Using PCSE Online for Ophthalmic Payment services **User Guide**

Primary Care Support England is delivered on behalf of NHS England by Capita



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 \checkmark
- Making GOS1, 3, 4, 5, and 6 claims \checkmark
- Searching for claims \checkmark
- 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

allow and coroo	~·							
	Prim	nary	Care	Sup	port E	ngla	nd	
	Home	About	Services	Organisa	tions News	Hdp	Contact Us	Reg
					Sign	in		
					Email	Jone 33		
					PASSWO	RD		
					Passwo	ed		
					Sign	in		
					Forgotten	your login o	ietails? Help	
					REGISTE	RASA		
					Please	Select		
	PRIM	ARY C	ARE SUP	PORT	Organisatio			Se
	Primary	Care Supp	ort England p	rovides	General Prac	titioners		Sup
	administ primary	trative and care on be	support service half of NHS E	ces for ingland	Opticians			Ce
	and is p	art of Capit	la pic		Pharmacies			GP
								Per
								Ph

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 dick on Update.

	Select Organisation & Accour	t 0	
	Search		
	Cancel	Update	
England 2017 <u>Terms & Condit</u>	ions <u>Privacy</u> <u>Accessibility</u> <u>Cookies</u>		

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	© NHS England 2016. All rights reserved.

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

1.2 Dashboard

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 User Administrator.

PCSE Online			NHS England
HOME OPHTHALMIC HELP			
Home >> Ophthalmic			
₽ Make a Claim	Q Search for a Claim	🖻 Statements	Supplier Options
Previous			
© NHS England 2019. All rights reserved. Terms &	Conditions Privacy Accessibility Cookies		

Top Tip - when completing any sections of the online forms, ensure ALL mandatory information is included before clicking Save and Continue.

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.

			England
Home > Ophthalmic			
Make a Claim			
GOS1	GOS3	GOS4	GOS5
GOS6	CET	PRT	

GOS1 Claim - NHS Sight Test 2.1

This claim process is split into five sections, with clear indication of which section you are currently on. Once a section is complete, a a tick will be displayed.

2.1.1 Patient's Details

This is the first section of the GOS1 claim where you need to enter the patient's details.



The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Desc
Sight Test Date	Optional	Enter the signal contine cale
Contractor's Name	*Mandatory	The contractor organisation
Performer's Name	*Mandatory	lf you are th
Performer's Number	*Mandatory	lf you are a will also po
Your Reference	Optional	This is a nu to help thei statement
Title	Optional	Select the c
First Name	*Mandatory	Enter the pa
Surname	*Mandatory	Enter the pa
Previous Sumame	Optional	Enter the pa
Address	*Mandatory	Either enter enter the ad
Date of Birth	*Mandatory	Enter the signal contine cale
NHS Number	Optional	Enter the pa
National Insurance Number	Optional	Enter the pa
Date of Last Sight Test	*Mandatory	Enter the da from the or Or select or

When you have entered the details, you will have the option to either Save for later or Save and Next.

If you select Save and Next 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. Flagged sections will be highlighted with red text.

When you have successfully inputted all the correct details the Save and Next button will take you to the next section, Patients Eligibility.

Please note the claim will need to be signed again if any information is changed.

ription

ight test date (dd/mm/yyy) or select the date from the endar

tor name always auto populates based on the n you are logged in to.

he Performer your name will auto populate

performer, then based on your name, your number pulate in the text box

mber a practice can choose for their own purposes rir reconciliation process. It will appear on their ts

correcttitle

atient's first name

atient's surname

atient's previous sumame if applicable

the post code to search for an address or manually address details in the appropriate fields

ight test date (dd/mm/yyy) or select the date from the endar

atient's NHS number (if known)

atient's National Insurance Number

late of last sight test (dd/mm/yyyy) or select the date nline calendar ne of the two options: First Test or Not Known

If you select the option to Save for later (please see Search section) the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you dick Save and Next.

Upon successful submission, the system will automatically generate a CLAIM NUMBER for further reference.

2.1.2 Patient's Eligibility

This is the second section of the GOS1 daim where you need to enter the patient's eligibility.

PCSE Online				NHS England
HOME OPHTHOUGHE HEL)
Harris - Cylestania - GOSIC	laim - 8HS Eye Teal			
GOS 1 Claims -	Application i	for a NHS funded	sight test	
0	0		(1)	(0)
Patient's Databa	Patient's Eligibility	Pallert's Declaration	Parlamer's Declaration	Contractor Signatory's
Patient's Eligibility e				LACAR ADON
SI The patent is bil or over	10 The patient is under 18	The galant is a full time stude	nt aged 16, 17 or 18 at the technost I co	dege / university between
· The patient is 40 or over and	is the parent / tenther / anter	child of a person who has or has had g	autona	
O The petert is a principle on it	nave thim the proper delated i	better 0		
THE PATIENT SUFFERS FROM				
Il dates Il gasone	arthi GP's Jatats betw			
C The paller is considered to 1	be at the of gloscome by an is	philamologist at the hospital Secon		
© The patient is repaired bits	Cartaly signed with Local	Suthority Sellow		
DETAILS OF ESTABLISHMENT (SCHOOL / COLLEGE / UNIV	RUITY PRISON / GP / LOCAL AUTHO	ORITY (HOSPITAL)	
		tee.		
EVIDENCE OF ELICIDILITY				
of Seen U Matseen				
PERSON GETTING THE BENEFT	t.			
of The polant	davita pattar			
NAME		NO.	PARTNER'S DATE O	r BARTH
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MODE OF RECEIVING THE BEN	UNT .			
# thome Support 0. Lit	mental Credit 🗧 Para	ion Credit Guarantee Credit		
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C boone based Subsector's A	decision 2 booms in decision patients parties are	named Employment and Deeport Admosco I named on a valid SHO Tax Credit Event EFFICATE NUMBER: HC2	e Joor Carthlan	
 Income lasted 34teenter's A Tax Credit and the patient pr Tax named on a valid HC2 of 	Annana Distanta patente an Anna and patentis patent an CER activum	nated Enginement and Support Admonst named on a valid SHS Tax Credit Even REPICATE NUMBER: HC2 REPICATE NUMBER: HC2	e Jean Carthula	
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The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Patient's Eligibility	*Mandatory	Enter the NHS Eligibility Reason
Details of Establishment (Name)	*Mandatory	Enter name of establishment
Details of Establishment (Town)	Conditional	 This is mandatory for the following eligibility categories: I'm a full time student I'm a prisoner on leave I'm considered to be at risk of glaucoma I am registered blind/partially sighted I suffer from diabetes/glaucoma
Evidence of Eligibility	Conditional	 This is mandatory for the following eligibility categories: I'm a full time student I'm a prisoner on leave I'm considered to be at risk of glaucoma I am registered blind/partially sighted I suffer from diabetes/glaucoma
Person getting the benefit	Conditional	Select the correct option from Patient or Patient's Partner. If Patient's Partner' is selected, enter the following: Name National Insurance Number Date of Birth
Mode of receiving the benefit	Conditional	Select the correct option
The patient is named on a valid HC2 certificate	*Mandatory if Patient's Eligibility is HC2	If selected, enter HC2 number.

If you select Save and Next 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.

When you have successfully inputted all the correct details the Save and Next button will take you to the next section, Patient's Declaration.

If you select the option to Save for later the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you dick Save and Next.

2.1.3 Patient's Declaration

This is the third section of the GOS1 claim where the patient's declaration details and signature need to be obtained.

Department of Health regulations have been changed to allow GOS forms to be signed electronically.

Patients can sign GOS claims electronically using:

- A touchscreen device, such as a PC, tablet or phone
- By using a touchpad, mouse or other pen input device connected to a PC.
- Scanning a QR code with a touchscreen device and signing on the device

The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Des
The Signatory is the: Patient, Patient's Parent or Patient's Parent or Guardian	*Mandatory	Select the c
Name	*Mandatory	'Patient' is s
Select patient's ethnic group	Optional	Select the c
Address	*Mandatory	'Patient' is s

Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices). Please ensure all mandatory fields are completed, otherwise the signature will be lost when clicking save and continue.

ription

correctoption

selected, their name will auto populate

correctoption

selected, their address will auto populate



Depending on the electronic signature option you are using, dick or scan the QR Code on the screen.

	GOS 1 Claims - Application fo
Patient's Details	
Name, Mits, Jask Sparrow	
Jate of Birm: \$1/12/1979	
doress: Flat 4 3, 8£ Andrews Cross, PLYMOUTH, PL1 1DN	
Date of last sight test: Unknown	
Patient Eligibility	
The patient suffers from: Diabetes	
EVIDENCE OF ELIGIBILITY: Seen	
Patient's Declaration	
Patient's Declaration Signature Screen	
I declare that the information I have given on this term is connect and complete. In the Work and Pensions, HM Revenue & Custems, HHR Biggliu, NHR Counter Fire or by contacting 0300 311 22 33. Where I have provided personal sala on behalf	nderstand hat if it is not, appropriate action may be laten against me including respirate of the NHS spati tast the and approved a possi- d Authority, disclaration providers. HM Private Startu, Satu abundles, and bodies particular startus for the Possi- d authority period.
	Please sign in the sign
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	-Cr
	Char Char Acast

When prompted, sign the signature box on the Patient Declaration and select Accept.

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alis of establishment. Logal London
charge. To enable the MHS to charge in writement, and on the basis of NHS England performing basis in the public interest, my personal data may be disclosed to NHS Englands. Lintherity, Department about this form on the test. My calm will be proceeded by PCSB (Capita) and the relevant controller in NHS England. (and find out more about my right at https://www.england.mis.ultionita.capinacy-rolloof about this form on the test. My calm will be proceeded by PCSB (Capita) and the relevant controller in NHS England. (and find out more about my right at https://www.england.mis.ultionita.capinacy-rolloof
re bor below:



If you select Save and Next 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.

When you have successfully inputted all the correct details the Save and Next button will take you to the next section, Performer's Declaration.

If you select the option to Save for later the system will save what you have entered but t will not automatically validate t. The validation checks only happen when you dick Save and Next.

It will then be ready for the Performer to access and sign via the option to 'Search for Claim' on the dashboard screen.

2.1.4 Performer's Declaration

This is the fourth section of the GOS1 claim which the Performer needs to complete and sign.

HOME OPHTHALMIC	HELP			
Home 🕤 Ophthalmic 🕠 GO	S1 Claim - NHS Eye	Test		
GOS 1 Claims	- Applica	ation for	a N	н
-				
0		9		
Patient's Details	Patient's	Eligibility	F	atie
Performer's Decla	aration			
IN THE CASE OF A RE-TES	T AT LESS THAN TH	E STANDARD INT	ERVAL	PLE
Please Select				
M The patient was referred	d			
🗷 A new or changed press	cription was issued	🗐 A statemen	l was is:	sued
A voucher was issued				
DISTANCE (BIEDCAL VOID	THED TYPE			
Please Soled			Or	
To be completed by the Perio	mer who has conduct	od the sight test		
PERFORMER'S NAME				
HAVE TESTED THE SIGHT	OF THE PERSON N	AMED ON THIS FO	ORM ON	
25/07/2019				
Regenerate	Please either taplaca	n this code or sign	directly i	into
CLAIM Lolaim the current NHS sight Practice address where subtr	test foc			
ADDRESS: London, London,	PL1 IDN			
Claim Number: ADA00232				
Previous				

🛦 ava 17	@maslek.com	📰 0 Messa	ges OSe	dings 🕞 L	og oul
				N/ Engl	15 and
ded sight tes	st				
(M			5)	
ution Performer	s Declaratio	n C	ontractor Docta	Signatory's ration	5
Y THE APPROPRIATE CO	DDE				
prescription was required	B An un	changed pres	cription wa	is issued	
	SUPPLEMEN	ITS			
	D Prism	E Tint			
	SUPPLEMEN	ITS			
	D Prism	III TIM			
ORMER LIST NUMBER					
oox (for touch enabled dev	ces)				
	/				
\sim					
	TI				
Save for I	Later S	ave awaiting	Contract	or Signator	Y

The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Sight test outcome	*Mandatory	Select one of the outcome options
Voucher issued	Optional	Click the check box if appropriate
Specify the appropriate code	Conditional	This is mandatory if it is less than the standard interval since the patient's last sight test Select the correct option from the dropdown & checkbox selection
First Voucher Type	Optional	Select the correct option from the dropdown & checkbox selection
Supplements	Optional	Select the correct option from the dropdown & checkbox selection
Second Voucher Type	Optional	Select the correct option from the dropdown & checkbox selection
Supplements	Optional	Select the correct option from the dropdown & checkbox selection
Auto Fillod Dorform	nor's Dotails (to be checked	(by the Porfermer)

Auto Filled Performer's Details (to be checked by the Performer)

Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices)

Selecting Save Awaiting Contractor Signatory means 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.

When you have successfully inputted all the correct details the Save Awaiting Contractor Signatory button will take you to the next section, Contractor Signatory's Declaration. If you have the Contractor Signatory role you will be able to complete the Contractor Signatory Declaration.

It will then be ready for the Contractor to access and sign via the option to 'Search for Claim' on the dashboard screen.

If the performer has selected voucher type once the contractor has signed the contractor signatory declaration and you will be able to Search for Claim' on the dashboard screen and create a GOS3 this gives you the opportunity to not re-enter the patient details and go straight to the prescription section.

If you select the option to Save for later the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you dick Save Awaiting Contractor Signatory.

2.1.5 Contractor Signatory's Declaration

This is the last and final section of the GOS1 daim, which needs to be completed by the Contractor Signatory who can view and check the details entered on the previous screens.

Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices).

The Contractor Signatory can then select **Submit** if they agree with the claim and accept the declaration. This will then send the claim to PCSE for processing and payment.

If the claim is not ready to be submitted the option to **Revert to draft** should be selected so the form can be re-visited and amended at a later time.

If the Contract Signatory has completed the form but does not wish to submit the claim at that time there is an option to **Close**. The claim will still be saved.

If the daim is not needed and should not be submitted the option to Cancel Claim should be selected. It will still be available to view via 'Search for claim'.

All cancelled claims are still viewable.

0	0	0	0	
Patient's Details	Patient's Eligibility	Patient's Declaration	Performen's Declaration	Contractor Signatory's
				Cecaration
Contractor Signatory's	s Declaration			
I have tested the sight of the perso	n named on this form on: 13/08/201	8 Performer's Na	ime: Sneha Gajwey	
Contractor's Name Lenskart		Performer's No	mbec 63773888	
Your reference. Test1234				
Patient's Details				
Name: Mrs. Jack Sparrow				
Date of Birth: 31/12/1979				
Address: Flat & B, St. Andrews Co	IONN, PLYMOUTH, PL1 10N			
Date of last sight test. Unknown				
Patient Eligibility				
The patient suffers from Diabetes		Evidence See		
Details of establishment Local Lo	ndon			
Patient's Declaration				
The signatory is the Patient				
Name Jack Spanner				
Address Flat 4 8, St. Andrews Co	ONS, PLYMOUTH, PL1 1DN			
Budermark Datasetter				
There is the side of the same				
A new or channed executation of	on harring on the form on, subsequent		a laneard	
A new or changed prescription v	WEE ISSUED	A voocher we	s reasond	
First voucher type A		Finit Youcher C	ongress, no	
Second voucher complex No				
Ordensel's Name Brisks Calum	any nex oproximation are egen nex.	D. A. C. LAND		
Performents reams, series capway		randmar s (A	E PROFILERE IN A STATE STREET	
laim				
I claim the current NHS aght test (
Practice address where sight ter	st took place			
Address: 98 City Wallis Rd, CLOC	KHILL, United Kingdom of Great	Britain and Northern Ireland (th	e), PL1530N	
claim the current NHS sight test fee nd that this is the original form as domation, disciplinary action may to CSE (Capital to verify this Claim an entacting 0300 311 22 33 to be completed by the contractor or Please	under the NHS (Optical Charges a signed by the respective patient, o to false against me and 1 may be d the relevant controller is NHS Eng authorized signatory alther tapiscan this code or sign th	nd Payments) Regulations 2013 other person as appropriate 1 lable to prosecution and or trick pand. I can find out more about n actly into the signature box (for to	I declare that the information given on indentiand that IF I withhold informati proceedings. I understand that my pr y rights at https://www.angland.nbs.u with enabled devices)	this form is correct and complete on or provide false or misleading monal data will be processed by Urcentact-outprivecy-entice/, or by
		Char		
AME	CONTRACT	OR'S NAME	CONTRACTOR'S NUM	NCR
			1000	

2. GOS3 - NHS Optical Voucher & Claim Through the GOS3 option, you can either Create a GOS3 Voucher or Search for

existing GOS3 Voucher.

