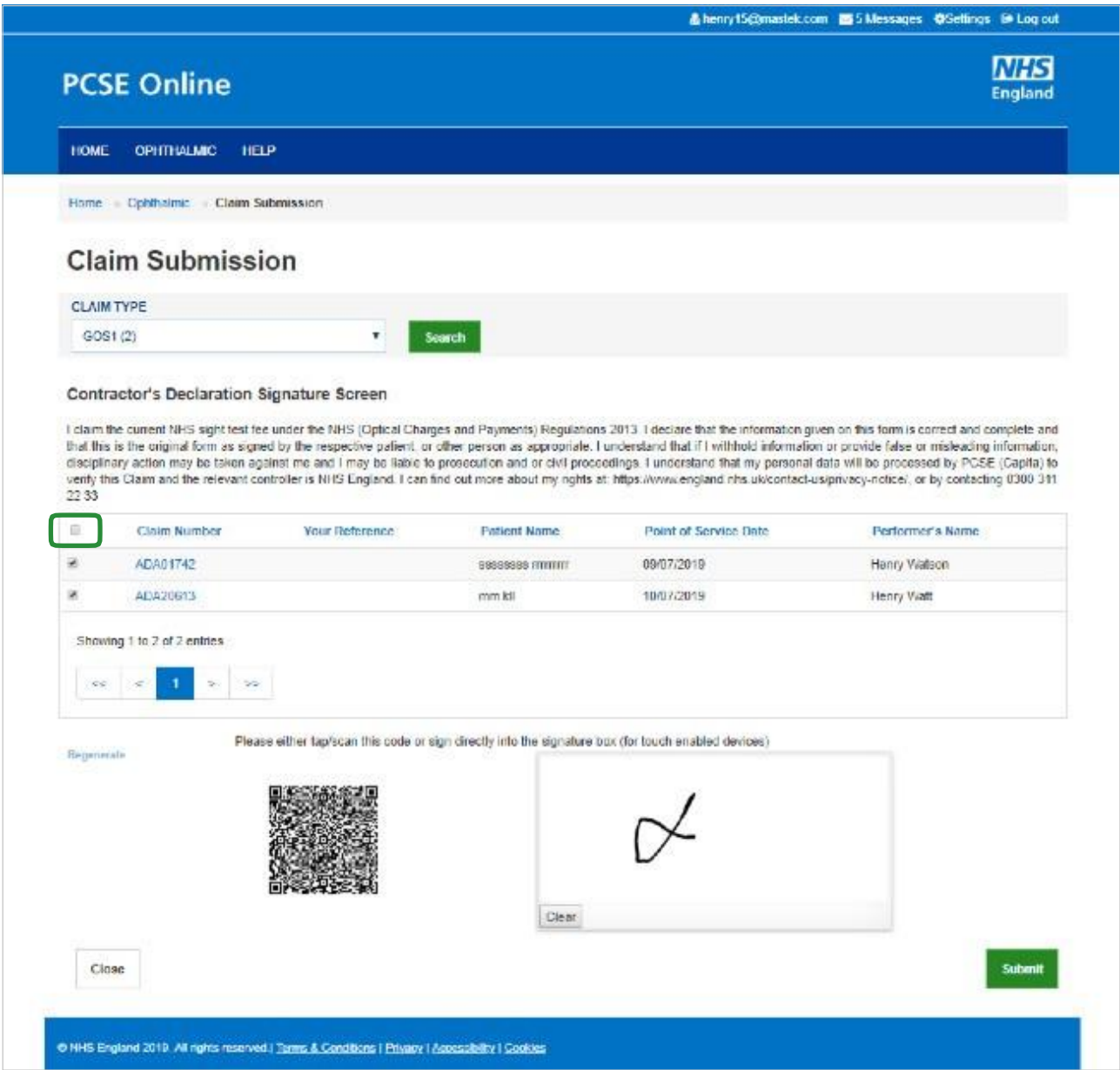
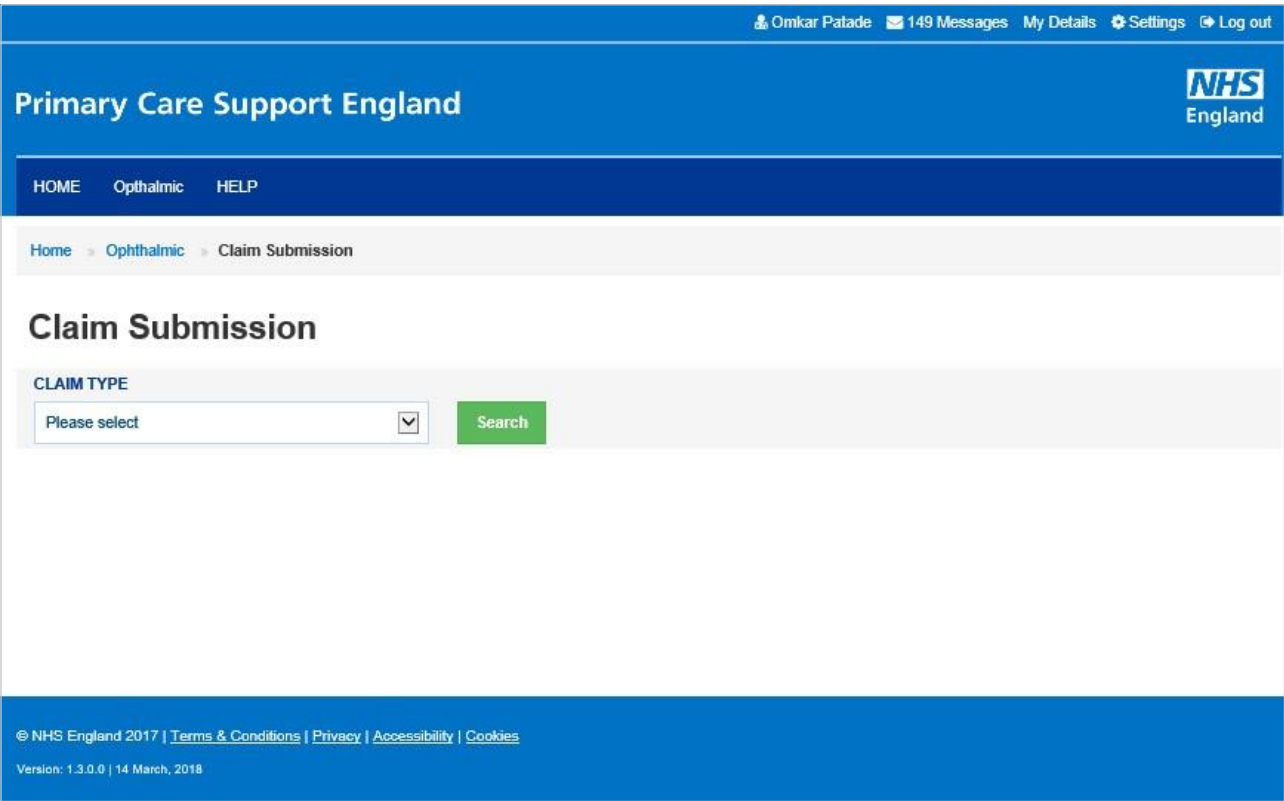
Submit: This button can be selected when the declaration is accepted.

