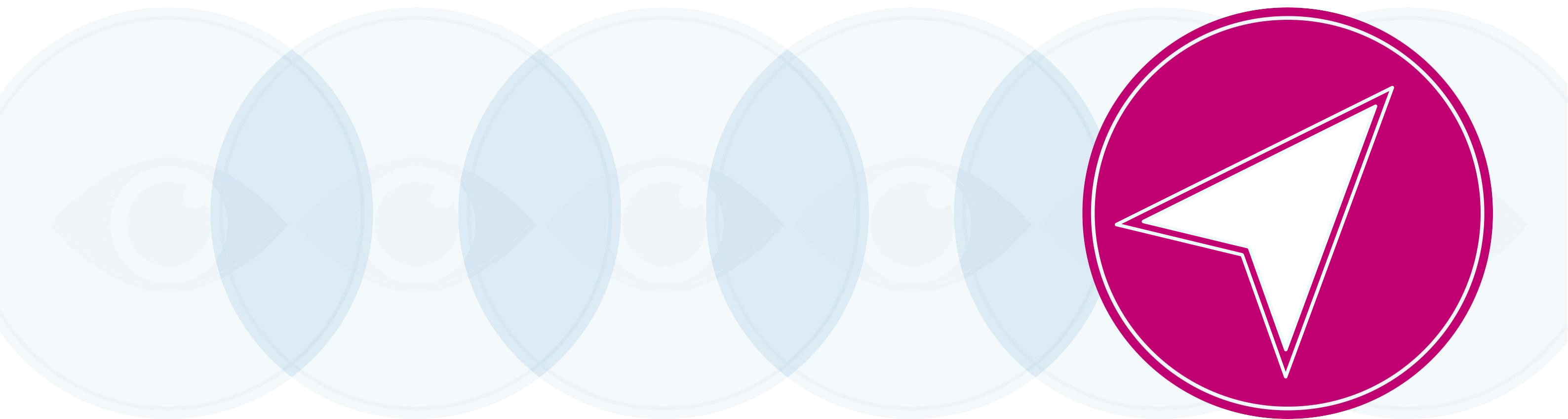


Using PCSE Online for  
Ophthalmic Payment services

# GOS 3 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 GOS 3 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.

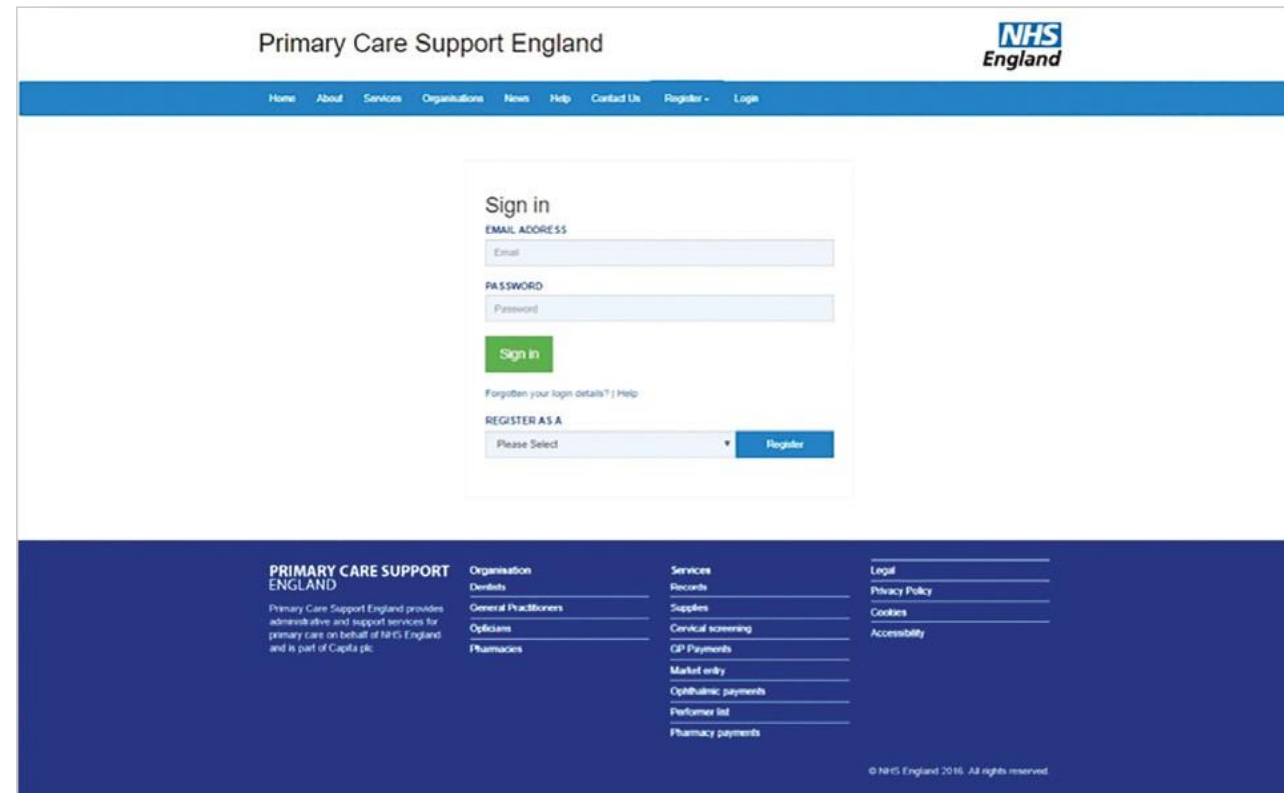
The information for the online GOS forms is much the same as is required for the paper forms but the electronic system will automatically validate each field as detail is entered. This means any missing information, errors or incomplete mandatory fields will be flagged up before a form can be submitted, 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