Create a GOS3 Voucher 1.

Select GOS3 from the dashboard. You will then get a pop up with two options. Select Create a GOS3 Voucher.

	🌡 manveer2@mastek.com 🗃 Messages Change Organisation 🌣 Settings 🚱 Log ou	
PCSE Online	England	
Home • Ophthalmic		
Make a Claim	GOS 3 Options	
GOS1	Create a GOS 3 voucher GOS5	
GOS6	CET PRT	
NHS England 2017 <u>Terms & Conditions</u> P Verseo: 15.02 25 July, 2018	ivagy <u>Accessibility</u> <u>Cookes</u>	

2.2.2 Patient's Details

You will then see the GOS3 Claims - Optical Vouchers screen where you will first need to enter the patient's details.



If you select Save and Next 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.

When you have successfully inputted all the correct details the Save and Next button will take you to the next section, Prescription.

If you select the option to Save for later the system will save what you have entered but t will not automatically validate t. The validation checks only happen when you dick Save and Next.

If you select Save Awaiting Performer, 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.

2.2.3 Prescription

The performer should complete the relevant prescription fields and sign once complete.

										NHS
CSE Online										England
IOME OPHTHALMIC HELP										
tome > Ophthalmic > GOS3 - NHS Optical	oucher and Pat	ient's Statem	ents							
GOS 3 Claims - Optica	Vouch	ers								
0	02		- 03				- (04)			05
Patient Dataile			Patient Elic	albilite		Su		aration	Pat	iont Declaration
Prescription e	scription		Padent Ling	Jioint	'	50	ppner Deci	arauon	Fat	ient Declaration
RIGHT			L	EFT						
+/- SPH +/- CYL AXIS	PRISM	BASE	+	1.	SPH	+/-	CYL	AXIS	PRISM	BASE
+ 1.00 + 1.00 0	00.00	Null V		+	1.00	+	1.00	0	00.00	Null
Add 1.00	PRISM	BASE	,	Add	SPH 1.00				PRISM	BASE
FIRST VOUCHER TYPE	00.00	Trun -			1.00		SUPPLE	EMENTS	00.00	
A			• 0	r	Compl	ex			Tiel	
							CUDDU	ISIN	Co Tak	
A			• 0	r	Comp	ex	SUPPLE	EMENTS		
							Pr	ism	Tint	
To be completed by performer who has conducted	d the sight test									
PERFORMER'S NAME	PERF	ORMER'S LI	ST NUMBER	R			DATE O	F THIS PR	ESCRIPTION	
suman2 tanveer2	123	452					27/08/	2018		
VOUCHER CODE	AUTH	ORISATION	CODE							
ADA02071	MTI	19824								
Signature:										
	с	ear								
\sim										
Claim Number:										
Previous					Create G	OS3 Vo	ucher	Save for	Later	Create GOS3 Claim
rictions					cicute of	500 10	activit	Sure io	Lutor	areate Good Giann

2.2.4 Prescription

This is the second section of the GOS3 daim where the prescription details should be entered.



The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Desc
Right Distance	*Mandatory	Enter the re SPH & C Axis, Pris Minimum in one e
Left Distance	*Mandatory	Enter the re SPH & C Axis, Pris Minimum in one e
Right Add	Optional	
LeftAdd	Optional	
First Voucher Type	Optional	Select the a selection
Supplements	Optional	Select the a selection
Second Voucher Type	Optional	Select the a selection
Supplements	Optional	Select the a
Auto Filled Perfor	mer's Details (to be viewed l	by performe
Please either selec	t/scan the QR code or sign	directly into t

If you select:

Create GOS3 Voucher - produces a pdf which can be printed on A4, double sided in black and white and given to the patient.

Save for later - The system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click Create GOS3 Voucher or Create GOS3 claim.

Create GOS3 claim - This enables you to continue and complete the GOS3 claim.

Previous - takes you back to the previous page to make any amends, corrections or view again.

Using PCSE Online for Ophthalmic Payment services

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the signature box (for touch enabled devices)

2.2.5 Create a GOS3 Claim

From the GOS3 screen, you can also Create a GOS3 claim. This claim form is divided into 5 parts.

2.2.5.1 Patient's Details

This is the first section of the GOS3 claim where you need to enter the patient's details.

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CSE Online					NHS England
IOME OPHTHALMIC HELP					
ome » Ophthalmic » GOS3 - NHS C	Optical Voucher and	d Patient's Statements			
OS 3 Claims - Op	tical Vou	ichers			
01	02	03	04		05
Patient Details	Prescription	Patient Eligibility	Supplier Declar	ation Pa	tient Declaration
DATE OF THIS PRESCRIPTION					
14/08/2018	*				
CONTRACTOR'S NAME	1	PERFORMER'S NAME	PERFORM	IER'S NUMBER	
Lenskart		Performer Name	Performe	er Number	
OUR REFERENCE					
Reference Number					
Patient's Details ™⊫		FIRST NAME			
Patient's Details		FIRST NAME First Name			
Patient's Details ITTLE Please select		FIRST NAME First Name PREVIOUS SURN	AME 🔀		
Patient's Details ITTLE Please select SURNAME SURNAME		FIRST NAME First Name PREVIOUS SURN Previous Surnam	АМЕ Ф		
Patient's Details IntLE Please select SURNAME Surname ADDRESS	stering your postcod	FIRST NAME First Name PREVIOUS SURN Previous Surnam	АМЕ 10 е		
Patient's Details ITLE Please select SURNAME Surname ADDRESS Search for your residential address by en Postcode	ntering your postcod	FIRST NAME First Name PREVIOUS SURN Previous Surnam	AME 🖸 e Q Enter A	ddress Manually	
Patient's Details ITTLE Please select SURNAME Surname ADDRESS Search for your residential address by en Postcode Address :	tering your postcod	e FIRST NAME First Name PREVIOUS SURN Previous Surnam	AME 🕑 e Q Enter A	ddress Manually	
Patient's Details ITTLE Please select SURNAME Surname ADDRESS Search for your residential address by en Postcode Address : Date OF BIRTH	tering your postcod	e NHS NUMBER	AME 🕣 e Q Enter A NATIONA	ddress Manually	BER
Patient's Details ITTLE Please select SURNAME Surname ADDRESS Search for your residential address by en Postcode Address : DATE OF BIRTH dd/mm/yyyy	ntering your postcod	e NHS NUMBER NHS Number	AME 🕢 e Q Enter A NATIONA AA00000	ddress Manually L INSURANCE NUME	JER
Patient's Details IntLE Please select SURNAME Surname ADDRESS Search for your residential address by en Postcode Address : DATE OF BIRTH dd/mm/yyyy Claim Number:	Itering your postcod	e NHS Number FIRST NAME FIRST NAME PREVIOUS SURN Previous Surnam	AME 🕢 e Q Enter A NATIONA AA00000	ddress Manually L INSURANCE NUME	BER
Patient's Details ITLE Please select SURNAME Surname ADDRESS Search for your residential address by en Postcode Address : DATE OF BIRTH (d/mm/yyyy Xaim Number:	ttering your postcod	e NHS NUMBER NHS Number Save a	AME 🕢 e C NATIONA AA00000 waiting Performer	ddress Manually L INSURANCE NUME	Ser Save and Next

The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Sight Test Date	Optional	Enter the sight test da online calendar
Contractor's Name	*Mandatory	Enter the contractor's If you are a contractor populate in the text b
Performer's Name	*Mandatory	Enter the performer's If you are a contractor will automatically app
Performer's Number	*Mandatory	If you are a performer, will also populate in t
Title	Optional	Select the appropriate
First Name	*Mandatory	Enter the patient's firs
Surname	*Mandatory	Enter the patient's sur
Previous Sumame	Optional	Enter the patient's pre
Address	*Mandatory	Either enter the post of enter the address deta
Date of Birth	*Mandatory	Enter the sight test da online calendar
NHS Number	Optional	Enter the patient's NH
National Insurance Number	Optional	Enter the patient's Na

If you select Save and Next 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. When you have successfully inputted all the correct details the Save and Next button will take you to the next section, Prescription.

If you select the option to Save for later the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you dick Save and Next.

If you select Save Awaiting Performer, 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.

te (dd/mm/yyyy) or select the date from the

name

r, then your name will automatically

XOC

name

; the performers listed under your practice ear so you can select the relevant one

, then based on your name, your number he text box

option

stname

rname

evious sumame if applicable

code to search for an address or manually ails in the appropriate fields

ate (dd/mm/yyyy) or select the date from the

-IS number (if known)

ational Insurance Number

2.2.5.2 Printing a GOS3 Voucher

When you dick on Create GOS3 Voucher a new tab opens with the voucher visible in a printable pdf file. You can download this file and print a copy of the voucher for the patient.

The print must be done on plain A4 paper and should be double-sided, otherwise it will be rejected by PCSE for processing. It can be printed in black and white.

The voucher will include a unique reference number and authorisation code. Please see the attached example below.

If the patient chooses to take their GOS3 voucher to another practice that is also using PCSE Online or eGOS it will be possible for that practice to search for it using the reference number and authorisation code and continue the process electronically.

However, if the other practice isn't using PCSE or eGOS, the process will need to be continued on a paper GOS3 form.



2.2.5.3 Patient's Eligibility

This is the third section of the GOS3 claim where you need to enter the patient's eligibility.

CSE Online				NHS England
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ome » Ophthalmic » GOS3 - NHS Optical Voud	cher and Patient's Statements			
OS 3 Claims - Optical	Vouchers			
0		03	(04)	05
Patient Details Presc	ription Patient	Eligibility Su	upplier Declaration Patient	Declaration
Patient's Eligibility				
THE PATIENT WISHES TO ORDER				
Classes Contact Lenses				
	PECALISE O			
THE PATIENT IS ENTITLED TO USE A VOUCHER	BECAUSE			
I ne patient is under 16 The patient is	s full time student aged 16, 17 or 18	at the establishment below		
The patient is a prisoner on leave from the priso	on detailed below			
DETAILS OF ESTABLISHMENT (SCHOOL/COLLE	GE/UNIVERSITY/PRISON)			
test		test		
EVIDENCE OF ELIGIBILITY				
Seen Not Seen				
	T THE PATIENT			
The patient The patient's partner				
PARTNERS NAME	PARTNERS NATIONAL IN	SURANCE NUMBER	PARTNERS DATE OF BIRTH	
Name	AA000000A		dd/mm/yyyy	
MODE OF RECEIVING THE BENEFIT				
Income support Universal credit	Pension credit guarantee cred	tit 🔲 Income related	employment and support allowance	
Income based jobseeker's allowance	Tax credit and patient/patient's par	ther is named on a valid NH:	s tax credit exemption certificate	
THE PATIENT NAMED ON A VALID	CERTIFICATE NUMBER			
HC2 HC3 certificate	Certificate Number			
THE HC3 (BOX B) SHOWS THAT THE VOUCHER	VALUE WILL BE REDUCED BY			
	£ 0.00			
The Patient has been prescribed complex lense	es under the NHS optical voucher s	cheme 0		
declare that the information I have given on this for he NHS sight test fee and payment of a penalty char rersonal data may be disclosed to NHS Business S- dirucation providers. HIA Prison Service, local autho rocessed by PCSE (Capita) and the relevant contri contacting 0300 311 22 33. Where I have provided pr THE SIGNATORY IS THE	rm is correct and complete. I under rge. To enable the NHS to check m ervices Authority. Department for V rites. and bodies performing functi- roller is NHS England. I can find o ersonal data on behalf of another p there is Carer or a Guardian	stand that if it is not, approg y entitlement, and on the bas York and Pensions, HM Rev ons on their behalf. I may a ut more about my rights at erson, they agree to me doin	riate action may be taken against me inclu is of NHS England performing tasks in the enue & Customs, NHS Digital, NHS Count is ob e contacted about this form or the tes https://www.england.nhs.uk/contact-us/priv g so, and I will draw this notice to their atter	ding repayment of public interest, my er Fraud Authority, I My claim will be acy-notice/, or by titon
VAME				
VAME Jack Sparrow				
NAME Jack Sparrow RESIDENTIAL ADDRESS				
VAME Jack Sparrow RESIDENTIAL ADDRESS learch for your residential address by entering your	postcode			
NAME Jack Sparrow RESIDENTIAL ADDRESS Search for your residential address by entering your postcode Postcode Hiddage - Elai 3.8 St Andreue Conce Picture 2011	postcode	Q Enter A	ddress Manually	
Jack Sparrow ARESIDENTIAL ADDRESS Search for your residential address by entering your Postcode Address : Flat 3 8, St. Andrews Cross.PLYMOUTH	postcode	Q Enter A	ddress Manually	
NAME Jack Sparrow RESIDENTIAL ADDRESS Search for your residential address by entering your p Postcode Address : Flat 3.8, St. Andrews Cross, PLYMOUTH Signature:	postcode	Q Enter A	ddress Manually	
NAME Jack Sparrow RESIDENTIAL ADDRESS Search for your residential address by entering your p Postcode Address : Flat 3 8, St. Andrews Cross.PLYMOUTH Signature: Datamon Number: ADA01821	postcode	Q Enter A	ddress Manually	

The following table describes the different fields that you will see on this screen that need to be completed:

Field Name	Mandatory/Optional	Field Description
The Patient wishes to order	*Mandatory	Select the correct option
The patient is entitled to use a voucher because	*Mandatory	Select the correct option
Details of establishment (Name)	Optional	Enter Supplementary town
Details of establishment (Town)	Optional	Enter Supplementary town
Evidence of eligibility	*Mandatory	Select the correct option
Person getting the benefit	Optional	Select the correct option. Values are 'Patient' and 'The Patient's Partner'. Based on your selection, enter the following: Partner Name Partner National Insurance Number Partner Date of Birth
Mode of receiving the benefit	*Mandatory	Select the correct option
The patient name on a valid	*Mandatory	Select the option. Values are HC2 and HC3
Certificate Number	Optional	Enter the number
The HC3 shows that the voucher value will be reduced by	*Mandatory	Enter the value, text box entry (For HC3 only)
The Signatory is the	*Mandatory	Select the relevant option
Name	*Mandatory	Enter the name
Address	*Mandatory	Enter the address
Please either selec	t/scan the QR code or sign	directly into the signature box (for touch enabled devices)

Depending on the electronic signature option you are using, dick or scan the QR Code on the screen.



