

You cannot get help if your glasses/contact lenses are covered by warranty, insurance or after care service. If they are not, and you are under 16, you will get a voucher towards the cost of a repair or replacement. If you are aged 16 or over, and are in one of the categories shown in Part 1, you must satisfy NHS England that your glasses or contact lenses were lost or damaged because you were ill. You can wait for NHS England to approve your claim before you get the repair/replacement done or you can pay and claim a refund (see www.nhs.uk/healthcosts for more information). You can only have a refund if NHS England agrees. Please complete this form using black ink and in BLOCK CAPITALS

Part 1

PATIENT'S DETAILS

Form fields for patient details including Title, First names, Surname, Previous surname, Address, Postcode, Date of birth, NHS N°, N.I.N°, and Date of last sight test.

ELIGIBILITY

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

- Eligibility checkboxes: I am under 16 or I am under 18 and in the care of the local authority detailed below (go to part 2), 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

(Optician use only) Evidence of eligibility. Seen Not seen

Details of establishment (school / college / university / prison / local authority)

Name: Town: Form fields for establishment details

- Benefit checkboxes: I / my partner, Income Support, Universal Credit and meets the criteria, Pension Credit Guarantee Credit, receive(s) or is included in an award of: 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: Form fields for person getting benefit

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

Without this explanation NHS England cannot decide if you can have help. I have explained below how the loss or damage happened.

Part 2

PATIENT'S DECLARATION

I confirm there is no insurance warranty or after sales service covering my lost or damaged glasses or contact lenses. 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.

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

Signature** Date: Form fields for signature and date

Name: Address: Postcode: Form fields for name, address, and postcode



I -

P -

Part 3

NHS ENGLAND APPROVAL

For patients aged over 16 the contractor should consult NHS England to seek approval. NHS England may not pay a claim if prior approval has not been granted.

The applicant's claim has been considered and is: approved by NHS England not approved by NHS England

Approval code:

Part 4

PATIENT'S DECLARATION

I confirm that my: distance pair near pair bifocal / varifocal pair of glasses / contact lenses have been repaired replaced

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

** 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

Signature: [Signature Box] Date: [Date Boxes]
Name: [Name Boxes]
Address: [Address Boxes] Postcode: [Postcode Boxes]

Part 5

SUPPLIER'S DECLARATION

To be completed by the supplier where new lens(es) are required. Use for cases which require approval or when it's necessary to annotate the form. Please write the number of lenses. Please state boxed centre distance in millimeters.

In accordance with the prescription and details below I have repaired replaced: Exception Processing**

distance pair near pair bifocal / varifocal pair of glasses / contact lenses for the person named at Part 1 of this form.

Table with columns: R, I, G, H, T, ADD, +/-, Sph, Cyl, Axis, Prism, Base, +/-, Sph, Cyl, Axis, Prism, Base, L, E, F, T

Voucher type: or / Complex Supplements: Prism Tint

Parts:

Lens/Contact Lenses Right Left Both

Frame Front Whole Side

Supplements:

Prism+ Tint+ Small glasses\$ mm

Special facial characteristics Prism controlled bifocal

Voucher value appropriate to the above prescription £ [Boxes] (1)
£ [Boxes] (2)
£ [Boxes] (3)
£ [Boxes] (4)

CLAIM

I claim under the NHS optical voucher scheme:

Voucher value plus any supplement(s) (sum of 1+4) £ [Boxes] (5)
or part(s) at current prices plus any supplement(s) (sum of 2+3+4) £ [Boxes] (6)
or actual retail cost of glasses / contact lenses is less £ [Boxes] (7)
Patient's contribution as shown by box B of certificate HC3 (if applicable) £ [Boxes] (8)
Total claim (5 or 6, or 7 whichever is the lowest, minus 8) £ [Boxes]

DECLARATION

I claim the 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 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.

Signature: [Signature Box] Date: [Date Boxes]
Name: [Name Boxes]
Supplier's name: [Supplier Name Boxes]
Organisation number: [Org Number Boxes]