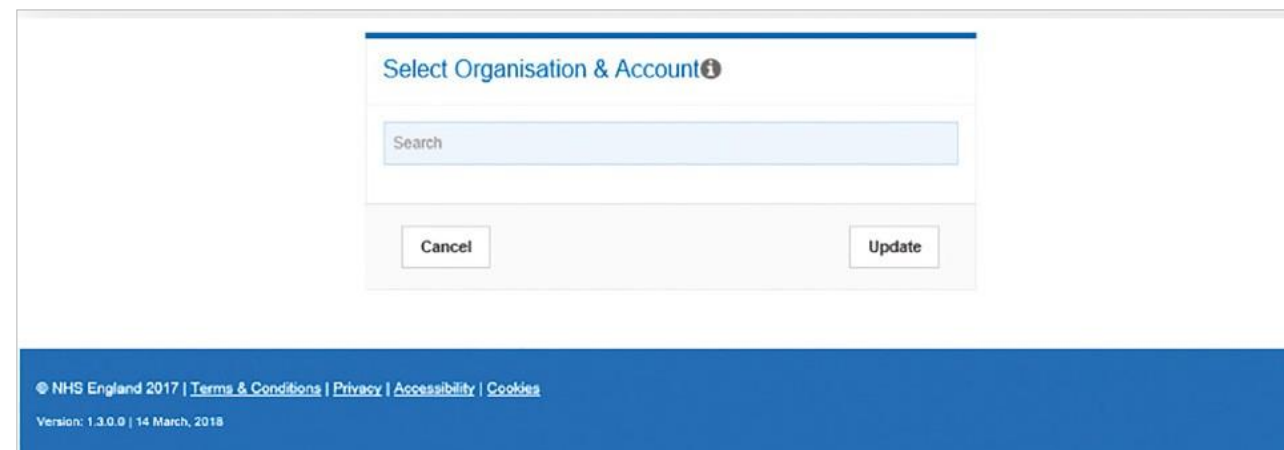
Users need to log in to PCSE Online to access the Ophthalmic Payments screens. You can log-in to PCSE Online from the [website homepage](#) which will take you to the following screen:



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.