Once the claim get submitted successfully, it will be forwarded to the [GMP](#) who will be responsible to process it further.

3 Claim Submission (bulk signing)

This is the claim submission section from where the contractor can view, check, sign and submit all the completed claims for payment.

If you have the contractor signatory role, you can navigate to this page from the **Claim Submission** button on the [dashboard](#). You will then be presented with this screen and you can select the **Claim Type** you want to view e.g. GOS1, 3, or 5.



You can view details of all the claims that are awaiting submission and bulk sign those that are completed and ready to be sent for payment.

To submit claims for payment, check the tick box next to all those that need to be submitted or tick the top box (highlighted above to select all claims on that page) and then either scan the QR code or sign directly into the signature box (for touch enabled devices) and click on **Submit**.

1. Search a Claim

The system allows users to search for different claims to complete, sign or view.

From the Ophthalmic dashboard, select the GOS type you want to search for.

The following screen will then ask you to enter different search criteria. Enter as much of the criteria as possible to narrow down the search results.

- Contractor’s Name
- Performer’s Name
- Patient’s Surname
- Claim Number
- Claim Type
- Claim Status
- Search by Date From
- Search by Date To

Select **Search** to view the search results or **Close** to discard the entered details.

The system will then return the relevant claims that meet your search criteria.

Prathamesh Kolhatkar354 MessagesMy DetailsSettingsLog out

Primary Care Support England

HOME Ophthalmic HELP

Home > Ophthalmic > Search Claim

NHS Claim Search Screen

CONTRACTOR'S NAME

Please Select

PERFORMER'S NAME

Please Select

PATIENT'S SURNAME

Patient Surname

CLAIM NUMBER

Claim Number

CLAIM TYPE

Please select

CLAIM STATUS

Please select

SEARCH BY DATE FROM

dd/mm/yyyy

SEARCH BY DATE TO

dd/mm/yyyy

Search

Close

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Version: 1.3.0.0 | 14 March, 2018

3.2 Statements

To view online statements, select the Statement option from the Ophthalmic dashboard.

HOME OPTHALMIC HELP

Home > Ophthalmic

Make a Claim

Search for a Claim

Statements

Supplier Options

Previous

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You can then search for statements using different criteria including:

- Date range
- Statement type

HOME OPTHALMIC HELP

Home > Statement

Statement

ORGANISATION NUMBER OR NAME

TP20A HOGG OPTICIAN 002A

Select Contractor

STATEMENT TYPE

Ophthalmic

DATE FROM

03/07/2019

DATE TO

03/07/2019

Clear Search

Search

Reference No.

Organisation Number

Organisation Name

Statement Title

Statement Date

Total from NHS

Total Net Amount

No data available in table

Showing 0 to 0 of 0 entries

<<

<

>

>>

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Click onto the reference number for further details of claims on that statement.

HOMEOPHTHALMICHELP

Home » Statement

Statement

ORGANISATION NUMBER OR NAME

TP20A HOGG OPTICIAN 002A

Select Contractor

STATEMENT TYPE

Ophthalmic

DATE FROM

23/06/2019

DATE TO

03/07/2019

Clear Search

Search

Reference No.	Organisation Number	Organisation Name	Statement Title	Statement Date	Total from NHS	Total Net Amount
578	TP20A	HOGG OPTICIAN 002A	Ophthalmic28Jun1911	28/06/2019	£50.00	£50.00
567	TP20A	HOGG OPTICIAN 002A	Ophthalmic28Jun1910	28/06/2019	£281.81	£281.81
553	TP20A	HOGG OPTICIAN 002A	Ophthalmic28Jun1906	28/06/2019	£99.10	£99.10
545	TP20A	HOGG OPTICIAN 002A	Ophthalmic28Jun1904	28/06/2019	£789.01	£789.01
537	TP20A	HOGG OPTICIAN 002A	Ophthalmic27Jun1901	27/06/2019	£620.45	£620.45
531	TP20A	HOGG OPTICIAN 002A	Ophthalmic24Jun1907	24/06/2019	£30.00	£30.00
528	TP20A	HOGG OPTICIAN 002A	Ophthalmic24Jun1906	24/06/2019	£291.68	£291.68

Displaying 1-7 of 7 items

<<<1>>>

You can drill down into each GOS claim type for further details of the claims that have been submitted.

HOMEOPHTHALMICHELP

Home » Statement » Statement Detail

Ophthalmic Payments

Payment Date: 05/08/2019

Contractor ID: TP20A

Total Paid: £281.81

Statement: June - HOGG OPTICIAN 002A

Ref. no: 567

Expand All

Collapse All

Print/Download

Description	No. of forms	Amount
GOS1 - Application for an NHS funded sight test	(2)	£42.62
GOS3 - NHS Optical voucher and Patient's Statement	(2)	£135.60
GOS4 - NHS optical repair/replacement voucher application	(2)	£57.40
GOS5 - Help with the cost of a private sight test	(2)	£49.87
Levies		-£3.68

Total Amount Paid

£281.81

Back

The statement is expanded out to include details of each claim under that GOS type, including:

- Your reference
- Claim ID
- Patient’s Name
- Point of Service Date
- Amount submitted
- Amount to be paid

