Using PCSE Online for Ophthalmic Payment services GOS 6 User Guide





Primary Care Support England





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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 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

Sign in 1.1

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:

Primary Care Sup	port England		England
Home About Services Organisa	ations News Help Contact Us	Rogister - Logis	
	Sign in EMAL ADDRESS Email PASSWORD Password Sign in Forgother your login details" (Help: REGISTER AS A Please Select	9 Regular	
PRIMARY CARE SUPPORT ENGLAND Primary Care Support England provides admentative and support sortices for premary care to reheat of PARS England and is part of Capita pai:	Organisation Deeleds General Fractitorens Öpticism Pharmacies	Sentores Secola Supples Cervical screening CP Payments Matter only Ophibalise: payments Performer fail Pharmacy payments	Legal Phinicy Policy Cooles Accessibility
			© NPIS England 2016. All rights merved.

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.

	Select Organisation & Acc	ount	
	Search		
	Cancel	Update	
NHS England 2017 <u>Terms & Conditions</u> <u>Pr</u> Version: 1.3.0.0 14 March, 2018	vacy Accessibility Cookies		

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

Dashboard 1.2

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 UserAdministrator.

ome > Ophthalmic
Q Make a Claim Search for a Cla
Make a Claim Search for a Cla



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.



2.5 Domiciliary: Pre-Visit Notification

Apre-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 GOS 6 in the Make a Claim screen

PCSE Online			NHS England
HOME OPHTHALMIC HELP			
Home > Ophthalmic			
Make a Claim			
GOS1	GOS3	GOS4	GOS5
GOS6			

Then click Create a GOS 6 PVN

PCSE Online		NHS England
HOME OPHTHALMIC HELP		
Home > Ophthalmic		
GOS6 Options		
Create a GOS 6 PVN	Search for an existing GOS 6 PVN	GOS 6 Venue Substitution
Previous		

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		
First Name	Sumame		dd/mm/yyyy		m
NHSNUMBER	DATE OF LAST SIGHT TEST				
NHS Number	dd/mm/yyyy	m	First test	Unknown	
N THE CASE OF A RE-TEST AT LESS THAN	THE STANDARD INTERVAL, PLEASE SPECIFY THE A	PPROPRIAT	E CODE		
Please Select					
		Pat	ient Mai	ntenance	
EXCEPTION REASONS REASON FOR SUBMITTING ANOTHER PVN Reason for submitting another PVN					-
EXCEPTION REASONS REASON FOR SUBMITTING ANOTHER PVN Reason for submitting another PVN REASON LESS THAN 48HRS HAS BEEN GIV	VEN BEFORE DATE OF VISIT				-
EXCEPTION REASONS REASON FOR SUBMITTING ANOTHER PVN Reason for submitting another PVN REASON LESS THAN 48HRS HAS BEEN GIV	VEN BEFORE DATE OF VISIT	Other			-
EXCEPTION REA SONS REASON FOR SUBMITTING ANOTHER PVN Reason for submitting another PVN REASON LESS THAN 48HRS HAS BEEN GIV Patient is a new resident Patient is a new resident OTHER REASONS LESS THAN 48HRS HAS Other reasons less than 48hrs has been given	VEN BEFORE DATE OF VISIT It has only just developed an eye or vision problem BEEN GIVEN BEFORE DATE OF VISIT TO MAKE A CH In before date of visit to make a change to PVN	Other ANGE TO P	VN		

ATIENT MAINTENANCE					
IRST NAME	SURNAME		DATE OF BIRTH		
First Name	Sumame		dd/mm/yyyy		m
IHS NUMBER	DATE OF LAST SIGHT TEST				
NHS Number	dd/mm/yyyy	m	First test	Unknown	
THE CASE OF A RE-TEST AT LES	S THAN THE STANDARD INTERVAL, PLEASE SPECIFY	THE APPROPRIA	TE CODE		
Please Select					
		Pat	ient Mai	ntenance	
EXCEPTION REASONS REASON FOR SUBMITTING ANOTH Reason for submitting another PVN	ER PVN				1
EXCEPTION REASONS REASON FOR SUBMITTING ANOTH Reason for submitting another PVN REASON LESS THAN 48HRS HAS B	ER PVN				J
EXCEPTION REASONS REASON FOR SUBMITTING ANOTH Reason for submitting another PVN REASON LESS THAN 48HRS HAS B	ER PVN EEN GIVEN BEFORE DATE OF VISIT	Other]
EXCEPTION REA SON S REASON FOR SUBMITTING ANOTH Reason for submitting another PVN REASON LESS THAN 48HRS HAS B Patient is a new resident [OTHER REASONS LESS THAN 48HI Other measure large than 48hr	ER PVN EEN GIVEN BEFORE DATE OF VISIT Patient has only just developed an eye or vision problem RS HAS BEEN GIVEN BEFORE DATE OF VISIT TO MAKE	Change to P	VN]
EXCEPTION REASONS REASON FOR SUBMITTING ANOTH Reason for submitting another PVN REASON LESS THAN 48HRS HAS B Patient is a new resident OTHER REASONS LESS THAN 48HI Other reasons less than 48hrs has be Close	ER PVN EEN GIVEN BEFORE DATE OF VISIT Patient has only just developed an eye or vision problem RS HAS BEEN GIVEN BEFORE DATE OF VISIT TO MAKE een given before date of visit to make a change to PVN	A CHANGE TO P	VN	Save for Later	J