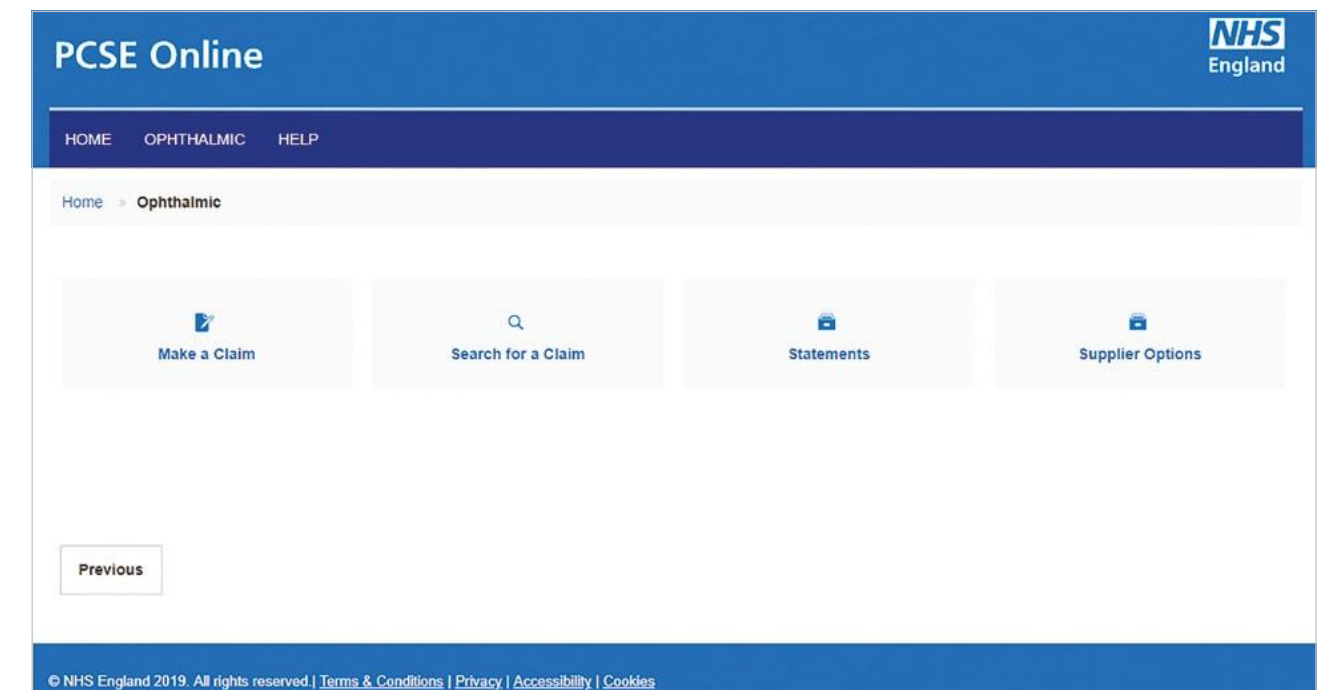
### 1.2 Dashboard

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

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

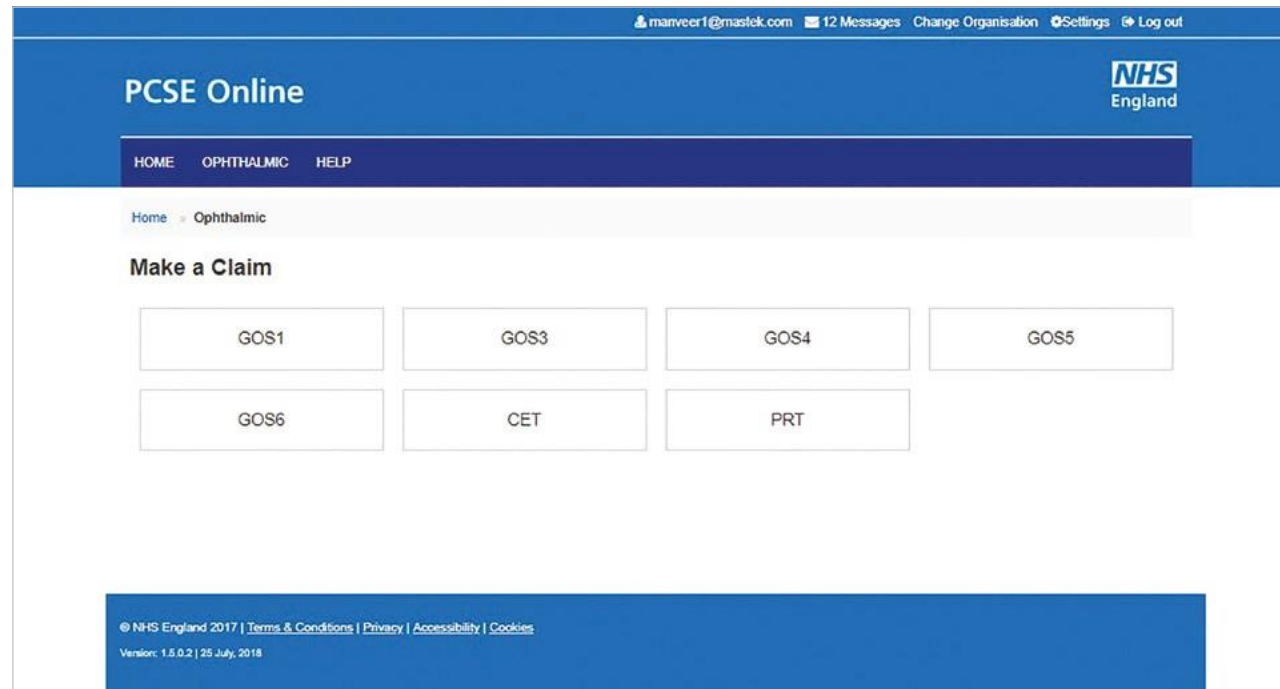
Each option in this section will help you perform a particular task.