	\bigcirc	6	-
	04	0	5)
gibility Suppl	er Declaration	Patient De	eclaration
the establishment below			
the establishment below			
Town			
RANCE NUMBER	PARTNERS DATE	OF BIRTH	
	dd/mm/yyyy		6
Income related emp	lovment and support	allowance	
r is named on a valid NHS tax	credit exemption ce	ertificate	
me O			
nd that if it is not, appropriate	e action may be take	n against me includir	ng repayment of
titlement, and on the basis o and Pensions, HM Revenue	f NHS England perfo	orming tasks in the pu Digital, NHS Counter	blic interest, my Fraud Authority
on their behalf. I may also t	be contacted about t	his form or the test.	My claim will be
on, they agree to me doing so	, and I will draw this	notice to their attenti	on
Q Enter Addr	ess Manually		
Q. Enter Addr	ess Manually		
Q Enter Addr	ess Manually		
Q Enter Addr	ess Manually		
Q. Enter Addr	ess Manually		
Q Enter Addr	ess Manually		
Q Enter Addr	ess Manually		
Q Enter Addr	ess Manually		
Q Enter Addr	ess Manually		
Q Enter Addr	ess Manually		
Q Enter Addr	ess Manually lignatory Sa	ve for Later S	ave and Next

When prompted, sign the signature box on the Patient Declaration and select Accept.

GOS 3 - NHS Optical Voucher a	and Patient's Statements
Patients Details	
Name: Dr. Jack Sparrow	
Date of Birth: 30/12/1944	
Address: Flat 3 8, St. Andrews Cross, PLYMOUTH, P	L1 1DN
Patients Eligibility	
Evidence of Eligibility is: Not Seen	
Patient's Declaration	
Patient's Declaration Signature Screen	
I declare that the information I have given on this form and may also be issued with a penalty charge if the inf relevant information from this form with and by PCSE. Counter Fraud Authority, local authorities, and bodies	is correct and complete. I understand that if it is not, appropriate action may be taken against me. I understand that I may have to repay the NHS sight test fee formation I have provided is later found to be incorrect. To enable the NHS to check my entitlement and to prevent and detect fraud I consent to the disclosure of (Capita) on behalf of NHS England, the NHS Business Services Authority. Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS performing functions on their behalf.
	Please sign in the signature box below:
	Z
	Clear Close Accept

On entering the above details, you will have the option to either Save for later or you can proceed further by clicking on Save and Next. On clicking Save and Next, the system will check all the validations and data format. On successful submission, you will be able to fill in the details of the next section i.e. Supplier Declaration.

Selecting Save Awaiting Contractor Signatory means 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.

It will then be ready for the Contractor to access and sign via the option to 'Search for **Claim**' on the dashboard screen.

2.2.5.4 Supplier's Declaration

This is the fourth section of GOS3 daim to be completed by the Supplier, which requires their declaration after viewing the prescription details.

				NH Engla	S nd
IOME OPHTHALMIC HELP					
one - Ophthalmic - GOS3 - NHS Optical Voucher	and Patient's Statements				
GOS 3 Claims - Optical Ve	ouchers				
0 0		0	•	(16)	
Patient Details Prescript	on Patier	nt Eligibility	Supplier Declaration	Patient Declaration	
Date of this Prescription: 10/07/2019		Contractor's nam	e: Specsavers2		
Performer's name. Henry Watson		Performer's num	oer GC-00001		
Patient's Details					
Date of birth: 19/07/2000					
Address: Flat 4 8, St. Andrews Cross, PLYMOUTH, P	L1 1DN				
Patient's Elipibility					
The patient wishes to order glasses and is entitled to	use a voucher because the p	atient has been press	ribed complex lenses under	the riths optical voucher scheme	
Evidence of eligibility is: Seen		The signatory is t	he Patient		
Name John Smith					
Address: Flat 4 8, St. Andrews Cross, PLYMOUTH, P	L1 1DN	Authorization Co.	In DA SAETEE		
VIALUET CODE ALIATURE/		Authoritiation Co	/E FA340100		
Prescription					
Right: Sph -09.75; Cyl -09.75; Axis 100; Prism 99.7	5; Base IN	Left Sph 99.75;	Cyl 99.75; Axia 180; Prism 95	.75; Base UP	
Right: Sph 99.75; Priem 99.75; Base OT Distance / Bitocal Vinucher: Tune Comm	dex Supplements Priam	Left Sph 99.75; Reading Voucher	Prism 99.75; Base DN Type: Complex Surviewente	Prism Supplements: Test	
Supplements: Tint			The contract on the second		
Performer's name. Henry Watson		Performer List No	mber: GC-00001		
If distance pair If near pair If bi-local If requires a new or changed prescription If the prescription	/ vanfocal pair	prescription but has gl	asses / contact ienses which a	re unserviceable due to fair wear	
Supplements provided					
CLAM Supplements provided 15T PAIR 0					
CLAM Supprements provided ST FAIR () Prism 1 • Tint 1	▼ + 👻 Small Glas	ses 54			
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LLUM Supprentis provided IST FAIR 0 First 1 + Tel 1 Special facial characteristics Prism confer 2ND PAIR Prism Please Select + Tint Please Select Special facial characteristics The patient claims under the NHS optical vocather a Actual relai cost of glasses / contact lenses		ses 54 sees mer fat Pair too.op	2nd Pair T C 0 00	otal 190.00 (1)	Ĩ.
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LLUM LLUM LLUM ISTFAIR 0 Prim 1 • Tit 1 Special facial characteristics • Prim Please Select Special facial characteristics • Please Select Special facial characteristics • Please Select Special facial characteristics • Please Select The patient claims under the NHS optical voccher s Actual retal cost of glasses / contact lenses Total of vocchers) and supplement(s) (specified above Patient's contribution as stewn by box B of HC3 of app		ses 54	2nd Pair 1 C 0.00 C 0.00	otat 100.00 (1) 100.00 (2) 0.00 (3)	
LLUM Supportents provided IST FARE 0 Pitum 1 • + Ticl 1 IS Special facial characteristics IS Special relation of glasses / contact lenses Total of vouchers) and suppermettigs (possified above Patient's controlution as shown by box B of HC3 (if app Total claim for glasses / contact lenses (1 or 2 - whicher		ters 54	2nd Pair T	otal 190.00 (1) 190.00 (2) 0.00 (3) 190.00 (4)	
LLUM LLUM Suppriments provided STFDAR () Prism 1 + Tet 1 Special facial characteristics Special facial characteristics Special facial characteristics The patient claims under the NHS optical vocater is Actual retail cost of glasses / contact lenses Total of vocaters) and supplement(s) (specified above Patient's contribution as shown by box 8 of HC3 (if app Patient's contribution as shown by box 8 of HC3 (if app Total claim for glasses / contact lenses Total claim for glasses / contact lenses (t or 2 - whicher DECLARATION Lisim payment shown above under the NHS (Optical for Call claim for glasses / contact lenses (t or 2 - whicher DECLARATION Lisim payment shown above under the NHS (Optical for DECLARATION Lisim payment shown above under the NHS (Declared the negret of DECLARATION Lisim payment shown above under the NHS (Declared the negret of DECLARATION Lisim payment shown above under the NHS (Declared the negret of DECLARATION Lisim payment shown above under the NHS (Declared the negret of DECLARATION Lisim payment shown above under the NHS (Declared the negret of DECLARATION Lisim payment shown above under the NHS (Declared the negret of DECLARATION Lisim payment shown above under the NHS (Declared the negret of DECLARATION Lisim payment shown above under the NHS (Declared the negret of DECLARATION Lisim payment shown above under the negret of DECLARATION Lisim payment shown above under the NHS (Declared the negret of DECLARATION Lisim payment shown above under the NHS (Declared the negret of DECLARATION Lisim payment shown above under the NHS (Declared the negret of DEC		tes 54 Tat Pair Tat Pair Tat Pair Tat Pair Tat 0.00 Tat Pair Tat appropriate 1 unde coulton and or coult pair additions 2011.1 i declaren addi	2nd Pair T C 0.00 C 0.00 C 0.00 I that the information given on rstand that if i withhold inform coeredings. I uncentand that in rghts at. https://www.engand.it	otal 100.00 (1) 100.00 (2) 0.00 (3) 100.00 (4) this form is correct and complete turtion or provide take or misiad turtion or provide take or misiad turtion or provide take or misiad	nd ng tay tay
LLUM LLUM Supportents provided STFARE 0 Prism 1 + Tet 1 Special facial characteristics Prism contr Special facial characteristics Prism control Special facial characteristics Prism Plasse Select Special facial characteristics Plasse Select Special facial characteristics Plasse Select Plasse Select + Tet Plasse Select Teta claims and the NHS optical vocations Actual Plasse Select + Teta Plasse Select Plasse Select + Teta Plasse Select + Teta Plasse Select Plasse Select + Teta Plasse Select + Teta Plasse Select Plasse Select + Teta Plasse + Teta Plasse Select + Teta Plasse + Teta Pl		ses 54 Test Pair Test Pair Test	2nd Pair T C 0.00 III C 0.00 IIII C 0.00 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	otal 190.00 (1) 100.00 (2) 0.00 (3) 100.00 (4) this form is correct and complete a sufform or provide faile or minicad third form is correct and complete a the ubicontact-apphrag-rotices or	nd rg by by
LLUM LLUM LLUM Special sponded UST FARE 0 Pitum 1		tes 54 tes 54 tes 54 tes 54 tes 54 tes 54 tes 54 tes 54 tes 54 tes 54 tes 54 tes 54 tes 54 tes 54 tes 54 tes 54 tes 54 tes 54 tes 54 tes 54 tes 54 tes 54 t	2nd Pair T C 0.00 C 0.0	otal 100.00 (1) 100.00 (2) 100.00 (3) 100.00 (4) 100.00 (4) Its form is correct and complete anter or provide fore or motion the provi	nd ng ng ty ty

The Supplier can view the details that have already been entered and then complete the Supplier's Declaration.

The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Desc
In accordance with the prescription I have Supplied	*Mandatory	Select the a
Claim	*Mandatory	Select the a selection
Actual retail cost of glasses/ contact lenses	Optional	Enter value
Total of voucher(s) and supplement(s)	*Mandatory	Auto popula the 'Claim'
Patient's contribution	Optional	Must be en
Total Claim for glasses/contact lenses	*Mandatory	Auto popula
Date of first/ only pair supplied	*Mandatory	Enter the da
A to Fills of Consult		

Auto Filled Supplier's Details

Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices)

On entering the above details, you will have the option to either:

If the claim is not ready to be submitted the option to **Revert to draft** should be selected so the form can be re-visited and amended at a later time.

If the daim is not needed and should not be submitted the option to Cancel Claim should be selected. It will still be available to view via 'Search for claim'. All cancelled claims are still viewable

Save for later - The system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click, Save and Next. At this point, 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. When you have successfully inputted all the correct details the Save and Next button will take you to the next section, Patient Declaration.

Using PCSE Online for Ophthalmic Payment services

ription

ppropriate option(s)

appropriate option from the dropdown & checkbox

only if less than value of the voucher

ates based on prescription and option(s) selected in section

tered if Patient's eligibility is HC3

ates based on values entered above

ate

2.2.5.5 Patient's Declaration

This is the last section of the GOS3 claim where the patient will sign their declaration.

The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Signatory Received	*Mandatory	Select the relevant option from the tick boxes
The Signatory is the: Patient, Patient's Parent or Patient's Parent or Guardian	*Mandatory	Select the correct option
Name	*Mandatory	If 'Patient' is selected, their name will auto populate.
Address	*Mandatory	If 'address' is selected, their name will auto populate
Please either select/scan the Q	R code or sign directly into	the signature box (for touch enabled devices)

Depending on the electronic signature option you are using, dick or scan the QR Code on the screen.

When prompted, sign the signature box on the Patient Declaration and select Accept.

A dialogue box will appear to confirm the signature has been saved successfully on this form. Click close to progress to the next step.

	Message	×	
	Signature saved successfully		
GOS 3 - NHS Optical Voucher and			
Patient's Declaration Signature Screen		Close	
I confirm that I have received 1 Distance pair Near pair			
Patient's Declaration Signature Screen I declare that the information I have given on this form is com- penalty charge. To enable the NHS to check my entitlement, Department for Work and Pensions, HM Revenue & Custom may also be contacted about this form or the test. My claim v us/privacy-notice/ or by confacting 0300 311 22 33. Where I I	ect and complete. I understand that if it is not, appropriate action may be t and on the basis of NHS England performing fasks in the public interest, n s, NHS Digital, NHS Counter Fraud Authority, education providers, HIM Pri it be processed by POSE (Capita) and the relevant controller is NHS Eng nave provided personal data on behalf of another person, they agree to m	taken against me incluc my personal data may t ison Service, local auth gland. I can find out mo ie doing so, and I will dr	ing repayment of the NHS sight test fee and payment of a ie disclosed to NHS Business Services Authority, prities, and bodies performing functions on their behalf. I re about my rights at: https://www.england.nhs.uk/contact- aw this notice to their attention
	Please sign in the signature box below:		

Once all the relevant information has been entered and the patient's signature captured, select to either Save for later or to Submit for payment.

2.2.6 Search for Existing GOS3 Voucher

Ophthalmic dashboard.



Selecting Search for a GOS3 Voucher will then display the following screen:

GOS 3 Claims - Ontica	Vouchers	- R
	AUTHORISA	
Voucher Code	Authorisation	n Code
SEARCH BY DATE FROM	SEARCH BY	DATE TO
dd/mm/yyyy	dd/mm/yyyy	
CONTRACTOR'S NAME:	PERFORMER	S NAME
Search	Please Sele	ct

You can search for an existing GOS3 voucher from the Search for a Claim screen, on the

r2@mastel	k.com	🔤 4 Messages	Change Organisatio	n ØSettings	Die Log out	
					NHS England	
ier	Sea	arch for a GO	S6 PVN			

er2@mastek.com	• 🖂	Messages	Change Organisation	Settings	€ Log out	
					NHS England	
/ouchers - Retrie	eval					
al						
		PATIENT'S	SURNAME			
e	1	Patient St	urname			
		VOUCHER	STATUS			
	•	Please se	elect		۲	
					Search	

You can quickly search for a voucher issued by different contractors by entering the following details:

- Voucher Code
- Authorisation Code

To search for a voucher created in your practice, you should select your practice under 'Contractor's name'. You do not need the voucher code and authorisation code. If a GOS3 voucher is issued electronically on PCSE Online or eGOS a copy can be printed for the patient. The voucher will include a unique reference number and authorisation code.

If the patient chooses to take their GOS3 voucher to another practice that is also using PCSE Online or eGOS t will be possible to search for t using the reference number and authorisation code and continue the process electronically.

However, if the other practice isn't using PCSE or eGOS, the process will need to be continued on a paper GOS3 form.

IOME OPHTHALMIC HELP					
ome GOS 3 - NHS Optical Vouc	her and Patient's Sta	atements = GOS 3 Claims – Optical	Vouchers - Retrieval		
505 3 Claims – C	Jptical v	ouchers - Retriev	ai		
OUCHER CODE:		AUTHORISATION CODE:			
ADA02071		MTI19824			
EARCH BY DATE FROM		SEARCH BY DATE TO		PATIENT'S SURNAME	
dd/mm/yyyy		dd/mm/yyyy		Patient Surname	
ONTRACTOR'S NAME:		PERFORMER'S NAME:		VOUCHER STATUS	
Search		Please Select	Ŧ	Please select	•

When you dick on the **Search** button, search results will be displayed as shown below.