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 enterthe 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 D
First Name	*Mandatory	Enter th
Surname	*Mandatory	Enter th
Date of Birth	*Mandatory	Enter th
NHS Number	Optional	YEnter t
Date of Last Sight Test	*Mandatory	Enter the
In the case of a retest at less than the standard interval, please specify the appropriate code	Optional	Select the

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 PVNThis PVN will be saved.

escription

e name, text box entry

ne name, text box entry

e date of birth, calendar widget

the NHS number, text box entry

date of last sight test or select First Test or Unknown

e desired option from dropdown values

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 GOS 6 PVN - Search

You will have the access to search for an existing GOS 6 PVN from the GOS6 section. Tosearch 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)

PCSE Online

HOME OPHTHALMIC HELP

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

GOS6 - Pre Visit Notification (PVN) - Search

CONTRACTOR'S NAME		CONTRACTOR'S NUMBER
Contractor Name		Contractor Number
DATE OF VISIT DATE FROM		то
dd/mm/yyyy	#	dd/mm/yyyy
PVN STATUS		NOTIFICATION DATE FROM
Please select	٠	dd/mm/yyyy
RLTAREA		
Please select	٠	Search

					- Contraction
					NHS England
ı					
	F	PVN REFE		R	
		PVN Ref	erence Number		
	F	REMISE	SPOSTCODE		
-		Premises	Postcode		
	3	ro			
#		dd/mm/yy	ууу		曲

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
То	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
То	Optional	Enter the end date of notification, calendar widget

Onentering the search criteria, click on 'Search' button. Todiscard the entered details click on 'Close' button.

The following table depicts the description of the above screen:

Onentering the search criteria, click on 'Search' button. Todiscard the entered details click on **'Close'** button.

DCS	- Online	<u></u>	
HOME	OPHTHALMIC	HELP	_
10.00	O-Ministra C	OSC Des Visit Nationalise (DVN) Casesh	

GOS6 - Pre Visit Notification (PVN) - Search

CONTRACTOR'S	NAME			CONTI	RACTOR'S NUME	BER
Specsaver's				TQ01	т	
DATE OF VISIT D	ATE FROM			то		
dd/mm/yyyy			m	dd/m	m/yyyy	
PVN STATUS				NOTIF	ICATION DATE F	ROM
Please select			~	18/07	//2019	
RLT AREA						
Please select				Sea	arch	
PVN Reference Number	Date of Visit	Premises	S	tatus	Notification Date	
P-UN10686	10/04/2020	(D) - Day Centre	A	ccepted	21/08/2019	
P-PK28526	16/11/2019	(N) - Nursing Home	A	ccepted	15/08/2019	
P-RX47244	17/10/2019	(N) - Nursing Home	D	raft	23/07/2019	
P-NK22984	03/09/2019	(N) - Nursing Home	D	raft	06/08/2019	

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

akash2@mastek.com	🔤 0 Messages	Change Organisation	
			NHS England
ch			
	PVN REFE	RENCE NUMBER	
	PVN Refe	erence Number	
	PREMISES	POSTCODE	
ŝ	Premises	Postcode	
	то		
f	28/08/201	19	m
Amend Patient Details	Add Patients (f	Aax. 3) Cancel GC	DS6 PVN Open
Amend Patient Details	Add Patients (I	Aax. 3)	Open
Amend Patient Details	Add Patients (I	Aax. 3)	Open
Amend Patient Details	Add Patients (I	Max. 3)	Open