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



## 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.

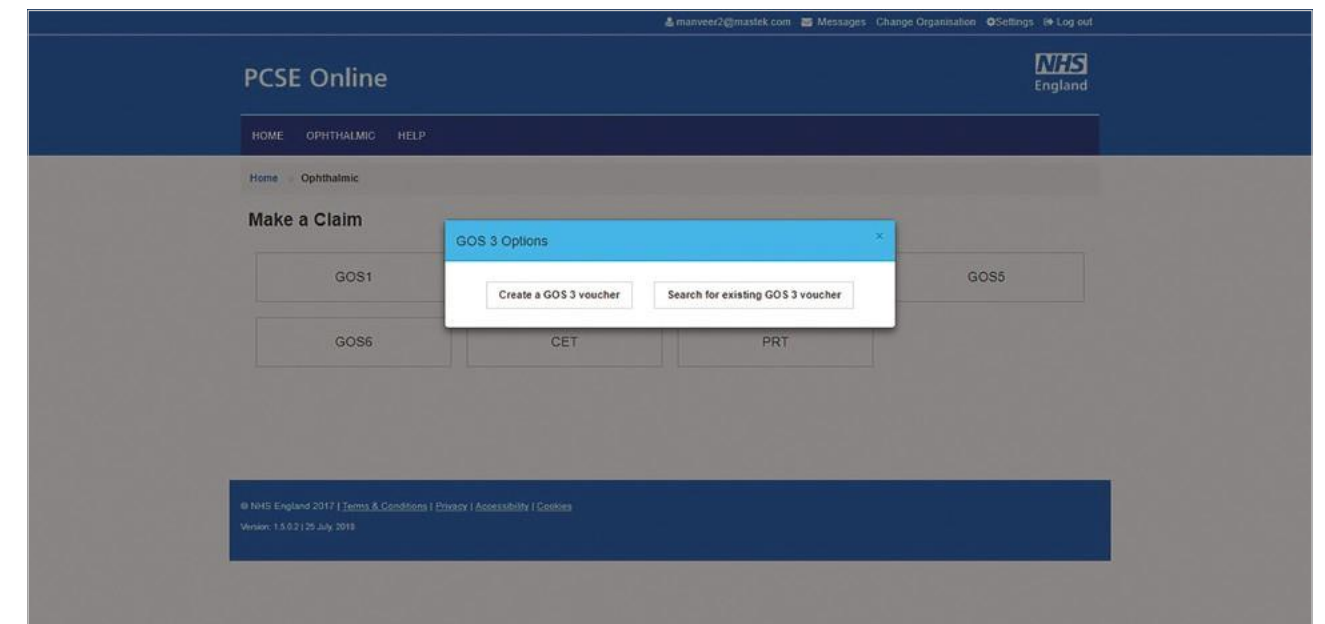


## 2.2 GOS 3 - NHS Optical Voucher & Claim

Through the GOS 3 option, you can either **Create a GOS 3 Voucher** or **Search for existing GOS 3 Voucher**.

### 2.2.1 Create a GOS 3 Voucher

Select GOS 3 from the dashboard. You will then get a pop up with two options. Select **Create a GOS 3 Voucher**.





## 2.2.2 Patient's Details

You will then see the **GOS 3 Claims - Optical Vouchers** screen where you will first need to enter the patient's details.

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.

## 2.2.4 Prescription

This is the second section of the GOS 3 claim where the prescription details should be entered.

