Tips for Completing Paper GOS 3 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

NHS England
Primary Care Support England

In part 1 of the patient's details, you need to enter the patient's:

- ✓ **Title**
- ✓ **First Name**
- ✓ **Surname**
- ✓ **Previous surname (if applicable)**
- ✓ **Full address and postcode**

All dates must be entered in the same format of (DDMMYYYY) as an example:

31032021

You must declare if you have seen 'Evidence of the patient's eligibility' or not. simply cross **'Seen'** or **'Not seen'.** One option **MUST** be crossed.

You need to place a cross **(X)** in all of the eligibility boxes that apply to the patient.

If applicable to the eligibility category, you need to complete the name and town of the establishment.

For eligibility due to benefits, you must cross the correct box to indicate if the patient or their partner/someone they are a dependant of if they are under 20 is the recipient of the benefit.

If the benefit recipient is not the patient, you must enter the name, NI Number and DOB of the person receiving the benefit.

For HC2 or HC3, put a cross in the relevant box and enter certificate number. Do not cross I/my partner above.

If the person signing is someone other than the patient, then a cross **(X)** must be placed against 'patient's parent' or 'patient's carer or guardian' box' and the name of the signatory entered.

A cross **(X)** should be place in the 'same address as patient' box where appropriate.

GOS 3 **NHS OPTICAL VOUCHER AND PATIENT'S STATEMENT** **06/20**

To get your 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 confirm that you have received them. **Please complete this form using black ink and in BLOCK CAPITALS**

Part 1 **PATIENT'S DETAILS**

Title: MR
First names: FIRST NAME
Surname: SURNAME
If changed within the past 12 months Previous surname*:
Address: 123 STREET NAME / TOWN / CITY
Postcode: LS11 0PA
Date of birth: 31 03 1988
NHS N°†:
N.I.N°†:

ELIGIBILITY

My name and address are as shown above. I wish to order glasses / contact lenses and I am entitled to use the above voucher today because:

(Optician use only) Evidence of eligibility: [X] Seen [ ] Not seen

Tick all boxes which apply to you. These circumstances must apply on the date you order your glasses or contact lenses

- [ ] I am under 16
- [X] I am a full time student aged 16, 17 or 18 at the school / college / university below
- [ ] I am a prisoner on leave from the prison detailed below

Details of establishment (school / college / university / prison):
Name: ESTABLISHMENT NAME
Town: TOWN NAME

+

[X] I / [ ] my partner, or person I am dependent on if I am under 20, receive(s) or is included in an award of:

- [ ] Income Support
- [ ] Universal Credit and meets the criteria. Find out more at www.nhsbsa.nhs.uk/UC
- [ ] Pension Credit Guarantee Credit
- [ ] Income-based Jobseeker's Allowance
- [ ] Income-related Employment and Support Allowance
- [ ] Tax Credit and I am / we are named on a valid NHS Tax Credit Exemption Certificate

Person getting the benefit / credit if not the patient:
Name:
N.I. N° †: Date of birth:
I am named on a valid: [ ] HC2 or [ ] HC3 certificate Certificate number: HC -
The HC3 (box B) shows that the voucher value will be reduced by: £ .
[ ] I have been prescribed complex lenses under the NHS optical voucher scheme

Part 2 **PATIENT'S DECLARATION**

*** If you are under 16 or incapable of signing, your parent, carer or other person responsible for you should sign and give their name and address*

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 cost of the optical voucher 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.

I am the [ ] patient [ ] patient's parent [X] patient's carer or guardian [ ] same address as patient

Signature**: Sign
Date: 31 03 2021
Name: FIRSTNAME SURNAME
Address: ADDRESS
Postcode: LS11 0PA
Voucher code:
Authorisation code:

I -
P -

NHS GOS Form 3_v2.0_20190527.indd 1 22/06/2020

This example uses a paper GOS 3 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

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Please enter the **+** or **-** in the boxes shown for the distance prescription and do not enter a **+** sign in the Add.

If the Sph power is plano it should be written as **0.00**

Enter the relevant categories for the voucher types being prescribed and cross Prism or Tint if supplements being applied.

The performer who is completing the GOS 3 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.