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

CSE Home > Ophthalmic > GOS6 - Application	for a mobile NHS funded				
		ight test			
OS6 - Pre Visit Notifica	tion (PVN) -	View PVN a	and Cho	ose Patient	
VN REFERENCE NUMBER:	STATUS:		PAT	TENT'S FIRST NAMES:	
P-PG19710	Accepted		Pa	atient First Name	
ATIENT'S SURNAME:	PATIENT'S DATE OF	BIRTH			
Patient Sumame	dd/mm/yyyy		*	Search	
ate of Visit Premises Notification Date	Patient's First Names	Patient's Surname	Date of Birth		
/09/2018 (H) - Home 07/08/2018	sfsdfd	afafaff	11/10/2000	Amend GOS6 PVN	Create GOS6
Showing 1 to 1 of 1 entries					

2.5.3 Amend GOS 6 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	
HOME OPHTHALMIC HELP	
Home Ophthalmic GOS6 - Pre Visit Notification (PVN) - Search	

GOS6 - Pre Visit Notification (PVN) - Sear

CONTRACTOR'S NAME			CONTRA	CTOR'S NU	MBER
Gray Optician			TP37L		
DATE OF VISIT DATE FRO	м		то		
dd/mm/yyyy		6	dd/mm/	уууу	
PVN STATUS			NOTIFIC	ATION DATE	FROM
Please select		~	dd/mm/	уууу	
RLT AREA					
Please select		~	Searc	:h	
PVN Reference Number	Date of Visit	Premises		Status	Noti
210222000					07/0

The click 'Amend Patient', 'Delete Patient' or 'Add Patient'

Surname	Date of birth	NHS Number	Da tes
Philip	13/08/1989		Un
Johnson	28/08/1956		Fir
Chapman	20/08/1956		Un
	Surname Philip Johnson Chapman	SurnameDate of birthPhilip13/08/1989Johnson28/08/1956Chapman20/08/1956	SurnameDate of birthNHS NumberPhilip13/08/1989-Johnson28/08/1956-Chapman20/08/1956-

		NHS England
	PVN REFERENCE NUMBER	
	P-YN39446	
	PREMISES POSTCODE	
*	Premises Postcode	
	то	
#	dd/mm/yyyy	m
		PVN REFERENCE NUMBER P-YN39446 PREMISES POSTCODE Premises Postcode TO dd/mm/yyyy

e of last sight	Re-test if less than the standard interval	Action	
nown		Delete Patient	Amend Patient
Test		Delete Patient	Amend Patient
nown		Delete Patient	Amend Patient

Enter the Patient details and click 'Save Patient'.

FIRST NAME	SURNAME		DATE OF BIRTH		
Kiki	Philip		13/08/1989		Ê
NHS NUMBER	DATE OF LAST SIGHT TEST	r.			
NHS Number	dd/mm/yyyy	#	First test	Unknown	
	ESS THAN THE STANDARD INTERVAL DI FASE S	PECIEV THE APPROPRIAT	E CODE		
IN THE CASE OF A RE-TEST ATT	LESS THAT THE STANDARD INTERVAL, I LEASE S	Lon / merninerin			

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 GOS 6 Patient Details screen and complete the GOS 6 claim.

PCSE Online
HOME OPHTHALMIC HELP
Home > Ophthalmic > GOS6 - Pre Visit Notification (PVN) - Search
GOS6 - Pre Visit Notification (PVN) - Sear

CONTRACTOR'S I	NAME	CONTR	ACTOR'S NUMBE	R	
Auckland Island G	Opticians		TP5MM	Ú.	
DATE OF VISIT DA	TE FROM	то			
01/10/2019		31/10/2	2019		
PVN STATUS			NOTIFIC	ATION DATE FR	м
Accepted		~	dd/mm	reee	
RLT AREA					
Please select		-	Sear	ch	
PVN Reference Number	Date of Visit	Premises	Status	Notification Date	
P-UJ24883	16/10/2019	(H) - Home	Accepted	09/10/2019	
P-NS16366	12/10/2019	(H) - Home	Accepted	09/10/2019	
P-AA50387	10/10/2019	(H) - Home	Accepted	03/10/2019	
P-AA50385	09/10/2019	(R) - Residential Home	Accepted	03/10/2019	
P-XS26591	04/10/2019	(S) - Sheltered Housing	Accepted	03/10/2019	

			NHS England
ch			
	PVN REFERENCE N	IUMBER	
	PVN Reference Nu	mber	
	PREMISES POSTCO	DE	
	Premises Postcode		
	то		
m	dd/mm/yyyyy		•
Amend Patient Details	Add Patients (Max. 3)	Cancel GOS6 PVN	Open
Amend Patient Details	Add Patients (Max. 3)	Cancel GOS6 PVN	Open
Amend Patient Details	Add Patients (Max. 3)	Cancel GOS6 PVN	Open
Amend Patient Details	Add Patients (Max. 3)	Cancel GOS6 PVN	Open
Amend Patient Details	Add Patlents (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 clickAmend, 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.

