Tips for Completing Paper GOS forms

- * Complete using black ink
- * In BLOCK capital letters
- Ensure that all the characters you write are × centred within the boxes
- * Make sure you complete all of the mandatory information

Primary Care Support England

	GOS	1						ΔΤΙ	ON	FOR		NH	S E		DED	SIG	нт	TES	۲							06	/20
In part 1 of the patients details, you need to enter the patients:	GOS 1 APPLICATION FOR AN NHS FUNDED SIGHT TEST 06/20 Please complete this form using black ink and in BLOCK CAPITALS 06/20																										
✓ Title	Part 1 PATIENT'S DETAILS																										
✓ First Name		Title:	MR		Fi	st n	ames	F	Τ	RS	Т	1	NA	M	F												$\overline{\Box}$
 ✓ Surname ✓ Previous surname (if applicable) 		Surname:			NA																						
✓ Full address and postcode	*If changed	Previous	1 2		s		R E	F	Т		1 4	ME	=					_									
All dates must be entered in the same format of	within the past 12 months A	surname*:		W		•			•				-					-				+		_			
(DDMMYYYY) as an example:	monuis A	luuress.		T				+				_	+			-		+			ostco		L	5 1	1	0 1	ΡΑ
31032021	[†] If known D				9	8 8			5 N°†:									N] I.I.Nº [†]								
If you don't know the exact date of the last sight test, you can enter the year in the last 4 boxes.		Date of last					2 0						lat lui						ľ	1.1.IN	•						
test, you can enter the year in the last 4 boxes.		sight test:	LĹ		2	0	2 0	J		First te	est		lot kr	nown													
You must declare if you have seen	ELIGIBILITY Optician use only)																										
'Evidence of the patients eligibility ' or not. Simply tick 'Seen' or 'Not seen' . One option	I am 60 or over I am under 16 ^{tt} (Optician use only) I am 40 or over and I am the parent / brother / sister / child of a person who has or had glaucoma Evidence of eligibility																										
MUST be crossed.	Tick all boxes which apply	I am a full t	time stu	dent a	aged 16	, 17	or 18	^{††} at	the	schoo	l / co	llege	/ univ	versit	y bel	ow							See	n [X]	Not	seen	
You need to place a cross (X) in all of the	to you.	I am a pris								elow	1			_					gla					etails	are t	elow	
eligibility boxes that apply to the patient.	^{††} You may be entitled	I am consid ophthalmo						by a	an				X				red b rity be		partia	lly sig	hted	with	the				
If applicable to the eligibility category, you		Details of establis	shment	(scho	ol / colle	ege /	/ unive	ersity	/ / pri	son /	GP /	local	autho	ority /	/ hos	oital):											
need to complete the name and town of the establishment.	if you are in one of	Name:	EST	ΓΑ	ΒL	Ι	s٢	I N	١E	N ⁻	Г	Ν	A	۸E													
	these groups. Ask the person who	Town:	τον	V N	N	Α	ME																				
For eligibility due to benefits, you must cross the correct box to indicate if the patient or their	+ tests yo ur	XI/ my pa	artner,		Incom	e Sı	upport	<i>tt</i>		[nivers							Per	sion	Credi	t Gua	arant	ee Cr	edit †	t	
partner/someone they are a dependant of if they are under 20 is the recipient of the	dependent on if I am <u>www.nhsbsa.nhs.uk/UC</u>																										
benefit.	under 20, receive(s) or is included in an award of:																										
If the benefit recipient is not the patient, you	Allowance ^{<i>tt</i>} and Support Allowance ^{<i>tt</i>} valid NHS Tax Credit Exemption Certificate ^{<i>tt</i>}																										
must enter the name, NI Number and DOB of the person receiving the benefit.	Person getting the benefit / credit if not the patient:																										
		Name:																									
For HC2 put a cross in this box and enter		N.I.N ^{o †} :							Da	ate of	birth:																
certificate number. Do not cross l/my partner above.		X I am name	d on a v	ralid H	IC2 cer	tifica	ate ††		Cert	ificate	num	ber: H	HC2 ·	. 1	2	3 4	4 5	6	78	9							
	I have been prescribed complex lenses under the NHS optical voucher scheme ^{tt}																										
	Part 2		:	4 a.a. 1			a 10 Ala			ATIE							44 - 4 -		and a						4-1		in et
	under 16 or 11	declare that the ne including repa	ayment	of the	NHS s	ight	test fe	e ar	nd pa	iymen	t of a	pena	alty c	harge	e. To	enab	le the	NH	S to c	neck i	my er	ntitlen	nent,	and	on th	e bas	is
	of signing,	of NHS Englan for Work and P	ensions,	HM	Revenu	e &	Custo	oms,	NHS	5 Digit	al, NH	IS Co	ounte	er Fra	aud A	uthor	ity, eo	luca	tion pr	ovide	rs, H	M Pri	son	Servic	e, lo	cal	
If the person signing is someone other than	carer or F	authorities, and CSE (Capita) a	nd the re	elevai	nt contr	oller	[,] is N⊦	IS E	nglar	nd. I c	an fir	nd out	t mor	e abo	out m	ny rigl	hts at	http	s://wv	w.en	gland	l.nhs.	.uk/c	ontact	-us/p	rivac	<u> </u>
the patient, then a cross (X) must be placed	other person 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 responsible for you																										
against 'patients parent' or 'patients carer or guardian' box' and the name of the signatory	should sign I am the patient patient's parent X patient's carer or guardian same address as patient										tient																
entered.	their name and address			C																							
A cross (X) should be place in the 'same address as patient' box where appropriate.				ہنر	m																						
· ····		Signature**:)ate:	3	1	0 3	2	0 2	1
		Name:			ST		_	E		s U	R	NA	A M	E								Щ					
		Address:	A D	D	RE	S	s																				
																				F	ostco)de:	L	S 1	1	0 F	> A