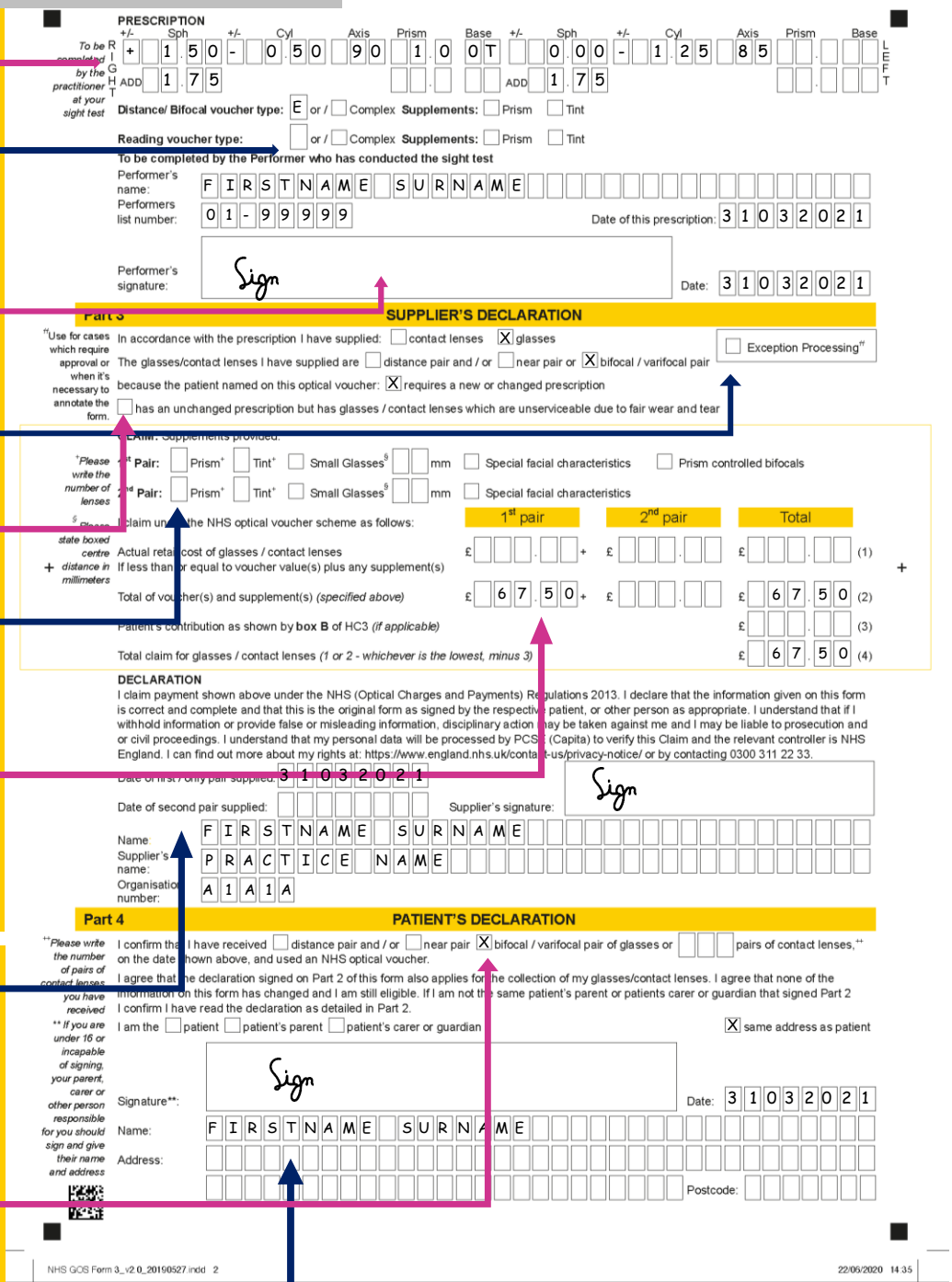
Exception processing should be crossed if the form does not meet the normal GOS rules e.g. no patient signature due to uncollected glasses.

Cross the type(s) of glasses being supplied and whether it is a new prescription or fair wear and tear.

Enter the number of prisms and tints being claimed for each pair if applicable.

Enter box centre distance in mm if small glasses supplement is being claimed and enter a cross for special facial characteristics or prism controlled bifocal supplements where applicable.

- Enter retail cost in row 1 but only if it is less than voucher value
- Enter voucher value(s) for 1st Pair, 2nd Pair and Total in row 2.
- If eligibility is due to HC3, enter the value of patient's contribution shown on their certificate in row 3
- Enter Total Claim value in row 4



Enter the date(s) glasses were supplied
The Supplier Signatory must be enter:

- Their full name
- The practice name (in 'Supplier's name')
- Organisation Number (ODS Code)
- Their signature

Claims cannot be processed without the correct 5 character ODS code. The link below can help you find the correct ODS code for your practice:
https://odsportal.digital.nhs.uk/Organisation/Search

Cross the type of glasses supplied

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