IRST NAME		SURNAME		DATE OF BIRTH		
Kiki		Philip		13/08/1989		Ĩ
NHS NUMBER		DATE OF LAST SIGHT TEST				
NHS Number		dd/mm/yyyy	#	First test	Unknown	
N THE CASE OF A RE-TEST AT	LESS THAN THE STA	NDARD INTERVAL, PLEASE SPE	CIFY THE APPROPRIAT	ECODE		
Please Select	~					

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 'GOS 6 Venue Substitution'.

					Englar
iome ophthalmic Help					
ome » Ophthalmic					
OS6 Options					
Create a GOS 6 PVN	Search for an existing GOS 6 PVN		GOS 6 Venue Su	bstitutior	1
Previous					
				_	
HS England 2019. All rights reserved.] Te	rms & Conditions Privacy Accessibility Cookies				
HS England 2019. All rights reserved. <u>Te</u>	erms & Conditions Privacy Accessibility Cookies	🌡 akash2@mastek.com 👔	Messages Change	Organisat	ion Ø Settings (+ Log
HS England 2019. All rights reserved. Te	erms & Conditions Privacy Accessibility Cookies	🌡 akash2@mastek.com	🕿 Messages Change	Organisat	ion ØSettings (+ Log NHS Englar
HS England 2019. All rights reserved. Te PCSE Online HOME OPHTHALMIC HELP	erms & Conditions Privacy Accessibility Cookies	🖁 akash2@mastek.com	2 Messages Change	Organisat	ion ØSettings @ Log NHA Englar
HS England 2019. All rights reserved. [Te PCSE Online HOME OPHTHALMIC HELP Home Ophthalmic GOS6 - Appl	Ins & Conditions Privacy Accessibility Cookies	akash2@mastek.com	⊠ Messages Change	Organisat	ion &Settings & Log NHA Englar
HS England 2019. All rights reserved. [Te PCSE Online HOME OPHTHALMIC HELP fome Ophthalmic GOS6 - Appl GOS 6-Pre Visit NC	Internation of a mobile NHS funded sight test	akash2@mastek.com Substitutio	Messages Change Messages Change N NEW VISIT DATE	Organisat	ion &Settings (+ Log Riffi Englar
HS England 2019. All rights reserved. [Te PCSE Online HOME OPHTHALMIC HELP Home Ophthalmic GOS6 - Appl GOS 6-Pre Visit NC PVN TO BE SUBSTITUTED PVN TO BE SUBSTITUTED	Ilication for a mobile NHS funded sight test Otification(PVN)-Venue CURRENT VISIT DATE Q Current Visit Date	akash2@mastek.com Substitutio CURRENT VISIT TIME Current VISIT Time	Messages Change	Organisat	ion &Settings & Log Million Englar
HS England 2019. All rights reserved. [Te PCSE Online HOME OPHTHALMIC HELP Home Ophthalmic GOS6 - Appl GOS 6-Pre Visit NC PVN TO BE SUBSTITUTED PVN TO BE SUBSTITUTED PVN TO BE USED	In the second se	akash2@mastek.com Substitutio CURRENT VISIT TIME CURRENT VISIT TIME CURRENT VISIT TIME	Messages Change N N N N N N N N N N N N N N N N N N N	Organisat	ion ØSettings @ Log Englar REW VISIT TIME New Visit Time
HS England 2019. All rights reserved. [Te PCSE Online HOME OPHTHALMIC HELP Home Ophthalmic GOS6 - Appl SOS 6-Pre Visit NC PVN TO BE SUBSTITUTED PVN TO BE USED PVN TO BE USED PVN TO BE USEd	Ilication for a mobile NHS funded sight test Dtification(PVN)-Venue CURRENT VISIT DATE Q CURRENT VISIT DATE CURRENT VISIT DATE Q CURRENT VISIT DATE	akash2@mastek.com Bubstitutio CURRENT VISIT TIME	Messages Change Messages Change N N N N N N N N N N N N N N N N N N N	Organisat	ion VSettings (+ Log Englan New Visit Time New Visit Time New Visit Time
HS England 2019. All rights reserved. [Ite PCSE Online HOME OPHTHALMIC HELP Home Ophthalmic GOS6 - Appl GOS 6-Pre Visit NC PVN TO BE SUBSTITUTED PVN TO BE SUBSTITUTED PVN TO BE Used PVN To BE Used APPROVAL DETAILS	Ilication for a mobile NHS funded sight test Otification(PVN)-Venue CURRENT VISIT DATE Q CURRENT VISIT DATE Q CURRENT VISIT DATE Q CURRENT VISIT DATE CURRENT VISIT DATE CURRENT VISIT DATE Q CURRENT VISIT DATE	akash2@mastek.com Substitutio CURRENT VISIT TIME CURRENT VISIT TIME CURRENT VISIT TIME Current Visit Time	Messages Change N NEW VISIT DATE dd/mm/yyyy NEW VISIT DATE New VISIT DATE New VISIT DATE	Organisat	ion VSettings (*) Log Englan IEW VISIT TIME New Visit Time IEW VISIT TIME New Visit Time
HS England 2019. All rights reserved. [Its PCSE Online HOME OPHTHALMIC HELP Home Ophthalmic GOS6 - App. GOS 6-Pre Visit NC PVN TO BE SUBSTITUTED PVN TO BE SUBSTITUTED PVN TO BE USED PVN TO BE USED PVN TO BE USED PVN TO BE USED PVN TO BE USED	Affication for a mobile NHS funded sight test Dtification (PVN)-Venue CURRENT VISIT DATE Q CURRENT VISIT DATE Q CURRENT VISIT DATE Q CURRENT VISIT DATE	akash2@mastek.com Substitutio CURRENT VISIT TIME CURRENT VISIT TIME CURRENT VISIT TIME CURRENT VISIT TIME CURRENT VISIT TIME	Messages Change N N N VISIT DATE dd/mm/yyyy NEW VISIT DATE New Visit Date	Organisat	ion VSettings V Log Engla IEW VISIT TIME New Visit Time IEW VISIT TIME New Visit Time

