



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

A cross should be placed against the patient's ethnic group if they wish to complete this section.

Please choose ONE selection from the list to indicate your ethnic group (optional):

White <input type="checkbox"/> British	Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background	Asian or Asian British <input type="checkbox"/> Asian or Asian British Indian <input type="checkbox"/> Asian or Asian British Pakistani <input type="checkbox"/> Asian or Asian British Bangladeshi <input type="checkbox"/> Any other Asian background	Black or Black British <input type="checkbox"/> Black or Black British Caribbean <input type="checkbox"/> Black or Black British African <input type="checkbox"/> Any other Black background	Other ethnic groups <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> Not stated
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You must enter the date the sight test took place in the format DDMMYYYY.

Record an early retest code if applicable. Use code 1, 2 and 6. **NOT** 1.0, 2.0 and 6.0.

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.

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 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.

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.

This final declaration must be completed by the 'contractor' or 'authorised signatory'.

They must include:

- ✓ Their Full name
- ✓ Practice Name
- ✓ Organisation Number (ODS Code)
- ✓ The date completed
- ✓ Their signature

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/Organisation/Search>

Part 3

PERFORMER'S DECLARATION

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:

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☐ 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:

A or ☐ Complex

Supplements: ☐ Prism ☐ Tint

Reading voucher type:

☐ or ☐ Complex

Supplements: ☐ Prism ☐ Tint

☐ If the sight test has been conducted by the contractor only one signature is required at the bottom of this form. Please put a cross in the box and complete the performer's name and performer list number only.

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

Performer's name:

F I R S T N A M E S U R N A M E

Performers list number:

0 1 - 9 9 9 9 9

Performer's signature:

Sign

Date: 3 1 0 3 2 0 2 1

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 by contacting 0300 311 22 33.

To be completed by the contractor or authorised signatory

Signature:

Sign

Date: 3 1 0 3 2 0 2 1

Name:

F I R S T N A M E S U R N A M E

Contractor's name:

P R A C T I C E N A M E

Organisation number:

A 1 A 1 A

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 preventing any errors or omissions before you submit the claim.



Videos showing how to complete all of the paper GOS types can be found on the PCSE YouTube channel. Go to YouTube and search 'PCSE'. You will also find further support on our website: www.pcse.england.nhs.uk