

## Claim for help with health costs

### Do you find it difficult to pay for:

- NHS prescriptions;
- NHS dental treatment;
- NHS wigs and fabric supports;
- sight tests, glasses or contact lenses; or
- travel to receive NHS treatment if referred by a doctor (GP or hospital doctor), optician or dentist?

You might be entitled to help with these health costs through the NHS Low Income Scheme

### You are already entitled to full help with health costs and do not need to fill in this form if you are getting, or are the partner of someone getting:

- Income Support
- Pension Credit Guarantee Credit
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- Universal Credit and you had no earnings or net earnings of £435 or less during the most recent assessment period (£935 if you had a child element or had limited capability for work);
- Or if you meet the criteria to receive a Tax Credit Exemption Certificate
- Or are under age 20 and someone is getting one of the benefits listed above which includes you as a dependent.

When you get treatment tell the practitioner which benefit/credit you are getting. You may be asked for evidence.

### Have you recently left Local Authority Care, are 16 or 17 years old and:

- you are supported by a local authority - use this claim form;
- you are not supported by a local authority. You might get help with your health costs if you have less than £16,000 in savings, investments or property - use the main HC1 claim form;
- you have a partner. You might get help with your health costs if together you have less than £16,000 in savings, investments or property - use the main HC1 claim form.

You can get the main HC1 claim form by phoning 0300 123 0849.

If you are 18 years old or older, you will also need to use the main HC1 claim form.

### Do you live in a care home and:

- the stay is permanent and the local authority helps you with the cost - use this claim form;
- the stay is permanent and you pay the full cost yourself (this might be with the help of relatives or friends or a charity). You might get help with your health costs if you have less than £23,250 in savings, investments or property - use the main HC1 claim form;
- the stay is temporary. You might get help with your health costs if you have less than £16,000 in savings, investments and property - use the main HC1 claim form.

You can get the main HC1 claim form by phoning 0300 123 0849.

**Note** - If you live permanently in a care home and you have a partner and they need help with their health costs, they should use their own claim form HC1(SC) or an HC1, whichever is appropriate.

**You can claim at any time.** Do not wait until you need treatment. If you need help or have any questions about filling in this form, you can phone our customer enquiry line on **0300 330 1343**. If English is not your first language, phone this number and we will provide an interpretation service over the phone.

Please read these notes before you start filling in this form - they will help you to claim correctly.

### How to fill in this form

In this form we ask you to tick a No or Yes box and give any details needed. We need to know about your circumstances on the date that you actually sign this form.

### If you are filling in this form for someone else

If you are filling in this form for someone else, they are responsible for making sure the information is correct. They should tell you what to write for them and they should sign or make their mark in **box a**. If you are filling in this form for someone with learning difficulties or a condition that prevents them from managing their own affairs, you are responsible for making sure the information is correct. You should sign the form yourself in **box b**. If you are not sure if you can sign the form for someone else, phone our customer enquiry line for advice on **0300 330 1343, Monday to Friday between 8am and 6pm or Saturday between 9am and 3pm.**

### What to do when you've filled in the form

Check that you've answered all the questions. Please make sure that you've signed and dated the form in box a or box b.

If you're signing this form for someone else, please make sure that you've put your name, address and telephone number in box b in case we need to contact you.

Once you have checked everything, separate the pages of this form. Keep this one for your information and send us the one you have filled in and signed. Use the envelope provided, or if there is no envelope address your own envelope to Low Income Scheme, NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle upon Tyne, NE1 6SN. **A stamp is needed.** Postage costs may differ depending on the size of the envelope you use.

Write in this box the date that you posted the form to us.

Date Posted:	/	/
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### What you can expect from us

Your claim will be dealt with by the NHS Business Services Authority at: Bridge House, 152 Pilgrim Street, Newcastle Upon Tyne, NE1 6SN.

We will normally deal with your claim within 18 working days from the date we get your form. If we need additional information, we will normally decide what help you can get within five working days of receiving this information.

If you are entitled to help, we will send you a certificate telling you how much, if anything, you have to pay towards your health costs. If you wish to renew your certificate, fill in and send us a new claim form four weeks before the certificate runs out. If we send you a new certificate before the old one runs out, you can use whichever one gives you the most help. You don't have to wait until the old one runs out before using the new one.

If you have any questions about your claim, or have not heard from us after four weeks, you can phone our customer enquiry line on **0300 330 1343, Monday to Friday between 8 am and 6 pm or Saturday between 9 am and 3 pm.**

We respect customer confidentiality at all times. We will not disclose your personal data to any third party, unless they have a lawful right obliging us to do so.

**Personal details - Please write in BLOCK CAPITALS**

Surname or family name	
First name	
(Mr, Mrs, Miss, Ms, other)	
Date of birth	
Address and postcode	
E-mail address	
Phone number (including dialling code)	

Phone 2 Date Time Date Time Phone 1 Official Use Box	<b>1</b> Do you live permanently in a care home?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Go to <b>question 2</b> Go to <b>question 4</b>
	<b>2</b> Are you supported by the local authority because you have recently left local-authority care?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Use main HC1 claim form Go to <b>question 3</b>
	<b>3</b> Does the local authority give you help with the cost of your accommodation and/or living expenses?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Use main HC1 claim form Tell us below which local authority helps you
	Local authority: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>		Please turn to the next page
	<b>4</b> Has the local authority assessed your resources, and as a result, you get help with the cost of your care home accommodation? If you are not sure, ask the home manager or matron.	No <input type="checkbox"/> Yes <input type="checkbox"/>	Use main HC1 claim form Tell us below which local authority helps to pay the charges
Local authority: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>			

**Warning**

False information may lead to civil or criminal action. We expect the person signing this form to take reasonable care to make sure the information given is correct. Anyone found to have wrongly claimed help with NHS health costs will have to pay a penalty charge or may face prosecution.

Please read the declaration and sign and date **box a** below

I confirm that the information I have given on this form is correct and complete, and I understand that if it is not, appropriate action may be taken. For the purpose of checking this, I agree to you giving relevant information to the Department for Work and Pensions and local authorities.

<b>box a</b>	Signature		Date	/	/
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**If you are claiming on behalf of someone else**

You may only make a claim on behalf of someone else for the reason given below. You are responsible for making sure the information is correct. You should read the declaration and sign and date **box b** below. If you are not sure whether you are able to sign, please phone our customer enquiry line on **0300 330 1343**.

I am responsible for this person's financial affairs because they have learning difficulties or a condition that prevents them from managing their own affairs.

If you are filling in the form for somebody, and this reason does not apply, they should tell you what to write for them and they should sign or make their mark in **box a**.

I confirm that the information I have given on this form is correct and complete, and I understand that if it is not, appropriate action may be taken. For the purpose of checking this, I agree to you giving relevant information to the Department for Work and Pensions and local authorities. This is my claim for help with health costs on behalf of the person named overleaf.

<b>box b</b>	Signature		Date	/	/
Your name					
Your address and post code					
		Telephone number			
Your relationship to the person in Part 1					

**When you have completed this form**

Remember, we can deal with your claim more quickly if we get all the information we ask for. Use the tick boxes to check that you have filled in the form as fully as possible.

I have answered all the questions that apply to me	<input checked="" type="checkbox"/>
I have signed the declaration above	<input checked="" type="checkbox"/>

**Your claim is not valid unless it is signed and dated**