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.

Create GOS 6 Claim 2.6

To create a GOS 6 claim you must first open the PVN $\,$

TRONUC OF	PHTHALMIC HELP		
PCSE Home	» Ophthalmic » GOS6 - Applicatio	n for a mobile NHS funded :	sight te
GOS6	- Pre Visit Notific	ation (PVN) -	Vie
PVN REFERE	NCE NUMBER:	STATUS:	
P-PG19710		Accepted	
PATIENT'S SI	JRNAME:	PATIENT'S DATE OF	BIRTH
Patient Sum	ame	dd/mm/yyyy	
Date of Visit	Premises Notification Date	Patient's First Names	Pati
08/09/2018	(H) - Home 07/08/2018	sfsdfd	dfdfd
Showing 1 to	1 of 1 entries		
Showing 1 to	1 of 1 entries		

 \triangleright

20

anveer2@maste	k.com	🔄 2 Message	s Change Organis	ation Sctting	s 🕞 Log out
					NHS England
1					
w PVN a	and		Se Patien	t	
		Patient	First Name		
	e	Sean	ch		
nt's Surname	Date	of Birth			
t.	11/1	0/2000	Amend GOS6 PVN	Cr	eate GOS6
					Close

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

2.6.2 Patient Details

PCSE Online HOME OPHTHALMIC HELP Home Ophthalmic GOS6 - Application for GOS 6 - Application for O1	ior a mob	ile NHS funded sight test			NHS England
HOME OPHTHALMIC HELP Home Ophthalmic GOS6 - Application f GOS 6 - Application fo	or a mob	ile NHS funded sight test			
Some Ophthalmic GOS6 - Application 1 GOS 6 - Application fo	ior a mob	ile NHS funded sight test			
GOS 6 - Application fo	or a	mohile NHS f			
	or a l		and a star		
01			unaea s	signt	lest
					-(01)(05)
Patient's Details Patie	ent's Eligi	bility Patient's	Declaration	Perfe	ormer's Declaration Contractor Signatory's
HAVE TESTED THE SIGHT OF THE	PERSON				Declaration
NAMED ON THIS FORM ON	PERSON	PVN REFERENCE NUMBE	ER		
28/08/2019	m	P-PW42215			
CONTRACTOR'S NAME		PERFORMER'S NAME			PERFORMER'S NUMBER
Specsavers		akash gos claimant			GC-23458
YOUR REFERENCE					
Reference Number					
Please select		\checkmark	First names		
SURNAME			PREVIOUS SU	JRNAME O	
Sumame			Previous sur	name	
ADDRESS					
Search for an address by entering a postcode				0	
Postoode				ų	Prease enter the address manually
ADDRESS: Flat 3 8, St. Andrews Cross, PLYMC	UTH,PL1	1DN			
DATE OF BIRTH		NHS NO.			N.I. NO.
dd/mm/yyyy	m	NHS No.			AA000000A
DATE OF LAST SIGHT TEST					
ddimmiyyyy	100	First test	ot known		
THE PATIENT CANNOT ATTEND A PRACTIC	E UNACC	OMPANIED FOR A SIGHT TI	EST BECAUSE		
					Save for Later Save and Next
					Safe and HEAL

The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
l 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

'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: Onclicking 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.