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 <ul style="list-style-type: none"> <li>SPH &amp; CYL (+/-) text box entry</li> <li>Axis, Prism and Base (Auto increment field)</li> <li>Minimum requirement is a value on SPH (which can be 0.00 in one eye)</li> </ul>
Left Distance	*Mandatory	Enter the respective values <ul style="list-style-type: none"> <li>SPH &amp; CYL (+/-) text box entry</li> <li>Axis, Prism and Base (Auto increment field)</li> <li>Minimum requirement is a value on SPH (which can be 0.00 in one eye)</li> </ul>
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 QRcode or sign directly into the signature box (for touch enabled devices)		

If you select:

**Create GOS 3 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 GOS 3 Voucher** or **Create GOS 3 claim**.

**Create GOS 3 claim** – This enables you to continue and complete the GOS 3 claim.

**Previous** – takes you back to the previous page to make any amends, corrections or view again.

## 2.2.5 Create a GOS 3 Claim

From the GOS3 screen, you can also Create a GOS 3 claim. This claim form is divided into 5 parts.

### 2.2.5.1 Patient's Details

This is the first section of the GOS 3 claim where you need to enter the patient's details.

The screenshot shows the 'GOS 3 Claims - Optical Vouchers' form. At the top, there is a navigation bar with 'HOME', 'OPHTHALMIC', and 'HELP'. Below this is a breadcrumb trail: 'Home > Ophthalmic > GOS3 - NHS Optical Voucher and Patient's Statements'. The main heading is 'GOS 3 Claims - Optical Vouchers'. A progress indicator shows five steps: 01 Patient Details (active), 02 Prescription, 03 Patient Eligibility, 04 Supplier Declaration, and 05 Patient Declaration. The form fields are as follows:

- 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: [input] [Search]. [Enter Address Manually](#)
  - DATE OF BIRTH:** dd/mm/yyyy
  - NHS NUMBER:** NHS Number
  - NATIONAL INSURANCE NUMBER:** AA000000A
  - Claim Number:** [input]

At the bottom, there are three buttons: 'Save awaiting Performer', 'Save for Later', and 'Save and Next'.

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 GOS 3 Voucher

When you click on Create GOS 3 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 GOS 3 form.

**NHS OPTICAL VOUCHER AND PATIENT'S STATEMENT** 11/11

When you order 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]

NHS N<sup>o</sup>: [Grid] N.I.N<sup>o</sup>: [Grid]

**EVIDENCE OF ELIGIBILITY**

Seen  Not seen

**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/partner is named on a valid NHS tax credit exemption certificate

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

HC2  HC3 certificate

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

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]

Address: Flat 3 8, St Andrews Cross, PLYMOUTH

Signature: [Handwritten Signature]

Claim Number: ADA01821

### 2.2.5.3 Patient's Eligibility

This is the third section of the GOS 3 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**

Progress: Patient Details (✓) Prescription (✓) Patient Eligibility (03) Supplier Declaration (04) Patient Declaration (05)

**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

**PARTNER'S NAME** **PARTNER'S NATIONAL INSURANCE NUMBER** **PARTNER'S DATE OF BIRTH**

Name: [Grid] AA000000A ddmm/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/partner is named on a valid NHS tax credit exemption certificate

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

HC2  HC3 certificate

**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]

Address: Flat 3 8, St Andrews Cross, PLYMOUTH

Signature: [Handwritten Signature]

Claim Number: ADA01821



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: <ul style="list-style-type: none"> <li>■ Partner Name</li> <li>■ Partner National Insurance Number</li> <li>■ Partner Date of Birth</li> </ul>
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 QRcode or sign directly into the signature box (for touch enabled devices)

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

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

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

**Please note!** A 'Loader' will appear to show you that the system is saving a signature and is now displayed on screen once a user has signed a GOS form on PCSE Online and has clicked "Accept".

Once the signature has been saved, a popup is displayed saying 'Signature saved successfully'

The image shows two screenshots from the PCSE Online interface. The top screenshot is titled "Patient's Declaration" and "Patient's Declaration Signature Screen". It contains a declaration text: "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." Below the text is a signature box with the instruction "Please sign in the signature box below:". The box contains a handwritten signature "M" and a blue circular icon. There are "Clear", "Close", and "Accept" buttons at the bottom of the signature box. The bottom screenshot shows a "Message" popup with the text "Signature saved successfully" and a "Close" button.

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.

## 2.2.5.4 Supplier's Declaration

This is the fourth section of GOS 3 claim to be completed by the Supplier; which requires their declaration after viewing the prescription details.