	& manveer2@m	astek.com 🖂	4 Messages Change Orga	nisation Settings 🕞 Log out
CSE Online				NHS England
HOME OPHTHALMIC HELP				
tome > GOS 3 - NHS Optical Voucher and Patient's	Statements B GOS 3 Claims - Optical Vouche	ers - Retrieval		
GOS 3 Claims – Optical V	Vouchers - Retrieval			
VOUCHER CODE:	AUTHORISATION CODE:			
ADA02071	MTI19824			
SEARCH BY DATE FROM	SEARCH BY DATE TO		PATIENT'S SURNAME	
dd/mm/yyyy	dd/mm/yyyy	m	Patient Surname	
CONTRACTOR'S NAME:	PERFORMER'S NAME:	PERFORMER'S NAME:		
Search	Please Select		Please select	*
Contractor's Name Performer's Na enskart suman2 tanveer	Date of Sight Test 2 27/08/2018	Patient S Sparrow	urname	Search reate GOS 3 Claim
Showing 1 to 1 of 1 entries				

Clicking on Create GOS3 Claim will take you to the prescription section of the form from where you can review the prescription and create a GOS3 daim. Please refer to the previous GOS3 Prescription section.

2.2.6.1 Voucher issued by Same Contractor/Practice

To search for a voucher created in the same practice, you should first select your practice under 'Contractor's name'. You do not need the voucher code and authorisation code.

You can then enter any of the following criteria in the GOS3 Claims - Optical Voucher - Retrieval screen:

- Search by Date From
- Contractor's Name
- Search by Date To
- Performer's Name
- Patient's Surname
- Voucher Status

Select Search to see the results. Clicking on Create GOS3 Claim will take you to the prescription section of the form and you can create a GOS3 claim after reviewing the prescription. Please refer to the previous GOS3 Prescription section.

HOME OPHTHALMIC	HELP				
Home GOS 3 - NHS Opti	ical Voucher and Patient's State	ements 🍵 GOS 3 Claims – Optical Vo	uchers - Retrieval		
GOS 3 Claim	s – Optical Vo	uchers - Retrieval	l		
VOUCHER CODE:		AUTHORISATION CODE:			
Voucher Code		Authorisation Code			
SEARCH BY DATE FROM		SEARCH BY DATE TO		PATIENT'S SURNAME	
dd/mm/yyyy		dd/mm/yyyy		sparrow	
CONTRACTOR'S NAME:		PERFORMER'S NAME:		VOUCHER STATUS	
Search		Please Select	٣	Please select	•
Contractor's Name	Performer's Name	Date of Sight Test	Patient S	Surname	Search
Lenskart	sumanz tanveerz	2//06/2016	Sparrow	Creat	e GUS 3 Claim
Lenskart	suman2 tanveer2	24/08/2018	Sparrow	Creat	e GOS 3 Claim
Lenskart	suman2 tanveer2	24/08/2018	Sparrow	Creat	e GOS 3 Claim
Lenskart	Sneha Gajway	12/08/2018	Sparrow		

GOS4 - NHS Optical Repair/Replacement Claim 2.3

The GOS4 claim is for NHS Optical repair/replacement voucher application form. This particular claim form is divided into 6 parts.

2.3.1 Patient's Details

This is the first section of the GOS4 claim where you need to enter the patient's details. Screen shot of the referred screen is shown below:

CSE Online				NHS Englan
ome ophthalmic	HELP			
ome » Ophthalmic » G	OS4 - NHS Optical repair/rep	lacement voucher applicat	ion form	
OS4 - NHS	Optical repair	r/replacemen	t voucher app	olication form
01	02	03	04	05 06
Patient's Details	Patient's Eligibility	Patient's Declaration	NHS England Approval	Supplier's Declaration Patient's Declaration 2
CONTRACTOR'S NAME		PERFORMER'S NAME		PERFORMER'S NUMBER
Specsaver's		akash gos claimant		GC-23456
OUR REFERENCE				
Reference Number				
Patient's Details	0		FIRST NAMES	
Patient's Details	0	,	FIRST NAMES	
Patient's Details	0	•	FIRST NAMES First Names PREVIOUS SURNAME @	
Patient's Details TITLE Please select SURNAME Surname	0	,	FIRST NAMES First Names PREVIOUS SURNAME () Previous Surname	
Patient's Details	dress by entering your postor	•	FIRST NAMES First Names PREVIOUS SURNAME () Previous Surname	
Patient's Details	ddress by entering your postcr	v	FIRST NAMES First Names PREVIOUS SURNAME @ Previous Surname	Please enter the address manually
Patient's Details TITLE Please select SURNAME Surname ADDRESS Search for your residential a Postcode ADDRESS:	• ddress by entering your postco	v	FIRST NAMES First Names PREVIOUS SURNAME () Previous Surname	Please enter the address manually
Patient's Details TITLE Please select SURNAME Surname ADDRESS Search for your residential a Postcode ADDRESS: DATE OF BIRTH	ddress by entering your postco	ode NHS NO.	FIRST NAMES First Names PREVIOUS SURNAME @ Previous Surname	Please enter the address manually N.I. NO.
Patient's Details	ddress by entering your postco	ode NHS NO. NHS NO	FIRST NAMES First Names PREVIOUS SURNAME () Previous Surname	Please enter the address manually N.I. NO. AA000000A
Patient's Details	ddress by entering your postco	ode NHS NO. NHS NO	FIRST NAMES First Names PREVIOUS SURNAME () Previous Surname	Please enter the address manually N.I. NO. AA000000A
Patient's Details		ode NHS NO. NHS NO First test	FIRST NAMES First Names PREVIOUS SURNAME () Previous Surname	Please enter the address manually N.I. NO. AA000000A
Patient's Details	ddress by entering your postcr ddress by entering Your postcr	ode NHS NO. NHS NO First test	FIRST NAMES FIRST Names PREVIOUS SURNAME () Previous Surname Q Ot known	Please enter the address manually N.I. NO. AA000000A
Patient's Details		ode NHS NO. NHS NO First test	FIRST NAMES First Names PREVIOUS SURNAME Previous Surname Q	Please enter the address manually N.I. NO. AA000000A
Patient's Details ITTLE Please select SURNAME SURNAME SURNAME SURNAME Surname ADDRESS Search for your residential a Postcode ADDRESS: DATE OF BIRTH dd/mm/yyyy DATE OF LAST SIGHT TESS dd/mm/yyyy	ddress by entering your postor	ode NHS NO. NHS NO First test	FIRST NAMES FIRST Names PREVIOUS SURNAME Previous Surname Q	Please enter the address manually N.I. NO. AA000000A Save for Later Save and Next

The following table depicts the description of the above screen.

Field Name	Mandatory/Optional	Field Description
Contractor's Name	*Mandatory	The contractor name will populate in the text box based on the organisation you are logged in to'
Performer's Name	*Optional	Enter the performer's name, text box entry If you are a contractor, then automatically the performers under your list will be available here from where you have to select the respective one. If you are the Performer your name will populate in the text box automatically
Performer's Number	*Optional	The Performer number will populate in the text box based on the Performer that has been selected
Your Reference	Optional	Enter the Reference, text box entry
Title	Optional	Select the title/salutation, dropdown selection
First Name	*Mandatory	Enter the first name, text box entry
Surname	*Mandatory	Enter the sumame, text box entry
Previous Sumame	Optional	Enter the previous sumame, text box entry
Address	*Mandatory	Either you can put your post code to search your address online or you can manually enter your address (text box entry)
Date of Birth	*Mandatory	Enter your date of birth, calendar widget
NHS Number	Optional	Enter your NHS number, text box entry
N.I.NO.	Optional	Enter your National Insurance Number, text box entry
Date of Last Sight Test	*Mandatory	Enter the date of last sight test, calendar widget or select First Test or Not Known

When you have entered the details, you will have the option to select either 'Save for later' or '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: 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 is important to note that 'Save for Later' does not validate the entered data. Validation checks would be performed on clicking 'Save & Next'.

On successful submission, the system will automatically generate a CLAIM **NUMBER** for further reference.

2.3.2 Patient's Eligibility

This is the second section of the GOS4 daim where you need to enter the patient's eligibility. An illustration of the screen is shown below:

CSE Online	
iome ophthalmic help	
ome 🌸 Ophthalmic 👒 GOS4 - NHS Optical repai	r/replacement voucher application
GOS4 - NHS Optical rep	air/replacement
02	(03)
Patient's Datails Patient's Elizibility	Batiant's Declaration
Patient's Eligibility	Patient's Declaration
The patient is under 16	under 18 and in the care of the local
The patient is full time student aged 16, 17 or 18	3 at the school / college / university t
DETAILS OF ESTABLISHMENT (SCHOOL / COLLE	GE / UNIVERSITY / PRISON / LOC
Name	
VIDENCE OF ELIGIBILITY	
Seen Not seen	
The patient The patient's partner PARTNER'S NAME	PARTNER'S N.I. NO.
Name	A000000A
NODE OF RECEIVING THE BENEFIT	
Income Support Universal Credit	Pension Credit Guarantee Cre
Income-based Jobseeker's Allowance	Tax Credit and the patient/ patient a
THE PATIENT IS NAMED ON A VALID	CERTIFICATE NUMBER
HC2 HC3 certificate	Certificate Number
HE HC3 (BOX B) SHOWS THAT THE VOUCHER V	ALUE WILL BE REDUCED BY
The Patient has been prescribed complex lense	s under the NHS optical voucher sci
The patient provided the description below for h	ow the loss or damage happened
Claim Number: ADA02183	
Claim Number: ADA02183 Previous	

	NHS England
orm	
oucher ap	plication form
04)	(05)
HS England Approval	Supplier's Declaration Patient's Declaration 2
authority detailed below	
low The patient	t is a prisoner on leave from the prison detailed below
L AUTHORITY)	
Town	
	PARTNER'S DATE OF BIRTH
	PARTNER'S DATE OF BIRTH
t Income-relate	PARTNER'S DATE OF BIRTH dd/mm/yyyy dd Employment and Support Allowance
t Income-relate	PARTNER'S DATE OF BIRTH dd/mm/yyyy d Employment and Support Allowance med on a valid NHS Tax Credit Exemption Certificate
t Income-relate	PARTNER'S DATE OF BIRTH dd/mm/yyyy dd Employment and Support Allowance med on a valid NHS Tax Credit Exemption Certificate
t Income-relate d patient's partner are na	PARTNER'S DATE OF BIRTH dd/mm//yyyy demployment and Support Allowance med on a valid NHS Tax Credit Exemption Certificate
it Income-relate	PARTNER'S DATE OF BIRTH dd/mm//yyyy d Employment and Support Allowance med on a valid NHS Tax Credit Exemption Certificate
t Income-relate d patient's partner are na	PARTNER'S DATE OF BIRTH dd/mm/yyyy d Employment and Support Allowance med on a valid NHS Tax Credit Exemption Certificate
t Income-relate d patient's partner are na	PARTNER'S DATE OF BIRTH dd/mm//yyyy d Employment and Support Allowance med on a valid NHS Tax Credit Exemption Certificate
t Income-relate d patient's partner are na	PARTNER'S DATE OF BIRTH dd/mm/yyyy d Employment and Support Allowance med on a valid NHS Tax Credit Exemption Certificate
It Income-relate	PARTNER'S DATE OF BIRTH dd/mm//yyyy d Employment and Support Allowance med on a valid NHS Tax Credit Exemption Certificate
it Income-relate	PARTNER'S DATE OF BIRTH dd/mm/lyyyy d Employment and Support Allowance med on a valid NHS Tax Credit Exemption Certificate

The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
Patient's Eligibility	Mandatory	Enter the NHS Eligibility Reason, checkbox selection
Details of Establishment (Name)	Conditional/Mandatory	 This is mandatory for the following eligibility categories: I'm a full time student I'm a prisoner on leave I'm considered to be at risk of glaucoma I am registered blind/partially sighted I suffer from diabetes/glaucoma Enter Supplementary Name, text box entry
Details of Establishment (Town)	Conditional/Mandatory	 This is mandatory for the following eligibility categories: I'm a full time student I'm a prisoner on leave I'm considered to be at risk of glaucoma I am registered blind/partially sighted I suffer from diabetes/glaucoma Enter Supplementary town, text box entry
Evidence of Eligibility	*Mandatory	Select Yes or No
Person Getting the benefit	Conditional/Mandatory	Select the desired option, Checkbox selection; values are Patient and The Patient's Partner. If Patient's Partner is selected, enter the following: Partner's Name Partner's Date of Birth
Mode of Receiving the Benefit	Conditional/Mandatory	Select the desired option, Checkbox selection
The patient is named on a valid	Optional	Mandatory if Patient's Eligibility is HC2 or HC3. Select the option, Checkbox selection. If selected, enter certificate number
Certificate Number	Optional	If selected The patient is named on a valid, enter certificate number
The HC3 (Box B) shows that the voucher value will be reduced by	Optional	Enter the voucher value, textbox entry. Field become enable only after selecting HC3 option in the previous field
I have been prescribed complex lenses under the NHS optical voucher scheme	Conditional/Mandatory	Select the desired option, Checkbox selection

Field Name	Mandatory/Optional	Field Desc
The patient provided the description below for how the loss or damage happened	Conditional/Mandatory	Mandatory u care of a loc selection
Damage/Loss Reason	Conditional	If selected Th the loss or d box

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.

Save and Next: 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.

On successful submission, you will be able to fill in the details of the next part/section i.e. **Patient's Declaration**.

Continued \rightarrow

ription

unless the patient is a under 16 or under 18 in the cal authority. Select the desired option, Checkbox

The patient provided the description below for how damage happened then enter the details in the text

2.3.3 Patient's Declaration

This is the third section of the GOS4 claim where you will accept the patient's declaration. An illustration of the screen is shown below:



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

Patients Details	
Name: Akash gos6	
Date of birth: 01/02/2000	Address: Flat 3 8, St. Andrews Cross, PLYMOUTH, PL1 1DN
Date of last sight test: First test	
Patients Eligibility	
Evidence of Eligibility is: Seen	
The patient receives Income Support	
The patient provided the description below for how	v the loss or damage happened
Test	
Patient's Declaration Signature Screen	form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the NHS sight test fee and payment of a penalty charge. To enable the
Controller is NHS England. I can find out more abo controller is NHS England. I can find out more abo will draw this notice to their attention	England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Automotiv, Department for 'Work and Pensions, HIA Revenue & Customs, NHS Digital, 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 aut 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 sc Please sinn in the sinnature hox helow.
to check my enhancement, and of me dotatio dotation providers. HM controller is NHS England. I can find out more abo will draw this notice to their attention	England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Authonity. Department for 'Work and Pensions, HM Revenue & Customs, NHS Digital, I Prison Service, local authonities, 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 out my rights at: https://www.england.nhs.ukicontact-usiprivacy-noticel or by contacting 0300 311 22 33. Where I have provided personal data on behalf of another person, they agree to me doing sc Please sign in the signature box below: Please sign in the signature box below:

The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
The Signatory is the	*Mandatory	Select the desired option, mandatory field
Name	*Mandatory	Enter the name, text box entry. If 'Patient' is selected, their name will auto populate
Address	*Mandatory	Enter the name, text box entry. If 'Patient' is selected, their address will auto populate

Please either select/scan the QR code 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 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.

Save and Next: 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.

The next section of the form will require the NHS England Approval.

2.3.4 NHS England Approval

This is the fourth section of the GOS4 claim where you need to have the NHS England Approval.

All GOS4 voucher claims for adults aged 16 and over need to be pre-approved by NHS Business Services Authority (NHSBSA).

Contractors should ring NHSBSA on 0300 330 9403 between 08:00 and 16:30, Monday to Friday to make the request.

An illustration of twhe screen is shown below:

PCSE Onlin	e		
HOME OPHTHALMIC	; Help		
Home » Ophthalmic »	GOS4 - NHS Optical repair/re	placement voucher applicat	ion
GOS4 - NHS	Optical repai	r/replacemen	t
O			
Patient's Details	Patient's Eligibility	Patient's Declaration	N
NHS England Appro	oval		
APPROVAL CODE			
Previous			
© NHS England 2019. All right	s reserved. <u>Terms & Conditions</u> <u>F</u>	Privacy <u>Accessibility</u> <u>Cookies</u>	

The following table depicts the description of the above screen:

Field Name	Mandatory/Optional
Approval Code	*Conditional

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.

	m ⊠0 Messages C	hange Organisation	Settings ⊕ Log out
			England
orm			
oucher a	application	n form	
04	05)	06
HS England Appr	oval Supplier's De	eclaration Patie	ent's Declaration 2
	Save for Later	Save awaiting S	Supplier Signatory

Field Description
This is mandatory for adults age 16 and over. Enter the approval code, text box entry

Save and Next: 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.