Using PCSE Online for Ophthalmic Payment services

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

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'.

CSE Online			NHS Englan
HOME OPHTHALMIC HELP			
Home = Ophthalmic = GOS6 - Application for a	mobile NHS funded sight test		
GOS 6 - Application for	a mobile NHS funded s	sight test	
		\bigcirc	\bigcirc
Deficiella Deficiel	Stabilta Balantia Balantian	04	OS)
Patient's Details Patient's	Eligibility Patient's Declaration	Performer's Declaration	Declaration
Patient's Eligibility o			
The patient is 60 or over	s under 16 📄 The patient is a full time stude	nt aged 16, 17 or 18 at the establishment be	low
The patient is 40 or over and is the parent/broth	er/sister/child of a person who has or has had glaud	coma	
The patient is a prisoner on leave from the priso	on detailed below 0		
THE PATIENT SUFFERS FROM			
Diabetes Glaucoma Enter GP's d	etails below		
The patient is considered to be at risk of glauco	ma by an ophthalmologist at the hospital below		
The nation is registered blind/partially sighted a	with the local authority below		
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	
Trans.	PPROVIDENT.	CONTINUE ANY	
MODE OF RECEIVING THE BENEFIT	D Dansien staff augenties and		
income support Universal Credit	Pension creait guarantee credit		
Income based jobseeker's allowance	Income related employment and support allowance		
Tax credit and patient/patient's partner is name	d on a valid NHS tax credit exemption certificate		
	CERTIFICATE HC2 NUMBER		
	Providence and a proof the section		
The patient is named on a valid HC2 certificate	Ceruncale ricz number		
The patient is named on a valid HC2 certificate I have been prescribed complex lenses under the second sec	he NHS optical voucher scheme		
The patient is named on a valid HC2 certificate I have been prescribed complex lenses under th Claim Number: ADA01893	he NHS optical voucher scheme		

2.6.3 Patient Eligibility

The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field [
Patient's Eligibility	*Mandatory	Enter th
Details of Establishment (Name)	*Conditional	This is n I'm a I'm a I'm c I'm c I am I suf Enter Su
Details of Establishment (Town)	*Conditional	This is n I'm a I'm a I'm c I am I am I suf Enter S
Evidence of Eligibility	*Mandatory	Select
Person Getting the benefit	*Mandatory	Select th The Pati Nam Nati
Mode of Receiving the Benefit	*Mandatory	Select th
The patient is named on valid on a HC2 certificate	*Mandatory	Mandat Checkbo

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.

Description

ne NHS Eligibility Reason, checkbox selection

nandatory for the following eligibility categories:

a full time student

a prisoner on leave

considered to be at risk of glaucoma

registered blind/partially sighted

ffer from diabetes/glaucoma

upplementary Name, text box entry

nandatory for the following eligibility categories:

a full time student

a prisoner on leave

considered to be at risk of glaucoma

registered blind/partially sighted

ffer from diabetes/glaucoma

Supplementary town, text box entry

Yes or No

he desired option, Checkbox selection; values are Patient and ent's Partner. If Patient's Partner is selected, enter the following:

ional Insurance Number

e of Birth

he desired option, Checkbox selection

tory if Patient's Eligibility is HC2. Select the option, ox selection. If selected, enter HC2 number.

Save and Next: Onclicking 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



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

anveer2@	@mastek.com	2 Messages	Change Organ	nisation	Settin	as 🕞 L	oa out
							IS and
721							
Ideo	d sight	test					
		04)			- (05)		
laration:	n Pe	rformer's Decla	ration	Contra E	ictor Sig)eclarati	natory': on	5
and the second sec	neione LILL D	ASIS OF NETS ETIGE	and performing I	MUC C-	unter Fre	and Anal-	ority
on their more abon, they a	nsions, HM Re behalf, I may out my rights agree to me do CHOOSE C	also be contacted also be contacted at: https://www.er ing so, and I will o WE SELECTION	and performing i s, Ni IS Digital, d about this forn gland.nhs.uk/cc draw this notice	NHS Co m or the ontact-us to their a	test. My s/privacy- attention	iud Auth claim w notice/ c	nty, ority, ill be or by THE
LEASE	nsions, HM Re r behalf. I may out my rights agree to me do CHOOSE O 's ETHNIC GF	evenue & Custom also be contacte at: https://www.er ing so, and I will of NE SELECTION ROUP	and performing i s, NHS Digital, d about this forn ngland.nhs.uk/cc fraw this notice	NHS Co m or the ontact-us to their a	unter Fra test. My /privacy- attention	ud Auth claim w notice/ c	THE
LEASE ATIENT	nsions, HM Re r behalf. I may out my rights agree to me do CHOOSE O 'S ETHNIC GF select	also be contacte also be contacte at: https://www.er ing so, and I will o NE SELECTION	and performing i s, NHS Digital, d about this forn ngland.nhs.uk/cc draw this notice	NHS Co m or the ontact-us to their a	test. My /privacy- attention	ud Auth claim w notice/ c	THE
CLEASE ATIENT Please	CHOOSE O Select	Enter A	and performing i s, NHS Digital, d about this forn ngland.nhs.uk/cc fraw this notice	NHS Co m or the pontact-us to their a	TO IND	ud Auth claim w notice/ c	THE
PLEASE ATIENT Please	CHOOSE C CHOOSE C SETHNIC GR select	Enter A	and performing i s, NHS Digital, d about this forn ngland.nhs.uk/cc fraw this notice	LIST	TO IND	ud Auth notice/ c	THE