**PCSE Online** NHS England

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

**GOS 3 Claims - Optical Vouchers**

Progress: Patient Details (1/5), Prescription (2/5), Patient Eligibility (3/5), **Supplier Declaration (4/5)**, Patient Declaration (5/5)

Date of this Prescription: 19/07/2019 | Performer's name: Henry Watson | Performer's number: GC-0001 | Contractor's name: Specsavers2

**Patient's Details**  
 Name: Mr. John Smith  
 Date of birth: 19/01/2000  
 Address: Flat 4 B, St. Andrew's 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  
 Existence of eligibility is: Seen | The signatory is the: Patient  
 Name: John Smith  
 Address: Flat 4 B, St. Andrew's Cross, PLYMOUTH, PL1 1DN  
 Voucher code: ADA1082 | Authentication Code: PAS45155

**Prescription**  
 Right: Sph -99.75; Cyl -89.75; 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 / optical voucher type: Complex Supplements: Prism | Reading voucher type: Complex Supplements: Prism Supplements: Tint  
 Supplements: Tint

**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 (2)  
 Prism: 1 | Tint: 1 | Small Glasses: \$4

**2ND PAIR**  
 Prism: PLEASE SELECT | Tint: PLEASE SELECT | Small Glasses: \$10

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 (c) or (PLC) if applicable			0.00 (3)
<b>Total claim for glasses / contact lenses (1 or 2 - whichever is the lowest, minus 3)</b>			<b>100.00 (4)</b>

**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.nhs.uk/contact-us/privacy-notice/> or by contacting 0300 311 22 33

DATE OF FIRST / ONLY PAIR SUPPLIED: 19/07/2019 | DATE OF SECOND PAIR SUPPLIED: 00/00/0000  
 SUPPLIER'S NAME: Specsavers2 | SUPPLIER'S NUMBER: TPO15 | SUPPLIER'S ADDRESS: 56 Lane, 12 M G Road, Live Street, London, United Kingdom

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

QR Code: [Image] | Signature: [Image]

Claim Number: ADA1082

Buttons: Previous | Revert to Draft | Cancel Claim | Save for Later | **Save and Next**

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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
On entering the above details, you will have the option to either: first/only pair		If the claim is not ready to be submitted the option to <b>Revert to draft</b> should be selected so the form can be re-visited and amended at a later time.
Auto Filled Supplier's Details		If the claim is not needed and should not be submitted the option to <b>Cancel Claim</b> should be selected. It will still be available to view via <b>Search for claim</b> . All cancelled claims are still viewable
Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices)		



### 2.2.5.5 Patient's Declaration

This is the last section of the GOS3 claim where the patient will sign their declaration.

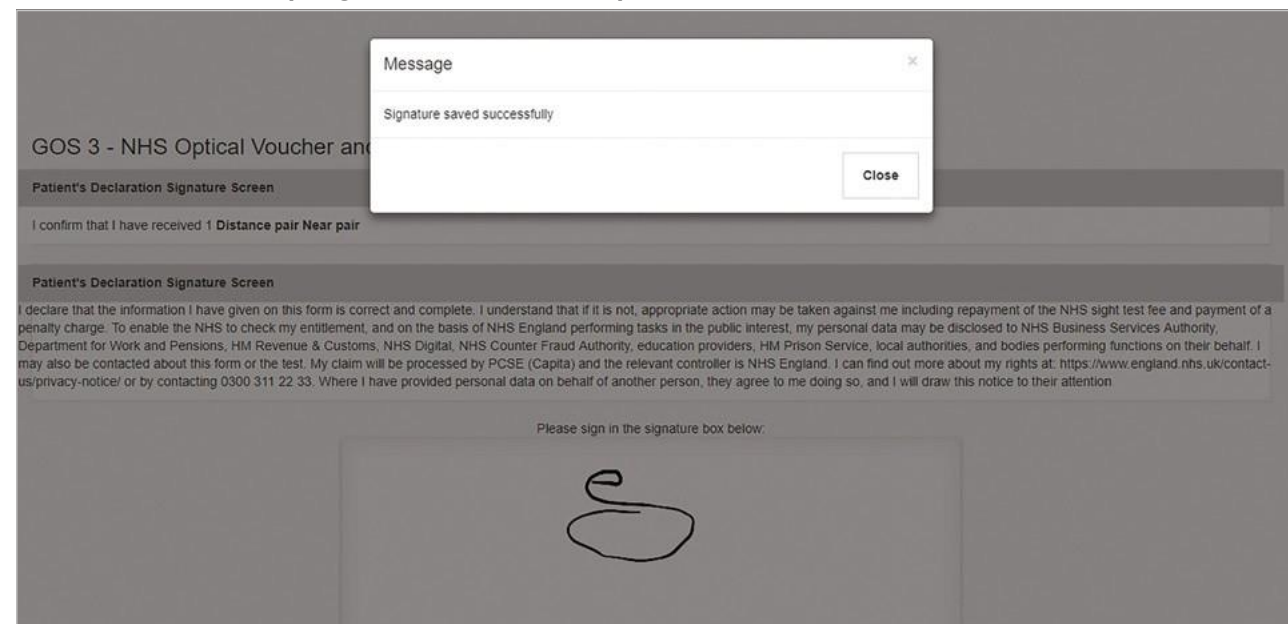
The following table describes the different fields that you will see on this screen:

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 QRcode or sign directly into the signature box (for touch enabled devices)  
Depending on the electronic signature option you are using, click or scan the QRCode on the screen.

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

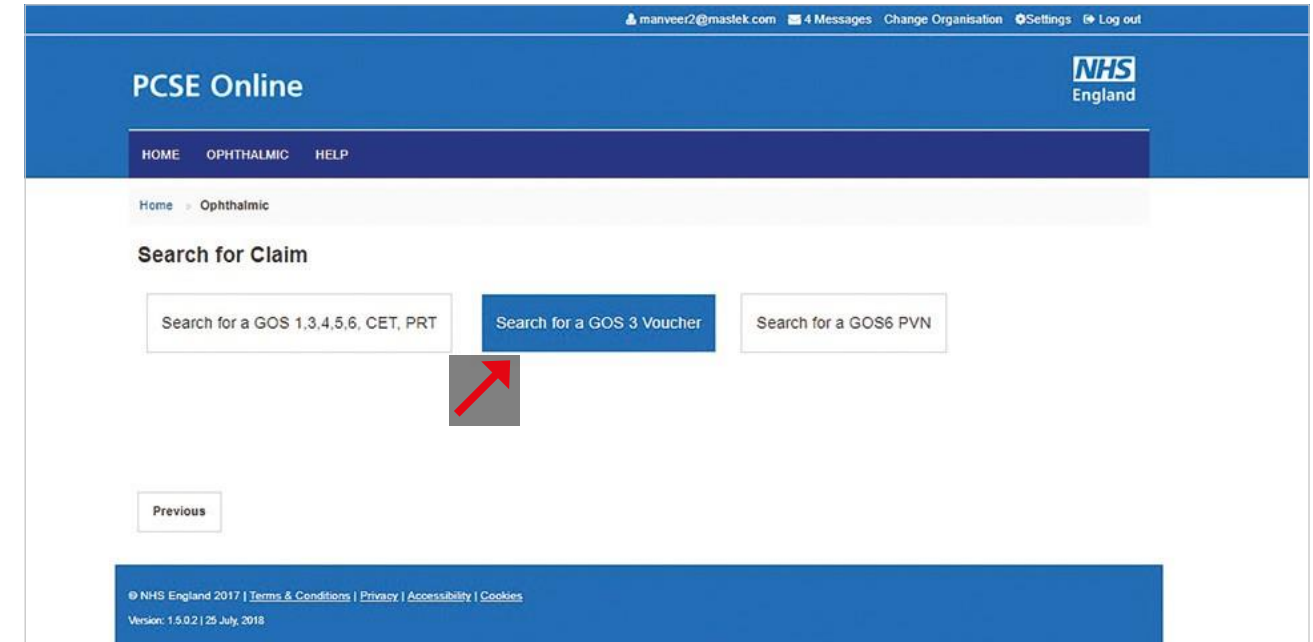
A dialogue box will appear to confirm the signature has been saved successfully on this form. Click close to progress to the next step.