The next section of the form will require the NHS England Approval. Save awaiting Supplier 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 Supplier to access and sign via the option to 'Search for Claim' on the dashboard screen.

2.3.5 Supplier's Declaration

This is the fifth section of the GOS4 daim where you need to have the supplier's declaration. An illustration of the screen is shown below:





SPH +/-	CYL AXIS	PRISM	BASE	
09.00 -	000 000	00.00		
SPH		PRISM	BASE	
00.00		00.00	•	
Complex	SUPPLEMENTS			
(TANGSON)	Prism	Tant		
			(1)	
		6 8 86	(2)	
		10.00	149	
	mm			
		2.0.00	(4)	
		0.000	(5)	
		18.8.00	(8)	
		6.0.00	(7)	
		8.00	(B)	
		00.63		
I declare that the term is a understand the	information given on th at if I withhold informa	is form is corre tion or provide	ct and complete and false or misleading	
or civil proceedings about my rights at 1	I understand that my https://www.england.nh/	personal data s uk/contact-us	will be processed by /privacy-notice/ or by	
	Studio 103 The Bus	iness Centre 6	I, Wellteld Road, R	
x (for touch enabled	devices)			
- Death			-	
Can	cer Claim Save	of Later	save and Next	

The Supplier can view the details (as entered so far) by the performer/contractors. After viewing the same, he will fill up the Suppliers Declaration which on submitting will go further for Patient Declaration for the second time.

The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
Repaired/ Replaced	*Mandatory	Select the desired option, checkbox selection
Distance pair/ near pair/ bi-focal, varifocal pair	*Mandatory	Select the desired option, checkbox selection
Prescription		
Right Distance	Optional	 Mandatory in the case of replacement or lens repair. Enter the respective values SPH & CYL (+/-) text box entry Axis, Prism and Base (Auto increment field) Minimum requirement is a value on SPH (which can be 0.00 in one eye)
Left Distance	Optional	 Mandatory in the case of replacement or lens repair. Enter the respective values SPH & CYL (+/-) text box entry Axis, Prism and Base (Auto increment field) Minimum requirement is a value on SPH (which can be 0.00 in one eye)
VoucherType	Optional	Select the desired option, dropdown & checkbox selection
Supplements	Optional	Select the desired option, checkbox selection
Parts		
Voucher value to the above prescription (1)	Auto-populated	The value will auto-populate for Replaced scenario
Lens/C.L(2)	Optional	If Repair is for Lens(es), select the desired option. The value will auto-populate based on checkbox selection
Frame(3)	Optional	If Repair is for Frame, select the desired option. The value will auto-populate based on checkbox selection
Supplements(4)	Optional	The value of Supplements will auto populate based on the option(s)selection: Enter 1 or 2 in the Prism and Tint value if required. Select small glasses, special facial characteristics, prism controlled bifocals if required. If small glasses selected, mm value must be entered

Continued \rightarrow

Field NameMandatory/OptionalField NameVoucher value plus any supplements(s) (sum of 1+4)(5)Auto-populatedSu	Field Desc furn of Vouc alue in the
Voucher valueAuto-populatedSuplus anyvaluesupplements(s)value(sum of 1+4)(5)value	ium of Vouc alue in the
• • • • • •	una of los
Or parts at Auto-populated Su current prices re plus any supplement(s) (sum of 2+3+4) (6)	epaired
Or actual retail Optional Er cost of (7)	inter retail o
Patient's Optional Te contribution as shown by BOX B of certificate HC3 (if applicable) (8)	ēxt-box en
Total Claim Auto-populatedl Po (5 or 6, or 7 whichever is the lowest, minus 8)	Populated va
Auto filled Contractor's Details	

Please either select/scan the QR code 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', 'Revert to draft', 'Cancel Claim ', '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.

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.

Cancel Claim: This button can be selected when the claim is no more required. It will still be available to view via 'Search for daim'. All cancelled claims are still viewable.

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: 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.

Using PCSE Online for Ophthalmic Payment services

ription

cher value to the above prescription plus supplements case of Replaced

s plus frame plus supplements value in the case of

cost if less than value of voucher

ıtry

alue based on the calculation of 5, 6, 7 and 8 values

2.3.6 Patient's Declaration

This is the sixth and final section of the GOS4 claim where you need to again get the patient's declaration. An illustration of the screen is shown below:



GOS4 - NHS Optical repair/replacen	ent voucher application form	
Patients Declaration		
The signatory is Akash gos6		
Address: Flat 3 8, St. Andrews Cross, PLYMOUTH, PL1 1DN		
Patient's Declaration Signature Screen		
I declare that the information I have given on this form is corre to check my entitlement, and on the basis of NHS England per Courter Fraud Authority, education providers, HM Prison Serve controller is NHS England. I can find out more about my rights will draw this notice to their attention	Land complete. I understand that if it is not, appropriate action may be taken against me including repayment of the orming tasks in the public interest, my personal data may be disclosed to NHS Business Services Authority. Depar e. local authorities, and bodies performing functions on their behard. I may also be contacted about this form or the at: https://www.england.nhs.uk/contact-us/privacy-notice/ or by contacting 0300 311 22 33. Where I have provided p	e NHS sight test fee and payment of a penalty charge. To enable the NHS timent for Work and Pensions, HiN Revenue & Customs, NHS Digital, NHS test. My claim will be processed by PCSE (Capital and the relevant personal data on behalf of another person, they agree to me doing so, and i
	Please sign in the signature box below:	
	Clear Close Accept	

The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Desc
The Patient confirmed that their distance pair, near pair, bifocal/varifocal pair	*Auto-populated	This will au Supplier's D
Have been repaired, replaced	*Mandatory	Select the c
The Signatory is the: Patient, Patient's Parent or Patient's Parent or Guardian	*Mandatory	Select the c
Name	*Mandatory	If Patient is
Address Search for an address by using postcode	*Mandatory	If Patient is

Please either select/scan the QR code 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 'Save for later' or 'Submit'.

Save for later: On clicking this button the system will save what you have entered but it will not automatically validate it.

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cription

Ito populate based on what has been selected in the Declaration

desired option, checkbox selection

desired option, checkbox selection

selected, their name will auto populate

selected, their address will auto populate

Submit: This button can be selected when the declaration is accepted and the claim can be sent to PCSE for processing and payment. The claim will further proceed to GMP users.

Once the claim submitted successfully, it will be forwarded to the GMP who will be responsible to process it further.

GOS5 Claim - Private Eye Test 2.4

The GOS5 Private Eye Test daim form is divided into five parts.

2.4.1 Patient's Details

This is the first section of the GOS5 claim where you need to enter the patient's details.

				2 messages onlinge organisat	ion woodings er Logic
CSE Online					NHS England
Home ophthalmic Hel	P				
lome » Ophthalmic » GOS 5 C	laim - Private Eye Test				
30S5 Claim - Pı	rivate Eye Test				
					(05)
UT	02	03		04	05
Patient's Details	Patient's Eligibility	Patient's Decl	laration Perfe	ormer's Declaration Co	ntractor Signatory's Declaration
I HAVE TESTED THE SIGHT OF 1	THE PERSON NAMED ON THIS	FORM ON			
16/08/2018	#				
CONTRACTOR'S NAME	PERFO	RMER'S NAME		PERFORMER'S NUMBER	
Lenskart	sumar	n2 tanveer2		64553433	
Reference Number					
TITLE Please select		FI T	IRST NAME		
TITLE Please select SURNAME		Fi •	IRST NAME First Name REVIOUS SURNAME @		
TITLE Please select SURNAME Sumame		Fi • Fi	IRST NAME First Name REVIOUS SURNAME @ Previous Surname		
TITLE Please select SURNAME Surname ADDRESS		Fi j	IRST NAME First Name REVIOUS SURNAME ① Previous Surname	9	
TITLE Please select SURNAME Surname ADDRESS Search for your residential address Postcode	by entering your postcode	Fi Pi	IRST NAME First Name REVIOUS SURNAME ① Previous Surname	Finter Address Manually	
TITLE Please select SURNAME Surname ADDRESS Search for your residential address Postcode Address:	by entering your postcode	Pi	IRST NAME First Name REVIOUS SURNAME Previous Surname Q	Enter Address Manually	
TITLE Please select SURNAME Surname ADDRESS Search for your residential address Postcode Address: DATE OF BIRTH	by entering your postcode	JMBER	IRST NAME First Name REVIOUS SURNAME Previous Surname Q	Enter Address Manually	BER
TITLE Please select SURNAME Surname ADDRESS Search for your residential address Postcode Address: DATE OF BIRTH dd/mm/yyyy	by entering your postcode NHS NL	JMBER Jumber	IRST NAME First Name REVIOUS SURNAME Previous Surname Q	Enter Address Manually NATIONAL INSURANCE NUM AA000000A	BER
TITLE Please select SURNAME Surname ADDRESS Search for your residential address Postcode Address: DATE OF BIRTH dd/mm/yyyy DATE OF LAST SIGHT TEST	by entering your postcode NHS NL NHS N	JMBER Jumber	IRST NAME First Name REVIOUS SURNAME Previous Surname Q	Enter Address Manually NATIONAL INSURANCE NUM AA000000A	BER
TITLE Please select SURNAME Surname ADDRESS Search for your residential address Postcode Address: DATE OF BIRTH dd/mm/yyyy DATE OF LAST SIGHT TEST dd/mm/yyyy	a by entering your postcode NHS NL MHS NL Fill Fill Fill Fill Fill Fill Fill Fil	JMBER Jumber	IRST NAME First Name REVIOUS SURNAME Previous Surname Q	Enter Address Manually NATIONAL INSURANCE NUM AA000000A	BER
TITLE Please select SURNAME Surname ADDRESS Search for your residential address Postcode Address: DATE OF BIRTH dd/mm/yyyy DATE OF LAST SIGHT TEST dd/mm/yyyy Glaim Number:	: by entering your postcode NHS NL MHS N E	JMBER Vumber	IRST NAME First Name REVIOUS SURNAME Previous Surname Q nown	Enter Address Manually NATIONAL INSURANCE NUM AA000000A	BER
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The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Sight Test Date	Optional	Enter the sight test date (dd/mm/yyyy) or select the date from the online calendar
Contractor's	*Mandatory	Enter the contractor's name
Name		If you are a contractor, then your name will automatically populate in the text box
Performer's	*Mandatory	Enter the performer's name
Name		If you are a contractor, the performers listed under your practice will automatically appear so you can select the relevant one
Performer's Number	*Mandatory	If you are a performer, then based on your name, your number will also populate in the text box
Title	Optional	Select the correct title
First Name	*Mandatory	Enter the patient's first name
Surname	*Mandatory	Enter the patient's surname
Previous Sumame	Optional	Enter the patient's previous sumame if applicable
Address	*Mandatory	Either enter the post code to search for an address or manually enter the address details in the appropriate fields
Date of Birth	*Mandatory	Enter the sight test date (dd/mm/yyyy) or select the date from the online calendar
NHS Number	Optional	Enter the patient's NHS number (if known)
National Insurance Number	Optional	Enter the patient's National Insurance Number
Date of Last Sight Test	*Mandatory	Enter the date of last sight test (dd/mm/yyyy) or select the date from the online calendar Select one of the two options: First Test or Not Known

When you have entered the details, you will have the option to either Save for Later or Save and Next.

If you select Save and Next 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.

When you have successfully inputted all the correct details the Save and Next button will take you to the next section, Patient's Eligibility.

If you select the option to Save for Later the system will save what you have entered but t will not automatically validate t. The validation checks only happen when you dick Save and Next.

2.4.2 Patient's Eligibility

This is the second section of the GOS5 claim where you need to enter the patient's eligibility.

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CSE Online	
Home ophthalmic help	
Iome » Ophthalmic » GOS 5 Claim - Private Eye Test	
GOS5 Claim - Private Eye Test	t
02	03
Patient's Details Patient's Eligibility	Patient's De
Patient's Eligibility	
NAMED ON VALID HC3 CERTIFICATE	
The patient The patient's partner	
The patient has to pay upto	
The patient understands that they will have to pay up to the their sight test costs more than the NHS sight test	amount above (plus any
The patient cannot attend a practice unaccompanied for a sig	ght test because
Please select	
PLEASE CHOOSE ONE SELECTION FROM THE LIST TO INDIC	ATE YOUR ETHNIC G
Please select	
Claim Number: ADA01891	
Previous	

HS England 2017 | Terms & Conditions | Privacy | Accessi m: 1.5.0.2 | 25 July, 2018

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The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Named on valid HC3 certificate	*Mandatory	Select the appropriate option from 'The Patient' and 'The Patient's Partner'
Certificate Number	*Mandatory	Enter the certificate number
Patient Contribution	*Mandatory	Enter the contribution amount
Patient Declaration for payment	*Mandatory	Tick the declaration
The patient cannot attend a practice unaccompanied for a sight test because	Optional	If it is a daim for a domiciliary sight test, type a reason in the free text box
Indicate Ethnic Group	Optional	Tick the appropriate option from the dropdown menu

When you have entered the details, you will have the option to either Save for Later or Save and Next.

If you select Save and Next 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.

When you have successfully inputted all the correct details the Save and Next button will take you to the next section, Patient's Declaration.

If you select the option to Save for Later the system will save what you have entered but t will not automatically validate t. The validation checks only happen when you dick Save and Next.

2.4.3 Patient's Declaration

This is the third section of the GOS5 daim where you need to enter the patient's declaration.

PCSI	E Online		
HOME	OPHTHALMIC	HELP	
Home	Ophthalmic + Of	08 6 Claim - Private Eye Test	
GOS	5 Claim	Private Eye Test	
	0	0	03
1	Patient's Details	Patient's Eligibility	Patient's Dec

Patient's Declaration e

I declare that the information I have given on this form is correct and complete. Lunderstar the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my ent personal data may be disclosed to NHS Business Services Authority, Department for Work education providers. HM Prison Service, local authorities, and bodies performing functions processed by PCSE (Capita) and the relevant controller is NHS England. I can find out n contacting 0300 311 22 33. Where I have provided personal data on behalf of another perso

THE SIGNATORY IS THE



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Depending on the electronic signature option you are using, dick or scan the QR Code on the screen.

When prompted, sign the signature box on the Patient Declaration and select Accept.

A dialogue box will appear to confirm the signature has been saved successfully on this form. Click close to progress to the next step.