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'



	_	
Message	×	
Signature saved successfully		
	Close	

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

Field Name	Mandatory/Optional	Field Des
The Signatory is the Patient, Patient's Parent or Patient's Parent or Guardian	*Mandatory	Select the d
Name	*Mandatory	Enter the i If 'Patient' is
Select Patient's Ethnic Group	Optional	Select the d
Evidence of Eligibility	*Mandatory	Select Yes
Address	*Mandatory	Enter the r If 'Patient' is
Planca oithor colo	ct/scap the code as shown	in the screen

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: Onclicking 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'.

cription

lesired option, checkbox selection

name, text box entry. s selected, their name will auto populate.

esired option, dropdown selection

or No

name, text box entry. s selected, their address will auto populate

2.6.5 Performers Declaration

	🌡 manyeer2@mastek.com 🔤 2 Messages Change Organisation 🔶 Settings 🕞 Log out
PCSE Online	NHS England
HOME OPHTHALMIC HELP	
Home > Ophthalmic > GOS6 - Application for a mobile NF	1S funded sight test
GOS 6 - Application for a mo	bile NHS funded sight test
0 0	
Patiant's Datails Datiant's Elizibility	Batian's Declaration Contractor Signature's
Patient's Details Patient's Eligibility	Patient's Declaration Performer's Declaration Contractor Signatory's Declaration
Performer's Declaration	
IN THE CASE OF A RE-TEST AT LESS THAN THE STANDAR	RD INTERVAL, PLEASE SPECIFY THE APPROPRIATE CODE
Please Select	*
I have made a domicillary visit to conduct this sight test to	one patient at the address in part 1
I have made a domicillary visit to several patients at the area	ddress in part 1
THE PATIENT WAS THE	
1st patient at the address	tress 🔲 3rd or subsequent patient at the address
The patient was referred to their GP or Ophthalmic hospit	al -
A new or changed prescription was issued	atement was issued showing no prescription was required
A voucher was issued	
FIRST VOUCHER TYPE	SUPPLEMENTS
Please Select	Or Complex Prism Tint
SECOND VOUCHER TYPE	SUPPLEMENTS
Please Select	Or Complex
	Prism. Tint
To be completed by the performer who has conducted the sight	test
PERFORMER'S NAME :	PERFORMER'S LIST NUMBER :
suman2 tanveer2	64553433
16/08/2018	
CLAIM	
I Claim	
I claim the current NHS sight test fee	
The domicilliary fee for the 1st or 2nd patient at the address	ss 🔲 The domicillary fee for the 3rd or subsequest patient at the address
Address where sight test took place:	
Postcode	Q Enter Address Manually
Address: The West Ham, Silverdale Lane, Leeds, London	
ADDRESS OF CONTRACTOR WHO PROVIDED SIGHT TEST 98 City Walls Rd, CLOCKHILL, United Kingdom of Great Britain	r and Northern Ireland (the), PL15 9BN
Please either tap/scan this code of Regenerate	or sign directly into the signature box (for touch enabled devices)
	Liea
Claim Number: ADA01893	
Previous	Save awaiting Contractor Signatory Save for Later Save and Next
1 Third COURSE (1997)	

The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field
In the case of a re-test at less than the standard interval, please specify the appropriate code	*Mandatory	Select
l have made a domiciliary visit to	*Mandatory	Select
First Voucher Type	Optional	Select
Second Voucher Type	Optional	Select
Auto Filled fields: Pe	erformer's Name, Performer's L	.ist Num
l claim	*Mandatory	Select
Address where sight test took place	*Mandatory	Enter

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: Onclicking 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.