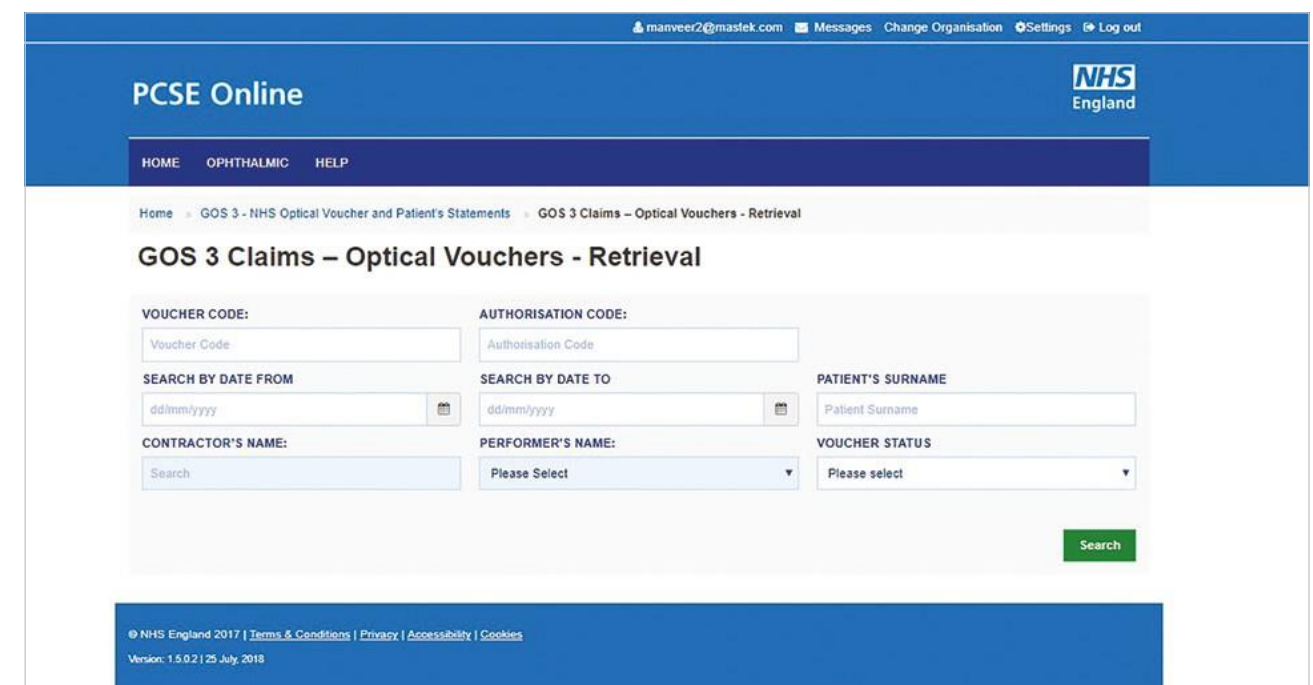
Once all the relevant information has been entered and the patient's signature captured, select to either **Save for later** or to **Submit** for payment.

### 2.2.6 Search for Existing GOS 3 Voucher

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



Selecting **Search for a GOS 3 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 GOS 3 form.

The screenshot shows the PCSE Online interface for searching GOS 3 Claims. The search form is filled with the following data:

- Voucher Code: ADA02071
- Authorisation Code: MT119624
- 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

The search results table is highlighted with a green box and contains the following entry:

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

Below the table, it says "Showing 1 to 1 of 1 entries" and "Create GOS 3 Claim".

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

The screenshot shows the PCSE Online interface for searching GOS 3 Claims. The search form is filled with the following data:

- Voucher Code: ADA02071
- Authorisation Code: MT119624
- 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

The search results table is highlighted with a green box and contains the following entry:

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

Below the table, it says "Showing 1 to 1 of 1 entries" and "Create GOS 3 Claim".

Clicking on **Create GOS 3 Claim** will take you to the prescription section of the form from where you can review the prescription and create a GOS 3 claim. Please refer to the previous [GOS 3 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 **GOS 3 Claims - Optical Voucher - Retrieval** screen:

Select **Search** to see the results. Clicking on **Create GOS 3 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 [GOS 3 Prescription section](#).

The screenshot shows the 'GOS 3 Claims - Optical Vouchers - Retrieval' page in the PCSE Online system. The page includes a search form with the following fields:

- 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

A green 'Search' button is located below the search form. The results are displayed in a table with the following columns: Contractor's Name, Performer's Name, Date of Sight Test, Patient Surname, and a 'Create GOS 3 Claim' button. The table shows four entries:

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 Gajivay	12/08/2018	Sparrow	

Below the table, it indicates 'Showing 1 to 4 of 4 entries' and provides pagination controls. The footer of the page contains the text: '© NHS England 2017 | Terms & Conditions | Privacy | Accessibility | Cookies' and 'Version: 1.5.0.2 | 25 July 2018'.