GOS 5 claims - Help with cost of private sight test	
Patient's Details	
Name: Lord Jack Sparrow	
Date of Birth: 01/01/1945	
Address: Flat 6 8, St. Andrews Cross, PLYMOUTH, PL1 1DN	
Date of last sight test: First Test	
Patient Eligibility	
The patient is named on a valid certificate:	Certificate Number: HC3-11111111
Showing that they must pay up to: £ 10.00	
The patient cannot attend a practice unaccompanied for a sight test because	Amputee
Patient's Declaration	
Patient's Declaration Signature Screen	
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 NLIC eight test fee and payment of a
penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the re us/privacy-notice/ or by contacting 0300 311 22 33. Where I have provided personal data on behalf of anot	appropriate action may be taken against the including repayment of the MTS significance and appropriate action in a tasks in the public interest, my personal data may be disclosed to NHS business Services Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I levant controller is NHS England. I can find out more about my rights at: https://www.england.nhs.uk/contact- her person, they agree to me doing so, and I will draw this notice to their attention.
penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the re us/privacy-notice/ or by contacting 0300 311 22 33. Where I have provided personal data on behalf of anot Please sign in the	appropriate action may be taken against the including repayment of the NHS signifies reservices Authority, actasks in the public interest, my personal data may be disclosed to NHS Business Services Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I levant controller is NHS England. I can find out more about my rights at: https://www.england.nhs.uk/contact- her person, they agree to me doing so, and I will draw this notice to their attention signature box below:

Close Accept

Clear

GOS5 C	laim - Priv	ate Eye Test			
(2	0	03		
Patient	's Details	Patient's Eligibility	Patient's Declaration	Performer's Declaration	Contractor Signatory
Patient's	Declaration e				
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Once you have completed this section you will have the option to either Save and Next, or Save for Later.

If you select Save and Next 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.

When you have successfully inputted all the correct details the Save and Next button will take you to the next section, Performer's Declaration.

If you select the option to Save for Later the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you dick Save and Next.

2.4.4 Performer's Declaration

This is the fourth section of the GOS5 claim which the Performer needs to complete.

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The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Outcome of Sight Test	*Mandatory	Tick the appropriate option
The Patient was the:	Optional	Tick the appropriate option
First Voucher Type	Optional	Select the appropriate option if applicable
Supplements	Optional	Tick box selection
Second Voucher Type	Optional	Select the appropriate option if applicable
Supplements	Optional	Tick box selection
The date of the sig	ght test is automatically pop	pulated
Specify appropriate code	Optional	This is mandatory if it is less than the standard interval since the patient's last sight test. Select the appropriate code from the dropdown
Auto Filled fields:	Performer's Name & Perfor	ner's List Number
Please either selec	t/scan the QR code or sign	directly into the signature box (for touch enabled devices)
Claim	*Mandatory	Enter the amount in the text box
Address	Optional	Enter the address using the search function or by typing it into the respective fields.
A		

Once you have completed this section you will have the option to either Save Awaiting Contractor Signatory or Save for Later.

If you select Save Awaiting Contractor Signatory 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. When you have successfully inputted all the correct details the Save Awaiting Contractor Signatory button will take you to the next section, Contractor Signatory's Declaration.

If you select the option to Save for Later the system will save what you have entered but t will not automatically validate t. The validation checks only happen when you dick Save Awaiting Contractor Signatory.

It will then be ready for the Contractor to access and sign via the option to 'Search for **Claim**' on the dashboard screen.

2.4.5 Contractor Signatory's Declaration

This is the last and final section of the GOS5 daim, which needs to be completed by the Contractor Signatory who can view and check the details entered on the previous screens.

Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices).

The Contractor Signatory can then select **Submit** if they agree with the claim and accept the declaration. This will then send the claim to PCSE for processing and payment.

If the daim is not ready to be submitted the option to Revert to draft should be selected so the form can be re-visited and amended at a later time.

If the Contract Signatory has completed the form but does not wish to submit the daim at that time there is an option to **Close**. The daim will still be saved.

If the claim is not needed and should not be submitted the option to Cancel Claim should be selected. It will still be available to view via 'Search for claim'.

All cancelled claims are still viewable.



Contractor Signatory's Declaration

I have tested the sig	ht of the perso	on named on this form	n on: 16/08/2018	
Contractor's Name: I	Lenskart			1
Patient's Details				
Name: Lord Jack S	Darrow			
Date of Didb: 04/04/	1045			
Date of Birth. 01/01/	1343			
Address: Flat 6 8, S	t. Andrews C	ross,PLYMOUTH,PL	1 1DN	
Date of last sight tes	t: First Test			
Patient Eligibility				
The patient is name	ed on a valid	certificate:)
Showing that they m	iust pay up to	£ 10.00		
The patient cannot a	ittend a practi	ce unaccompanied fo	r a sight test because	4
Ethnicity: Other Whi	ite Backgrou	nd		
Patient's Declaratio	on			
The signatory is the	e Patient			
Name: Jack Sparro	w			
Address: Flat 6 8, S	t. Andrews C	ross,PLYMOUTH,PL	1 1DN	
Performer's Declar	ation			
A new or changed	prescription	was issued		
First voucher type: A				
Second voucher con	nplex: No			
Lower of private cha	rge or NHS si	ght test fee:£ 21.25		1
Maximum claimable	in respect of	sight test:£ 41.25		
Total claim in respec	t of sight test	£ 31.25		
I have tested the sig	ht of the perso	on named on this form	n on: 16/08/2018	
To be completed by	the performer	who has conducted t	he sight test	
Performer's Name: s	suman2 tanvo	eer2		
Claim				
I claim the current N	HS sight test	fee		
Practice address w	here sight te	st took place		
Address: Flat 6 8, S	t. Andrews C	ross,PLYMOUTH,PL	1 1DN	
claim the payment shi that this is the original information, disciplinar PCSE (Capita) to verify contacting 0300 311 22	own above un I form as sig y action may y this Claim an 2 33	der the NHS (Optical ned by the respectiv be taken against me nd the relevant contro	Charges and Payments) R e patient, or other person and I may be liable to pro liler is NHS England. I can f	egulati as ap secutio ind out
To be completed by the	e contractor or	authorised signatory		
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Performer's List Number: 64553433
Performer's List Number: 64553433
ons 2013. I declare that the information given on this form is correct and complete and propriate I understand that if I whiched information or provide faise or misleading in and or chul proceedings. I understand that my personal data will be processed by more about my rights at, https://www.england.nhs.ukicontacl-us/privacy-notice/, or by
ure box (for touch enabled devices)
,
CONTRACTOR'S NUMBER
TQ65L
Submit

2.5 **Domiciliary: Pre-Visit Notification**

A pre-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 dick on GOS6 in the Make a Claim screen



Then dick Create a GOS6 PVN

PCSE Online		NHS Englan	d
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:



		a anasinziginasien o	um and messages unange organisation woetlings to co
CSE Online			NH Engla
IOME OPHTHALMIC HELP			
ome • Ophthalmic » GOS6 - Applic	ation for a mol	bile NHS funded sight test	
OS 6 - Pre Visit No	otificat	ion (PVN) - Create/Amer	nd
PVN DETAILS			
PVN REFERENCE NUMBER			CONTRACTOR CONTACT NAME
Sopressiver's		TOOIT	Contractor Contact Name
		NOTIFICATION THE	
27/08/2019		10-47	
21100/2010	400	10.17	
CONTRACTOR'S EMAIL		NHS ENGLAND OFFICE	
VENUE MAINTENANCE			
DATE OF VISIT		APPROX TIME OF VISIT	
dd/mm/yyyy	6	bh:mm	
RESIDENTIAL ADDRESS Search for your residential address by en	tering your pos	icode	
Postcode			Q. Enter Address Manually
ADDRESS:			
Please select		Premises Contact Name	
			Save Address
		г	
			PVN Details
		l	
PATIENT LIST			
First Names Surname	Dat	e of birth NHS Number Date of	Re-test if less than of last sight test the standard interval Action
			Add Patien
		[Patient List
		l	

FID OT NAME		NUDHAME				
FIRST NAME		SURNAME	1			
Fast Nettie		- oumante		agunuo yyyy		- Hill
NHSNUMBER		DATE OF LAST SIGHT TEST	1	CI Einst test		
NHS Number		dd/mm/yyyy				
IN THE CASE OF A RE-TEST AT	LESS THAN THE STA	NDARD INTERVAL, PLEASE SPECIFY T	HE APPROPRIAT	E CODE		
Please Select						
				٨		Cour Dotiont
						save Patient
						_
			Dat	iont Mai	ntonanco	
			rau	iei il Mai	Internatice	
EXCEPTION REASONS						
REASON FOR SUBMITTING AN	OTHER PVN					
REASON FOR SUBMITTING AN Reason for submitting another P	OTHER PVN					
REASON FOR SUBMITTING AN	OTHER PVN					
REASON FOR SUBMITTING AN Reason for submitting another P REASON LESS THAN 48HRS H	OTHER PVN	DRE DATE OF VISIT				
REASON FOR SUBMITTING AN Reason for submitting another P REASON LESS THAN 48HRS H	OTHER PVN	DRE DATE OF VISIT	C Other			
REASON FOR SUBMITTING AN Reason for submitting another P REASON LESS THAN 48HRS HA	OTHER PVN	DRE DATE OF VISIT	C Other			
REASON FOR SUBMITTING AN Reason for submitting another P REASON LESS THAN 48HRS H/ Patient is a new resident	OTHER PVN	DRE DATE OF VISIT r just developed an eye or vision problem	CHANGE TO P	/N		
REASON FOR SUBMITTING AN Reason for submitting another P REASON LESS THAN 48HRS Hu Patient is a new resident OTHER REASONS LESS THAN	OTHER PVN	DRE DATE OF VISIT rjust developed an eye or vision problem VEN BEFORE DATE OF VISIT TO MAKE J	CHANGE TO P	/N		
REASON FOR SUBMITTING AN Reason for submitting another P REASON LESS THAN 48HRS HU Patient is a new resident OTHER REASONS LESS THAN Other reasons less than 48hrs h	OTHER PVN VN AS BEEN GIVEN BEFC Patient has only 48HRS HAS BEEN GIV as been given before di	DRE DATE OF VISIT just developed an eye or vision problem VEN BEFORE DATE OF VISIT TO MAKE J ate of visit to make a change to PVN	Cther	/N		
REASON FOR SUBMITTING AN Reason for submitting another P REASON LESS THAN 48HRS HA Patient is a new resident OTHER REASONS LESS THAN Other reasons less than 48hrs h	OTHER PVN VN AS BEEN GIVEN BEFC Patient has only 48HRS HAS BEEN GIV as been given before di	DRE DATE OF VISIT r just developed an eye or vision problem VEN BEFORE DATE OF VISIT TO MAKE A ate of visit to make a change to PVN	CHANGE TO P	VN		
REASON FOR SUBMITTING AN Reason for submitting another P REASON LESS THAN 48HRS H/ Patient is a new resident OTHER REASONS LESS THAN Other reasons less than 48hrs h	OTHER PVN VN AS BEEN GIVEN BEFC Patient has only 48HRS HAS BEEN GIV as been given before di	DRE DATE OF VISIT r just developed an eye or vision problem VEN BEFORE DATE OF VISIT TO MAKE A ate of visit to make a change to PVN	Other	VN		
REASON FOR SUBMITTING AN Reason for submitting another P REASON LESS THAN 48HRS H Patient is a new resident OTHER REASONS LESS THAN Other reasons less than 48hrs h	OTHER PVN VN AS BEEN GIVEN BEFC Patient has only 48HRS HAS BEEN GIV as been given before di	DRE DATE OF VISIT r just developed an eye or vision problem VEN BEFORE DATE OF VISIT TO MAKE A ate of visit to make a change to PVN	CHANGE TO P	/N		
REASON FOR SUBMITTING AN Reason for submitting another P REASON LESS THAN 48HRS Hu Patient is a new resident OTHER REASONS LESS THAN Other reasons less than 48hrs h	OTHER PVN VN AS BEEN GIVEN BEFC Patient has only 48HRS HAS BEEN GIV as been given before da	DRE DATE OF VISIT r just developed an eye or vision problem VEN BEFORE DATE OF VISIT TO MAKE A ate of visit to make a change to PVN	Cther	/N		
REASON FOR SUBMITTING AN Reason for submitting another P REASON LESS THAN 48HRS HU Patient is a new resident OTHER REASONS LESS THAN Other reasons less than 48hrs h	OTHER PVN VN AS BEEN GIVEN BEFC Patient has only 48HRS HAS BEEN GIV as been given before da	DRE DATE OF VISIT just developed an eye or vision problem VEN BEFORE DATE OF VISIT TO MAKE J ate of visit to make a change to PVN	Cther	/N	Save for Late	er Submi
REASON FOR SUBMITTING AN Reason for submitting another P REASON LESS THAN 48HRS HA Patient is a new resident OTHER REASONS LESS THAN Other reasons less than 48hrs h Close	OTHER PVN VN AS BEEN GIVEN BEFC Patient has only 48HRS HAS BEEN GIV as been given before di	DRE DATE OF VISIT i just developed an eye or vision problem VEN BEFORE DATE OF VISIT TO MAKE i ate of visit to make a change to PVN	CHANGE TO P	/N	Save for Late	er Submi
REASON FOR SUBMITTING AN Reason for submitting another P REASON LESS THAN 48HRS H/ Patient is a new resident OTHER REASONS LESS THAN Other reasons less than 48hrs h	OTHER PVN VN AS BEEN GIVEN BEFC Patient has only 48HRS HAS BEEN GIV as been given before di	DRE DATE OF VISIT I just developed an eye or vision problem VEN BEFORE DATE OF VISIT TO MAKE J ate of visit to make a change to PVN	CHANGE TO P	/N	Save for Late	er Submi
REASON FOR SUBMITTING AN Reason for submitting another P REASON LESS THAN 48HRS Hu Patient is a new resident OTHER REASONS LESS THAN Other reasons less than 48hrs h Other reasons less than 48hrs h	OTHER PVN VN AS BEEN GIVEN BEFC Patient has only 48HRS HAS BEEN GIV as been given before da ed.1 Terms & Conditions	DRE DATE OF VISIT i just developed an eye or vision problem VEN BEFORE DATE OF VISIT TO MAKE J ate of visit to make a change to PVN I Privacy Accessibility Cookies	C Other	/N	Save for Late	er Submi

The following table depicts the description of the above screen:

PART 1 - PVN Details

Field Name	Mandatory/Optional	Field Des
Contractor's Name	Prefilled	Contractor' organisatio
Contractor's Number	Prefilled	The ODS co organisatio
Contractor Contact Name	*Mandatory	Enter the n
Notification Date	Prefilled	You cannot
Notification Time	Prefilled	You cannot
Contractor's Email	Optional	Enter the e
NHS England Office	Prefilled	Auto popul
Local Optical Committee	Prefilled	Auto popul
Date of Visit	*Mandatory	Enter the d
Approx time of visit	*Mandatory	Enter the ti
Residential Address	*Mandatory	Either enter for an addr address de
Type of Premises	*Mandatory	Select the t
Contact Name for the Premises	*Mandatory	Enter the p

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.

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r's name will populate in the text box based on the ion you are logged in to
code will populate in the text box based on the ion you are logged in to
name, text box entry
ot change the notification date
ot change the notification time
email, text box entry
ulated based on postcode in Address
ulated based on postcode in Address
date of visit, calendar widget
time of visit, text box entry
er the postcode to search
dress online or manually enterthe
details in the appropriate fields
e type of premises from dropdown values
premises contact name, text box entry

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 dicking 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 Description
First Name	*Mandatory	Enter the name, text box entry
Surname	*Mandatory	Enter the name, text box entry
Date of Birth	*Mandatory	Enter the date of birth, calendar widget
NHS Number	Optional	YEnter the NHS number, text box entry
Date of Last Sight Test	*Mandatory	Enter the date of last sight test or select First Test or Unknown
In the case of a retest at less than the standard interval, please specify the appropriate code	Optional	Select the desired option from dropdown values

When you have entered the details, you will have the option to select either 'Save Patient'. Save Patient: On successful submission of the details, t 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 dick 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 PVN. This PVN will be saved.