Using PCSE Online for Ophthalmic Payment services

Description

the desired option, dropdown selection

the desired option, checkbox selection

the desired option, checkbox selection

the desired option, dropdown & checkbox selection

nber & Test Date

the desired option, checkbox selection

the address, text box entry

2.6.6 Contractor Signatory's Declaration

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

CSE Online		NHS England
CHE OTOMING HEP		(Delegae)
CON Application for a real	ria Mrit fundad aget fast	
3OS 6 - Application for a	mobile NHS funded	sight test
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Palants Deals Palant's Dij	International Palaset's Declaration	Parterner's Declaration Contractor Syndromy's Declaration
Contractor Signatory's Declaration	n	
I have based the pight of the parton number on the far	n or. 1949-2019 Partynera	fond surrand toward
Contentro vene Lanakart	Performents	NUTUR BAREAD
Patient's Dataily		
httn::: Automation1358.Autodumane		
Dele d'orte: 16/16/1989		
Address: The West Hare, Bilverbick Lane, Leeds, Lon	den .	
Date of last uplit hast West Text		
The patient cannot attend a position on accompanies to	r a sign textecane. Sementa	
Patient Eligibility		
The publicities a presence on laste from the press a	istaction likelinest	
Eddinar been	Defails of a Defail	adhinini (aboli digennini) provi (Provi altori). 641
Patient's Sectoration		
The signatory is the Patient		
None Automation1388 AutoBumama		
Abtrest The West Hars, Strendble Lans, Londs. Long	dael	
Elizably Write and Stark Advant		
Partermar's Declaration		
Sign Teathine 1808/2018		
I have made a dominitiary visit to cenduct this sign	Claut its one patient at the address in part 1	
The pained way from the patient at the patients		
A vsucher was issued	Fislowath	nger A
Pretassiler pargies: No	Driatif with	free complex. But
Frist-voultier meant ine	Print your be	1745, Rel
Securit visiother Preset; Bio	Second war	the feet Ne
The current field signs test fee.		
The dominilizing fee for the 1st or 2nd particult at the	address a	
To be competend by the performer which as conclusied	fre sign met	
Porturiers Name summit Summer 2	Partamena	Lathumber \$4553453
Claim		
Form the convertence and reactive		
Practice address where sight that book place		
Altim: The West Ham Silverdale Lane Levels Long	ton.	
Land the sector wind split and the rest of the dist interaction, including cards and pill and pillers (CHI) capacity with the Card and the window card (CHI) capacity with the Card and the window card (CHI) capacity of the Sector CHI and the sector card (CHI) capacity of the Sector CHI and the Sector CHI (CHI) capacity of the Sector CHI and the Sector CHI (CHI) capacity of the Sector CHI and the Sector CHI (CHI) capacity of the Sector CHI and the Sector CHI (CHI) capacity of the Sector CHI and the Sector CHI (CHI) capacity of the Sector CHI and the Sector CHI (CHI) capacity of the Sector CHI and the Sector CHI (CHI) capacity of the Sector CHI and the Sector CHI and the Sector CHI (CHI) capacity of the Sector CHI and the Sector CHI and the Sector CHI (CHI) capacity of the Sector CHI and the Sector CHI and the Sector CHI (CHI) capacity of the Sector CHI and t	tata Cangoo anti narromoni, seguntarioni pri can parteri, e con parto di propositi anti alle di Cangoo anti anti alla con propositi anti alle di Cangoo a can bei al nore altosi can e seguntaria pri tata bei al nore altosi can e seguntaria pri tata genetare tra di	1. Sector to the enterpresent percent with the total science and sentences understand and enterpresent percent and and any enterpresent enterpresent percent and any enterpresent and and any enterpresent enterpresent and any enterpresent and and any enterpresent and and enterpresent any enterpresent and and any enterpresent and any enterpresent any enterpresent and any enterpresent and any enterpresent any enterpresent any enterpresent and any enterpresent and any enterpresent any enterpresent any enterpresent any enterpresent and any enterpresent any enterpresent any enterpresent any enterpresent and any enterpresent any enterpresent any enterpresent and any enterpresent any enterpresent any enterpresent any enterpresent any enterpresent any enterpresent any enterpresent any enterpresent any enterpresent any enterpresent any enterpresent any enterpresent any enterpresent any enterpresent any
074545	Chie	
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	CONTRACTOR & NAME	CONTRACTOR'S MUNICIPAL
	Courteactor is suite	CONTRACTOR'S MUNICIPAL TOPS

This is the last and final section of GOS 6 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 <u>GMP</u> who will be responsible to process it further