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Tips f Pape	 Complete using black ink In BLOCK capital letters Ensure that all the characters you write are centred within the boxes Make sure you complete all of the mandatory information
A cross should be placed against the patient's ethnic group if they wish to complete this section.	White Mixed Asian or Asian British Black or Black British Other ethnic groups British White and Black Caribbean Asian or Asian British Black or Black British Other ethnic groups Irish White and Black African Asian or Asian British Black or Black British Other ethnic groups Any other White background White and Asian Asian or Asian British Black or Black British Caribbean Any other ethnic group Any other White background White and Asian Asian or Asian British Black or Black British Caribbean Any other ethnic group Any other White background White and Asian British Black or Black British Caribbean Black or Black British Caribbean Any other ethnic group Any other White background Any other Asian British Black or Black British Black or Black British Black or Black British Caribbean Any other Black African Any other Black British Black Or Black British Black British Black Or Black Black British Black Or Black Black Black Or Black Black B
	Part 3 PERFORMER'S DECLARATION
You must enter the date the sight test took place in the format DDMMYYY.	I have tested the sight of the person named on this form on: 3 1 0 3 2 0 2 1 In the case of a re-test at less than the standard interval, please specify the appropriate code: . Image: The patient was referred Image: A new or changed prescription was issued Image: A new or changed prescription was issued . Image: A statement was issued showing no prescription was required Image: A nunchanged prescription was issued .
Record an early retest code if applicable. Use code 1, 2 and 6. NOT 1.0, 2.0 and 6.0.	A voucher was issued: Distance/ Bifocal voucher type: A or / Complex Supplements: Prism Tint If the sight test has been conducted by the contractor only one signature is required at
You will also need to enter the relevant voucher category as to whether the patient is receiving distance/bifocals or whether they are receiving a reading voucher.	Reading voucher type: or / Complex Supplements: Prism Tint The bottom of this form. Please put a cross in the box and complete the performers name and performer list number only. To be completed by the Performer who has conducted the sight test Defense
The performer who has conducted the sight must enter their name and Performer List number which is the GOC number and must be entered in the format 01-99999. There is	Performer's name: Performers list number: $\begin{bmatrix} F & I & R & S & T & N & A & M & E & S & U & R & N & A & M & E \\ 0 & 1 & - & 9 & 9 & 9 & 9 & 9 \\ \hline \hline$
no longer a prefix or suffix on a PL number. They will also need to sign and date the form here, unless they are a contractor.	Performer's signature: Date: 3 1 0 3 2 0 2 1
If the performer is also the contractor, then a cross should be entered here to indicate this and the form should be signed in the contractor declaration section.	DECLARATION 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
This final declaration must be completed by the 'contractor' or 'authorised signatory'.	by contacting 0300 311 22 33. To be completed by the contractor or authorised signatory
They must include:	Sign
 ✓ Their Full name ✓ Practice Name ✓ Organisation Number (ODS Code) ✓ The date completed ✓ Their signature 	Signature: Date: 3 1 0 3 2 0 2 1 Name: Contractor's name: Organisation number: F I R S T N A M E S U R N A M E I
Claims cannot be processed without the correct 5 character ODS code. The link below can help you find the right ODS code for your practice:	
https://odsportal.digital.nhs.uk/Organi sation/Search	This example uses a paper GOS1 form but the guidance applies to all claim types.
	Did you know you can submit GOS claims electronically through PCSE Online? PCSE Online validates the claim in real time

Online validates the claim in real time preventing any errors or omissions before you submit the claim.

YouTube channel. Go to YouTube and search 'PCSE'. You will also find further support on our website: www.pcse.england.nhs.uk