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 Des
Reason for submitting another PVN	Optional	Enter the re
Reason less than 48 hrs. has been given before date of visit	Optional	Three check
Other reasons less than 48 hrs. has been given before date of visit to make a change to PVN	Optional	Enter the re

Using PCSE Online for Ophthalmic Payment services

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eason, text box entry

kboxes for reasons, select as required

eason if checkbox for other is selected, text box entry

2.5.2 GOS6 PVN - Search

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



The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Des
Contractor's Name	Prefilled	Contractor' organisatio
Contractor's Number	Prefilled	The ODS co organisatio
PVN Reference Number	Optional	Enter the P
Date of Visit Date From	Optional	Enter the s
То	Optional	Enter the e
Premises Postcode	Optional	Enter the p
PVN Status	Optional	Select the s
Notification Date From	Optional	Enter the s
То	Optional	Enter the e

On entering the search criteria, dick on 'Search' button. To discard the entered details dick on 'Close' button.

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's name will populate in the text box based on the on you are logged in to

ode will populate in the text box based on the on you are logged in to

VN Reference number, text box entry

tart date of visit, calendar widget

end date of visit, calendar widget

postcode, text box entry

status from dropdown values

tart date of notification, calendar widget

end date of notification, calendar widget

The following table depicts the description of the above screen:

On entering the search criteria, dick on 'Search' button. To discard the entered details dick on 'Close' button.

					🖁 akash2@mastek.co	m 🖂	0 Messages Change (Organisation @Setting	s 🕒 Log o
PCSE Or	nline								NHS England
HOME OPHTI	HALMIC HE	LP							
Home 🤉 Ophthal	mic 🦂 GOS6 -	Pre Visit Notificat	ion (PVN) -	Search					
60S6 - P	re Visit	Notifica	tion (PVN) - Se	earch				
CONTRACTOR'S	NAME		CON	CONTRACTOR'S NUMBER			PVN REFERENCE NUMBER		
Specsaver's			TQ	ΤΩ01Τ			PVN Reference Number		
DATE OF VISIT DATE FROM			то	то			PREMISES POSTCODE		
dd/mm/yyyy			dd/i	dd/mm/yyyy 🛍		Premises Postcode			
PVN STATUS			NOT	FICATION DATE F	ROM		то .		
Please select		[18/0	18/07/2019		m	28/08/2019		m
RLT AREA									
Please select		[✓ s	earch					
PVN Reference Number	Date of Visit	Premises	Status	Notification Date					
2-UN10686	10/04/2020	(D) - Day Centre	Accepted	21/08/2019	Amend Patient Details		Add Patients (Max. 3)	Cancel GOS6 PVN	Open
-PK28526	16/11/2019	(N) - Nursing Home	Accepted	15/08/2019	Amend Patient Details	11	Add Patients (Max. 3)		Open
-RX47244	17/10/2019	(N) - Nursing Home	Draft	23/07/2019	Amend Patient Details		Add Patients (Max. 3)		Open
2-NK22984	03/09/2019	(N) - Nursing Home	Draft	06/08/2019	Amend Patient Details	11	Add Patients (Max. 3)		Open

From the list of PVNs presented in the search results, you will be able to dick the following options:

- PVN Reference Number
- Amend Patient Details
- Add Patients (Max. 3)
- Cancel GOS6 PVN
- Open

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

HOME OPHTHALMIC HELP	
PCSE Home » Ophthalmic » GOS6 - Applicat	tion for a mobile NHS funded si
GOS6 - Pre Visit Notifi	cation (PVN) -
P-PG19710	Accepted
PATIENT'S SURNAME:	PATIENT'S DATE OF
Patient Surname	dd/mm/yyyy
Date of Visit Premises Notification Dat	e Patient's First Names
08/09/2018 (H) - Home 07/08/2018	sfsdfd
Showing 1 to 1 of 1 entries	
<< < 1 > >>	

 $\left|\right>$

nanveer2@mastek	.com 🖂 2 M	essages	Change Organisat	ion Ø Settings	🕒 Log out
					NHS England
2					
t					
w PVN a	nd Ch	005	e Patient		
	P	ATIENTS	FIRST NAMES:		
		Patient F	ist Name		
		Search			
nt's Surname	Date of Birt	h			
r	11/10/2000		Amend GOS6 PVN	Cre	ate GOS6
					Close

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2.5.3 Amend GOS6 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'.



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

First Names	Surname	Date of birth	NHS Number	Date of last sight test	Re-test if less than the standard interval	Action	
Kiki	Philip	13/08/1989		Unknown		Delete Patient	Amend Patient
Nick	Johnson	28/08/1956		First Test		Delete Patient	Amend Patient
Tracy	Chapman	20/08/1956		Unknown		Delete Patient	Amend Patient

Enter the Patient details and dick 'Save Patien

FIRST NAME	SURNAME
Kiki	Philip
NHS NUMBER	DATE OF LAST SIGHT TES
NHS Number	dd/mm/yyyy

` +'	
IL	•

	13/08/1989		
#	First test	Unknown	

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 dick 'Add Patients (Max 3)' to be taken to the GOS6 Patient Details screen and complete the GOS6 claim.

PCSE Or	nline								NHS England	
HOME OPHTH	ALMIC HELI	P								
Home Ophthal	mic GOS6-	Pre Visit Notification	n (PVN) - Se	arch	arab					
CONTRACTOR'S		Nouncau	CONTRA	CTOR'S NUMBE	R		PVN REFERENCE N	JMBER		
Auckland Island	Opticians		TP5MM				PVN Reference Num	ber		
DATE OF VISIT DA	ATE FROM		то	то			PREMISES POSTCODE			
01/10/2019			31/10/2	31/10/2019			Premises Postcode			
PVN STATUS			NOTIFIC	ATION DATE FRO	DM		то			
Accepted		~	dd/mm/	yyyy		=	dd/mm/yyyyy		8	
RLT AREA										
Please select			Sear	sh						
PVN Reference Number	Date of Visit	Premises	Status	Notification Date						
P-UJ24883	16/10/2019	(H) - Home	Accepted	09/10/2019	Amend Patient Detail	15	Add Patients (Max. 3)	Cancel GOS6 PVN	Open	
P-NS16366	12/10/2019	(H) - Home	Accepted	09/10/2019	Amend Patient Detail	IS	Add Patients (Max. 3)	Cancel GOS5 PVN	Open	
P-AA50387	10/10/2019	(H) - Home	Accepted	03/10/2019	Amend Patient Detail	la i	Add Patients (Max. 3)	Cancel GOS6 PVN	Open	
P-AA50385	09/10/2019	(R) - Residential Home	Accepted	03/10/2019	Amend Patient Detail	ls (Add Patients (Max. 3)	Cancel GOS6 PVN	Open	
P-XS26591	04/10/2019	(S) - Sheltered Housing	Accepted	03/10/2019	Amend Patient Detail	8	Add Patients (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 dick Amend, 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.

FIRST 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		
Diagon Coloct	~					

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 'GOS6 Venue Substitution'.

dme ophthalmic Help						
me 🤉 Ophthalmic						
OS6 Options						
Create a GOS 6 PVN	Search for	an existing GOS 6 PVN		GOS 6 Venue Su	ıbstituti	on
revious						
5 England 2019. All rights reserved.] <u>Terms</u>	& Conditions F	Privacy Accessibility Cookies				
S England 2019. All rights reserved. <u>Terms</u>	& Conditions F	Privacy Accessibility Cookies	a akash2@mastek.com	Messages Change	Organis	ation ©Settings (+ Log NH Engla
S England 2019. All rights reserved. Terms CSE Online OME OPHTHALMIC HELP	& Conditions F	Privacy Accessibility Cookies	i ∎ akash2@mastek.com	Messages Change	Organis	ation ØSettings & Log NH Engla
CSE Online OPHTHALMIC HELP OS 6-Pre Visit Not WN TO BE SUBSTITUTED	& Conditions F ation for a mobi	Privacy Accessibility Cookies ile NHS funded sight test n(PVN)-Venu CURRENT VISIT DATE	akash2@mastek.com	Messages Change	Organis	ation ØSettings @ Loy RE Engla
S England 2019. All rights reserved. Terms CSE Online OME OPHTHALMIC HELP ome Ophthalmic GOS6 - Applica OS 6-Pre Visit Not PVN TO BE SUBSTITUTED PVN TO BE SUBSTITUTED	& Conditions F tion for a mobi ificatio	Privacy Accessibility Cookies ile NHS funded sight test n(PVN)-Venu CURRENT VISIT DATE Current Visit Date	a akash2@mastek.com e Substitutio CURRENT VISIT TIME Current Visit Time	Messages Change	Organis	ation QSettings (+ Log Engla NEW VISIT TIME New Visit Time
S England 2019. All rights reserved Terms CSE Online OME OPHTHALMIC HELP OME OPHTHALMIC HELP	& Conditions F ation for a mobil ificatio	Privacy Accessibility Cookies ile NHS funded sight test n(PVN)-Venu CURRENT VISIT DATE CURRENT VISIT DATE CURRENT VISIT DATE	akash2@mastek.com	Messages Change	Organis	ation @Settings @Log Engla
S England 2019. All rights reserved Terms CSE Online OME OPHTHALMIC HELP OME Ophthalmic © GOS6 - Applica OS 6-Pre Visit Not PVN TO BE SUBSTITUTED PVN TO BE USED PVN TO BE USED	A Conditions F	Privacy Accessibility Cookies ile NHS funded sight test n(PVN)-Venu CURRENT VISIT DATE CURRENT VISIT DATE CURRENT VISIT DATE CURRENT VISIT DATE CURRENT VISIT DATE	a kash2@mastek.com a kash2@mastek.com b current Visit Time current Visit Time current Visit Time current Visit Time	Messages Change Messages Change New VISIT DATE dd/mm/yyyy New VISIT DATE New VISIT DATE	Organis	ation QSettings (+) Log Engla NEW VISIT TIME New Visit Time NEW VISIT TIME NEW VISIT TIME
S England 2019. All rights reserved Terms CSE Online OME OPHTHALMIC HELP OME OPHTHALMIC HELP	& Conditions F ation for a mobili ificatio	Privacy Accessibility Cookies ile NHS funded sight test n(PVN)-Venu CURRENT VISIT DATE CURRENT VISIT DATE CURRENT VISIT DATE CURRENT VISIT DATE CURRENT VISIT DATE	akash2@mastek.com akash2@mastek.com current Visit Time Current Visit Time Current Visit Time	Messages Change New VISIT DATE dd/mm/yyyy New VISIT DATE New VISIT DATE	Organis	ation ©Settings @Log Engla
IS England 2019. All rights reserved. Terms CCSE Online IOME OPHTHALMIC HELP IOME O	A Conditions F	Privacy Accessibility Cookies ile NHS funded sight test n(PVN)-Venu CURRENT VISIT DATE CURRENT VISIT DATE CURRENT VISIT DATE CURRENT VISIT DATE CURRENT VISIT DATE	akash2@mastek.com akash2@mastek.com 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	Organis	ation Settings (* L Engl NEW VISIT TIME New Visit Time NEW Visit Time

The following table depicts the description of t

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 widg
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.



he above screen:				
scription				
PVN number, text box entry				
the PVN using search button				
vith current visit date				
ith a ment visit time				
New date of visit, calendar widget				
New time of visit, text box				
PVN number, text box entry				
the PVN using search button				

Create GOS6 Claim 2.6

To create a GOS6 daim you must first open the PVN.

		A manveer2@maste	ek.com 🖂 2 Mess	ages Change Organisatio	n @Settings 🕞 Log out
PCSE Online					NHS England
HOME OPHTHALMIC HELP					
PCSE Home » Ophthalmic » GOS6 - Application	for a mobile NHS funded	sight te <mark>s</mark> t			
GOS6 - Pre Visit Notifica PVN REFERENCE NUMBER: P-PG19710	status: Accepted	View PVN a	and Choo PATII	DSE Patient	
PATIENT'S SURNAME:	PATIENT'S DATE OF	BIRTH			
Patient Surname	dd/mm/yyyy		S S	earch	
Date of Visit Premises Notification Date	Patient's First Names	Patient's Surname	Date of Birth		
08/09/2018 (H) - Home 07/08/2018	sfsdfd	dfdfdff	11/10/2000	Amend GOS6 PVN	Create GOS6
Showing 1 to 1 of 1 entries					Close
© NHS England 2017 <u>Terms & Conditions</u> <u>Privacy</u> <u>Acces</u> Version: 1.5.0.2 25 July, 2018	sibility <u>Cookies</u>				

On clicking 'Create GOS6', the following screen will be displayed: 2.6.2 Patient Details

HOME OPHTHALMIC HELP Home Ophthalmic GOS6 - Application for a mobile NHS funded sight test GOSS 6 - Application for a mobile NHS funded sight test GOSS 6 - Application for a mobile NHS funded sight test I HAVE TESTED THE SIGHT OF THE PERSON NAMED ON THIS FORM ON PVN REFERENCE NUMBE 28/08/2019 Image: Contractor's NAME PERFORMER'S NAME Specsavers akash gos claimant. YOUR REFERENCE Image: Contractor's NAME Patient's Details Image: Contractor's NAME Specsavers akash gos claimant. YOUR REFERENCE Image: Contractor's NAME Patient's Details Image: Contractor's NAME Sumame Image: Contractor's NAME Sumame Image: Contractor's NAME Sumame Image: Contractor's NAME Sumame Image: Contractor's NAME ADDRE SS Search for an address by entering a postcode Postcode Image: Contractor's No. ADDRE SS: Flat 3 & St. Andrews Cross, PLYMOUTH, PL1 1DN DATE OF BIRTH Image: Contractor's No. Iddmm/yyyy Image: Contractor's No. DATE OF LAST SIGHT TEST Image: Contractor's Not Attend A PRACTI				
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Field Name	Mandatory/Optional	Field Description
I 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 Sumame	Optional	Enter the previous sumame, 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

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

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'.

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GOS 6 - Ap	plication f	or a mob	ile NHS f
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Patient's Eligit	oility o		
The patient is 60 c	or over 📄 The p	atient is under 16	The patient i
The patient is 40 c	or over and is the paren	t/brother/sister/child	of a person who ha
The patient is a pr	isoner on leave from th	e prison detailed belo	w 🕚
THE PATIENT SUFFER	S FROM		
Diabetes	Glaucoma Enter	GP's details below	
The patient is cons	sidered to be at risk of	glaucoma by an opht	halmologist at the h
The nation is regi	stered blind/partially sid	inted with the local a	uthority below
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PLEASE SELECT THE	TYPE OF ESTABLISH	MENT YOU HAVE I	DENTIFIED ABOV
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2.6.3 Patient Eligibility

The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
Patient's Eligibility	*Mandatory	Enter the NHS Eligibility Reason, checkbox selection
Details of Establishment (Name)	*Conditional	 This is mandatory for the following eligibility categories: I'm a full time student I'm a prisoner on leave I'm considered to be at risk of glaucoma I am registered blind/partially sighted I suffer from diabetes/glaucoma Enter Supplementary Name, text box entry
Details of Establishment (Town)	*Conditional	 This is mandatory for the following eligibility categories: I'm a full time student I'm a prisoner on leave I'm considered to be at risk of glaucoma I am registered blind/partially sighted I suffer from diabetes/glaucoma Enter Supplementary town, text box entry
Evidence of Eligibility	*Mandatory	Select Yes or No
Person Getting the benefit	*Mandatory	Select the desired option, Checkbox selection; values are Patient and The Patient's Partner. If Patient's Partner is selected, enter the following: Name National Insurance Number Date of Birth
Mode of Receiving the Benefit	*Mandatory	Select the desired option, Checkbox selection
The patient is named on valid on a HC2 certificate	*Mandatory	Mandatory if Patient's Eligibility is HC2. Select the option, Checkbox selection. If selected, enter HC2 number.

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.

Save and Next: 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.

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 QR Code in the screen above and sign in signature box on the next screen before clicking the Accept button.