Home » Statement » Statement Detail

Ophthalmic Payments

Payment Date: 05/08/2019Contractor ID: TP20ATotal Paid: £789.01

Statement: June - HOGG OPTICIAN 002A
Ref. no: 545

Expand AllCollapse AllPrint/Download

Description	No. of forms	Amount			
GOS1 - Application for an NHS funded sight test	(6)	£327.86			
GOS1 - Claims					
Your Reference	Claim ID	Patient's Name	Point of Service Date	Amount Submitted	Amount to be Paid
	ADA11355	GOS1 Performer	27/06/2019	£21.31	£21.31
ABC-123-293940000001	ADA11370	Jone Matthews	27/06/2019	£21.31	£21.31
ABC-123-200330000001	ADA11371	Andrew Strauss	27/06/2019	£21.31	£21.31
ABC-123-243330000001	ADA11396	Johny looo	27/06/2019	£21.31	£21.31
	ADA11442	GOS1 Hogg66	28/06/2019	£21.31	£21.31
ABC-123-244430000001	ADA11453	Matthew Hall	28/06/2019	£21.31	£21.31

Displaying 1-6 of 6 items

You can also **Expand All** - to view the full statement, with a line-by-line breakdown.
Collapse All - to see a condensed version of the statement.
Or **Print/Download** to print of download as a PDF or CSV.

HOMEOPHTHALMICHELP

Home » Statement » Statement Detail

Ophthalmic Payments

Payment Date: 05/08/2019Contractor ID: TP20ATotal Paid: £789.01

Statement: June - HOGG OPTICIAN 002A
Ref. no: 545

Expand AllCollapse AllPrint/Download

Show Payments

☒ Collapsed☐ Expanded

PrintDownload PDFDownload CSV

4 Cancellling Claims

Click on search

Scroll along to pass Claim status

It will then show you the following and click on Cancel claim

NHS Claim Search Screen

CONTRACTOR'S NAME

England Optho Practice 1

PERFORMER'S NAME

Please Select

PATIENT'S SURNAME

smith

CLAIM NUMBER

Claim Number

CLAIM TYPE

GOS3

CLAIM STATUS

Please select

SEARCH BY DATE FROM

dd/mm/yyyy

SEARCH BY DATE TO

dd/mm/yyyy

Search

Claim Type	Contractor's name	Status	Total Net Amount	Date Submitted	Action
GOS3	England Optho Practice 1	Accepted For Payment	£ 120.90	01/10/2019	Open
GOS3	England Optho Practice 1	Accepted For Payment	£ 25.00	30/09/2019	Open
GOS3	England Optho Practice 1	Draft			Open
GOS3	England Optho Practice 1	Cancelled			Open

Cancel Claim

This will open another window double checking you want to cancel the daim. Click confirm

NHS Claim Search

CONTRACTOR'S NAME

England Optho Practice 1

CLAIM NUMBER

Claim Number

SEARCH BY DATE FROM

dd/mm/yyyy

PERFORMER'S NAME

Please Select

SEARCH BY DATE TO

dd/mm/yyyy

Search

Are you sure you wish to cancel this claim?

Confirm

Cancel

The window below will ask why you are cancelling the daim. Choose the cancellation reason and dick confirm

Home

Ophthalmic

Claims

CONTRACTOR'S NAME:

England Optho Practice 1

CONTRACTOR'S NUMBER:

kw005

PATIENT'S NAME:

K smith

ADDRESS:

10, High Street, Kidlington, OX5 2DH

CLAIM TYPE:

GOS3

CLAIM CANCELLATION REASON:

Please select

Submit

Close

A message will then show confirming you have cancelled you claim.

HOME

OPHTHALMIC

HELP

Home

Ophthalmic

Claims

CONTRACTOR'S NAME:

England Optho Practice 1

CONTRACTOR'S NUMBER:

kw005

PATIENT'S NAME:

K smith

ADDRESS:

10, High Street, Kidlington, OX5 2DH

CLAIM TYPE:

GOS3

CLAIM CANCELLATION REASON:

Claim raised in error

Submit

Close

Claim Cancellation Confirmation

Your claim has been successfully cancelled.

Close