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PCSE OR HOME OPHTH Home Ophthal GOS 6 Patient's D I declare that the the NHS sight test Patient's D I declare that the the NHS sight test personal data man exposed by PC: contacting 0300 3 THE SIGNATORY @ Patient Market NAME Automation 1558 Search for your re Postcode Address: The We Signature:	ALINC HELP ALMIC HELP MIC GOSE - Applica Application Details	tion for a mobile NHS funded s for a mobile NHS funded s for a mobile N Patient's Eligibility on this form is correct and comp enalty charge. To enable the NHS usiness Services Authority. Depa cal authorities, and bodies perfor authorities, and shorts of the services authority of the services authority of the services authority. Patient's carer or guardiar ering your postcode Leeds,London Ciear	Ight test Ight test JHS funded s 03 Patient's Declaration It is not on the indext of the index	ight test out out out out out out out o	Contractor Signatory's Declaration against me including repayment of ming tasks in the public interest, my plate. NHS Counter Fraud Authorhy, is form or the test. My claim will be uk/contact-us/privacy-notice/ or by office to their attention

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

Field Name	Mandatory/Optional	Field Description
The Signatory is the Patient, Patient's Parent or Patient's Parent or Guardian	*Mandatory	Select the desired option, checkbox selection
Name	*Mandatory	Enter the name, text box entry. If 'Patient' is selected, their name will auto populate.
Select Patient's Ethnic Group	Optional	Select the desired option, dropdown selection
Evidence of Eligibility	*Mandatory	Select Yes or No
Address	*Mandatory	Enter the name, text box entry. If 'Patient' is selected, their address will auto populate

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 dicking 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: 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.

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'.

2.6.5 Performers Declaration

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ome » Ophthalmic » GOS6 - Appl	ication for a mobile NHS funde	d sight test
OS 6 - Applicatio	on for a mobile	NHS funder
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O		
Patient's Details	Patient's Eligibility	Patient's Declaration
Performer's Declaration	1	
N THE CASE OF A RE-TEST AT LES	S THAN THE STANDARD INTE	RVAL, PLEASE SPECIFY 1
Please Select		
I have made a domicillary visit to o	conduct this sight test to one pati	ent at the address in part 1
I have made a domicillary visit to s	several patients at the address in	part 1
THE PATIENT WAS THE		
1st patient at the address	2nd patient at the address	3rd or subsequent pa
The patient was referred to their G	P or Ophthalmic hospital	
A new or changed prescription wa	s issued	was issued showing no pres
A voucher was issued		
FIRST VOUCHER TYPE		
Please Select		Or Complex
SECOND VOUCHER TYPE		
Please Select		Or Complex
To be completed by the performer who I	nas conducted the sight test	
Suman? tanueer?		PERFOR
HAVE TESTED THE SIGHT OF THE I	PERSON NAMED ON THIS FOR	RM ON
16/08/2018		
CLAIM		
	fee	
I claim the current NHS sight test		
I claim the current NHS sight test		
The domicilliary fee for the 1st or 2	2nd patient at the address	The domicillary fee
The domicilliary fee for the 1st or 2 Address where sight test took place:	2nd patient at the address	The domicillary fee
The domicilliary fee for the 1st or : Address where sight test took place: Postcode The When the other others of the state of the stat	2nd patient at the address	The domicillary fee
Claim the current NHS sight test The domicilliary fee for the 1st or : Address where sight test took place: Postcode Address: The West Ham, Silverdale Lai ADDRESS OF CONTRACTOR WHO P	2nd patient at the address te Leeds London ROVIDED SIGHT TEST	The domicillary fee
The domiciliary fee for the 1st or 3 The domiciliary fee for the 1st or 3 Address where sight test took place: Postcode Address: The West Ham, Silverdale Lat ADDRESS OF CONTRACTOR WHO P B86 City Walls Rd, CLOCKHILL, United H Please ef	2nd patient at the address te,Leeds,London ROVIDED SIGHT TEST (ingdom of Great Britain and Nor iher tay/scan this code or sign di	The domicillary fee
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The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
In the case of a re-test at less than the standard interval, please specify the appropriate code	*Mandatory	Select the desired option, dropdown selection
l have made a domiciliary visit to	*Mandatory	Select the desired option, checkbox selection
First Voucher Type	Optional	Select the desired option, checkbox selection
Second Voucher Type	Optional	Select the desired option, dropdown & checkbox selection
Auto Filled fields:	Performer's Name, Performe	r's List Number & Test Date
I claim	*Mandatory	Select the desired option, checkbox selection
Address where sight test took place	*Mandatory	Enter the address, text box entry

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: 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.

On successful submission, you will be able to fill in the details of the next part/section i.e. Contractor Signatory's Declarations.

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				England
ONE OPHINALMIC HELP				
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BOS 6 - Application fo	or a mobile NHS	5 funded s	ight test	
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Patient's Defaits Patient	rs rapolly Pate	infs Declaration	Performen's Declaration	Contractor Signatory's Declaration
Contractor Signatory's Decla	ration			
I have tested the sight of the person named on	this form on: 16/06/2018	Performents Na	ne: suman2 tanveer2	
Contractor's Name: Lanskart		Performent No	mber: 64853433	
Patient's Details				
Name: Automation1568 AutoSumame				
Dato of Girth: 10/10/1080				
Address: The West Ham, Silverdale Lane, Lee	ids,London			
Oute of last sight test Pirst Test				
The patient cannot attand a practice unaccomp	paried for a sight lest because. D	enertia		
Patient Eligibility				
The patient is a prisoner on leave from the	prison detailed below			
Evidence Seen		Oetails of esta	Sahmani (achoskice)lege/ancoech/ip	son/GP/ocal authority) Cell1
		U-III		
Patient's Declaration				
ine significity is the Patient				
Name: Automation1568 AutoSurname				
notrons. The West Ham, Silverdale Lane Lee	ics,London			
Ethnicity White and Black African				
Performents Declaration				
Sight Test Date: 16/08/2018				
I have made a domicillary visit to conduct th	his sight test to one patient at t	he address in part 1		
The patient was the 1st patient at the address				
A vousher was issued		First vescher 1	pr. A	
First voucher complex: No		Second vouch	r complex. No	
First voucher Prism: No		Piest voucher 7	ITE NO	
Second voucher Prism: No		Second vouch	r Tint. No	
The current NHS sight test fee.				
The dominitiary fee for the 1st or 2nd paties	nt at the address			
To be compresed by the performer who has con	nducted the argest leaf			
Performens Name: suman2 tanveer2		Performer's La	Number: 64553433	
Claim				
I claim the current AIHS sight lest fee				
Practice address where sight test took place				
Address. The West Ham, Silverdale Lane, Lee	ds.London			
Claim the current NHS sight test fee under the N Inst that this is the engine's form as signed by th ribination, disciplinary action may be taken ago "She (Clapsic) to virity this Claim and the interva initiating 0000 511 22 33	IHS (Optical Charges and Payme in respective patient, or other pa- atist me and in may be labele to p in controller is filtes begrand. I ca signatory can this code or sign directly into	nts) Republicos 2013. room as appropriate. I a rosecution and or own in the our now about in the signature tick (for to	deciste that the information given on encinent that if i withinks informati- proceedings. Lincolarize that may be rights as https://www.organs.nts.su ach imabled devices)	the form is connect and completing in or provide these or mainteening sound data will be processed by connect expension, or by
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Na compared by the contract or particular set advanced is the contract or particular set of the contract or particular set of the contract of	CONTRACTOR'S NA Lensar	(Dear)	CONTRACTOR'S NUM	527

This is the last and final section of GOS6 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 daim. This daim 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 GMP who will be responsible to process it further.

Claim Submission (bulk signing) 3

This is the daim submission section from where the contractor can view, check, sign and submit all the completed claims for payment.

If you have the contractor signatory role, you can navigate to this page from the Claim Submission button on the dashboard. You will then be presented with this screen and you can select the Claim Type you want to view e.g. GOS1, 3, or 5.



PCSE	Online				NHS England
HOME	ophthalmic he	ъ			
Home - O	iphthalmic — Claim S	iubmission			
Claim	Submiss	ion			
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GOS1 (2)	1	• 5	earch		
renty this Ca	and the relevant co	onuorer is tono England. I can t	ind out more about my rights at	mups.movinu.engiano.nns.ux/contact-u	septivocy-netices, or by consisting 0300-341
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22 33	Claim Number	Your Reference	Patient Name	Point of Service Date	Performer's Name
22 33 8 8	Claim Number ADA01742 ADA20613	Your Reference	Potient Name 99896999 mmmm mm kil	Point of Service Date 09/07/2019 10/07/2019	Performer's Name Henry Viation Henry Viatt
22 33 æ , æ , Showing 1 [ccc] o Regenerate	Claim Number ADA01742 ADA20613 to 2 of 2 entries c 1 > > Piea	Vour Reference	Fatient Name sssesses mmm mm kli	Point of Service Date 99/07/2019 10/07/2019 or (for touch enabled devices)	Performer's Name Henry Watt

You can view details of all the claims that are awaiting submission and bulk sign those that are completed and ready to be sent for payment.

To submit claims for payment, check the tick box next to all those that need to be submitted or tick the top box (highlighted above to select all claims on that page) and then either scan the QR code or sign directly into the signature box (for touch enabled devices) and dick on Submit.

Search a Claim 1.

The system allows users to search for different claims to complete, sign or view.

From the Ophthalmic dashboard, select the GOS type you want to search for.

The following screen will then ask you to enter different search criteria. Enter as much of the criteria as possible to narrow down the search results.

- Contractor's Name
- Performer's Name
- Patient's Surname
- **Claim Number**
- Claim Type
- **Claim Status**
- Search by Date From
- Search by Date To

Select Search to view the search results or Close to discard the entered details.

The system will then return the relevant claims that meet your search criteria.



3.2 **Statements**

To view online statements, select the Statement option from the Ophthalmic dashboard.

HOWE ONTHIALMIC HEEF	
Home » Ophthalmic	
Make a Claim	Q Search for a Claim
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Using PCSE Online for Ophthalmic Payment services



rent criteria including:

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	C				U,
	m	Clear Search S	earch		
	Statement Date 🔶	Total from NHS	\$	Total Net Amount	¢
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Click onto the reference number for further details of claims on that statement.

Home » Statem	ent						
Statem	ent						
ORGANISATION	NUMBER OR NAME					STATEMENT TYPE	
TP20A HOGG C	PTICIAN 002A		Select Cor	ntractor		Ophthalmic	~
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578	TP20A	HOGG OPTI	CIAN 002A	Ophthalmic28Jun1911	28/06/2019	£50.00	£50.00
567	TP20A	HOGG OPTI	CIAN 002A	Ophthalmic28Jun1910	28/06/2019	£281.81	£281.81
553	TP20A	HOGG OPTI	CIAN 002A	Ophthalmic28Jun1906	28/06/2019	£99.10	£99.10
545	TP20A	HOGG OPTI	CIAN 002A	Ophthalmic28Jun1904	28/06/2019	£789.01	£789.01
537	TP20A	HOGG OPTI	CIAN 002A	Ophthalmic27Jun1901	27/06/2019	£620.45	£620.45
531	TP20A	HOGG OPTI	CIAN 002A	Ophthalmic24Jun1907	24/06/2019	£30.00	£30.00
528	TP20A	HOGG OPTI	CIAN 002A	Ophthalmic24Jun1906	24/06/2019	£291.68	£291.68

You can drill down into each GOS claim type for further details of the claims that have been submitted.

>

one - Children - Children and Datail		
ome » Statement Detail		
Ophthalmic Payments		
Payment Date: 05/08/2019 Contractor ID: TP20A	Total Paid: £2	281.81
atement: June - HOGG OPTICIAN 002A		
ef no: 567		
Expand All Collapse All Print/Download		
Description	No. of forms	Amount
GOS1 - Application for an NHS funded sight test	(2)	£42.62
GOS3 - NHS Optical voucher and Patient's Statement	(2)	£135.60
B GOS4 - NHS optical repair/replacement voucher application	(2)	£57.40
GOS5 - Help with the cost of a private sight test	(2)	£49.87
Levies		-£3.68

The statement is expanded out to include details of each claim under that GOS type, including:

Your reference

Claim ID

Patient's Name

Point of Service Date

Amount submitted

Amount to be paid

	ment Detail				
phthalmic	Payments	5			
yment Date: 05/08/2019		Contractor ID: TP20A		Total Paid: £789.01	
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Description GOS1 - Application for	an NHS funded sight tes	t		No. of forms (6)	Amount £327.86
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Description GOS1 - Application for GOS1 - Claims Your Reference ABC-123-293940000001	an NHS funded sight tes Claim ID ADA11355 ADA11370	t Patient's Name GOS1 Performer Jone Matthews	Point of Service Date 27/06/2019 27/06/2019	No. of forms (6) Amount Submitted £21.31 £21.31	Amount £327.86 Amount to be Paid £21.31 £21.31
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You can also Expand All - to view the full statement, with a line-by-line breakdown. Collapse All - to see a condensed version of the statement. Or **Print/Download** to print of download as a PDF or CSV.

Ophthalmic Payme	nts	
Payment Date: 05/08/2019	Contractor ID: TP20A	Total Paid: £789.01
Ref. no: 545 Expand All Collapse All Print/Do	ownload	
HOME OPHTHALMIC HELP		×
HOME OPHTHALMIC HELP Nome = Statement = Statement Detail Ophthalmic Payme	Show Payments O Expanded	×

Cancelling Claims 4

Click on search

Scroll along to pass Claim status

It will then show you the following and click on Cancel claim

CONTRAC	TOR'S NAME	PERFORMER'S N	IAME		PATIENT'S SURNAME	
England	Ingland Optho Practice 1 Please Select		ease Select		smith	
	IMBER	CLAIM TYPE			CLAIM STATUS	
Claim Nu	mber	GOS3		~	Please select	\checkmark
SEARCH	BY DATE FROM	SEARCH BY DAT	TE TO			
dd/mm/yy	ууу	dd/mm/yyyy			Search	
Claim Type	Contractor's name	Status	Total Net A mount	Date Submitted	Action	
GOS3	England Optho Practice 1	Accepted For Payme nt	£ 120.90	01/10/2019	Open	
GOS3	England Optho Practice 1	Accepted For Payme nt	£ 25.00	30/09/2019	Open	
GOS3	England Optho Practice 1	Draft			Open	Cancel Claim
GOS3	England Optho Practice 1	Cancelled			Open	

This will open another window double checking you want to cancel the daim. Click confirm

NHS Claim Search	Claim Cancellation Verification	×	
CONTRACTOR'S NAME	Are you sure you wish to cancel this claim?		RNAME
CLAIM NUMBER		Confirm Cancel	 E
Claim Number	G053	Please select	
SEARCH BY DATE FROM	SEARCH BY DATE TO		
dd/mm/yyyy	dd/mm/yyyy	Search	

The window below will ask why you are cancelling the daim. Choose the cancellation reason and dick confirm

CONTRACTOR'S NAME:	CONTRACTOR'S NUMBER
England Optho Practice 1	kw005
ADDRESS:	CLAIM TYPE:
10, High Street, Kidlington, OX5 2DH	GOS3

A message will then show confirming you have cancelled you claim.

	Claim Cancellation Confirmation	
	Your claim has been successfully cancelled.	
Home Ophthalmic Claims		
CONTRACTOR'S NAME:	CON TRACTOR'S NUMBER:	
England Optho Practice 1	kw005	
ADDRESS:	CLAIM TYPE:	
10, High Street, Kidlington, OX5 2DH	GOS3	
Submit Close		

PATIENT'S NAME:
K smith
CLAIM CANCELLATION REASON:
Please select

×	England
Close	
PATIEN I'S NAME:	
K smith	
CLAIM CANCELLATION REASO	N:
Claim raised in error	