

Please read this page before filling in this form - it will help you make this claim correctly.

Use a separate form for each person who has paid optical charges or has had optical charges paid for them.

Part 4 tells you where to send the completed form. Before you do this, you must sign and date the declaration.

WHAT CAN YOU CLAIM FOR?

NOTE

The information on this form may be disclosed in confidence to other public bodies as appropriate for the purposes of checking entitlement and preventing or detecting fraud. False information may lead to prosecution or legal action.

Use this form to claim back the cost of a **sight test, glasses or contact lenses** on low income grounds. For glasses and contact lenses, the maximum refund anyone can have is the voucher value that matches their prescription. You may also have to fill in an HC1 claim form for the NHS Low Income Scheme (see part 4).

If you paid for a repair or replacement because your glasses/contact lenses were lost or damaged, NHS England has to agree that the loss or damage was because of illness before you can get a refund. Send a note with this form to tell us how the loss or damage happened. An explanation is not required if you are claiming in respect of children under 16 and / or looked after children.

If you wish to claim a refund of glasses or contact lenses, for a reason other than because you have a low income, please complete the relevant parts of this form and provide an explanation of the reason you are seeking a refund. Send your receipts and optical prescription with this form to your local NHS England Area Team. Ask at your optical practice for the address or look at www.nhs.uk/service-search.

Your claim cannot be accepted if you have already used an NHS optical voucher towards the cost of your glasses or contact lenses - unless it was only a 'complex lens' voucher.

HOW TO CLAIM FOR SOMEBODY ELSE

If you are filling in this form for someone who is physically incapable of doing so, ask them to tell you what to fill in for them. They should then sign or make their mark in **Part 4A**.

If however, you are filling in the form for someone with learning difficulties or an illness 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 **Part 4B**.

TIME LIMIT FOR CLAIMING

You must ensure that this claim form is received by the relevant office identified in **Part 4** **within 3 months** of the date that you paid any charges. If you make the claim after 3 months, the NHS Business Services Authority has to decide if there is a good reason for it being late before it can be accepted. In this case, please send a written explanation with your claim.

MORE REFUND INFORMATION

More refund details can be found in leaflet HC11 "Help with Health Costs" available to download at: www.nhs.uk/healthcosts. If you have any queries or need help filling in this form you can speak to an advisor at the NHS Business Services Authority on 0300 330 1343.

Part 1 PATIENT'S DETAILS

Please use this part of the form to tell us about the patient: this may be you or the person on whose behalf you are making the claim.

Surname: _____

Other names: _____

Title (Mr/Mrs/Miss/Ms/Other): _____

Date of birth: / / National Insurance No:

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Address: _____

Postcode: _____

Telephone number including dialling code: ()
 This must be the number of the person signing at part 4

Part 2 DETAILS OF OPTICAL CHARGES PAID

NOTE Please send us original receipts and, if you are claiming a refund of glasses or contact lenses, your optical prescription. We cannot deal with your claim without them.

I wish to claim a refund of:

£ for a sight test – tell us the date of the sight test / /

£ for glasses or contact lenses

Send us your optical prescription, we cannot deal with your claim without it – and please note:

- your claim cannot be accepted if you have already used a voucher to help with the purchase of your glasses or contact lenses - unless it was only for 'complex lenses'.
- have you already used your optical voucher? Please tick the box yes or no YES NO
- the maximum refund anyone can have is the voucher value that matches their prescription. This is not always the full amount paid for glasses. Voucher values are in the leaflet HC12 which you can get by calling 0300 123 0849 or visiting www.nhs.uk/healthcosts. Your optician, dentist or doctor may also have one.
- if you are claiming for a repair or replacement, you can only get a refund if the loss or damage was because of illness. Attach a separate piece of paper to this form giving the patient's name and address, and tell us how the loss or damage happened.

Part 3 OTHER INFORMATION WE NEED

Name, address and telephone number of optical practice *in full* please.

Name: _____

Address: _____

Postcode: _____ Telephone number: ()

Part 4 PATIENT'S INCOME WHEN THE OPTICAL CHARGE(S) WAS (WERE) PAID

Tick whichever box below applied **when the charge(s) was (were) paid** and give the information we ask for.

Group 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I have a War pension <input type="text" value="No."/> and I am being treated for my accepted disablement Send this form to: Service Personnel and Veterans Agency, Norcross, Blackpool FY5 3WP.
Group 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	My name was on an NHS certificate HC2 or HC3 <input type="text" value="No."/> The person holding the certificate was: <input type="text"/> Send this form to: NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle Upon Tyne NE1 6SN.
Group 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I was getting one of the benefits / credits listed below. <input checked="" type="checkbox"/> I am the partner or a dependant child / young person of somebody who was getting one of these benefits / credits. The person getting the benefit / credit was: <input type="text"/> If this person was not the patient, please tell us either <input type="text" value="/ /"/> or <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> their date of birth their National Insurance number: <input checked="" type="checkbox"/> Universal Credit during the pathfinder between 29 April 2013 and 31 October 2014. If you are using this form after these dates please check the website www.nhs.uk/uc-healthcosts or phone 0300 330 1343 - please send this form to your local Jobcentre Plus Office. <input checked="" type="checkbox"/> Income Support – send this form to your local Jobcentre Plus office <input checked="" type="checkbox"/> Income-based Jobseeker's Allowance – send this form to your local Jobcentre Plus office <input checked="" type="checkbox"/> Income-related Employment and Support Allowance – send this form to your local Jobcentre Plus office <input checked="" type="checkbox"/> Pension Credit Guarantee Credit – send this form to the Pension Centre who dealt with your claim (Pension Credit Savings Credit does not count) <input type="text" value="No."/> <input checked="" type="checkbox"/> Named on or entitled to an NHS Tax Credit Exemption Certificate Send this form to NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle Upon Tyne NE1 6SN

Group 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I am not in groups 1 to 3, but wish to claim a refund of optical charges I paid because I am on a low income. You need to fill in an HC1 form to apply to the NHS Low Income Scheme. You can get a form by calling 0300 123 0849 or visiting www.nhsbsa.nhs.uk/healthcosts . Send this form with the HC1 form to NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle upon Tyne NE16SN.
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DECLARATION AND SIGNATURE

WARNING False information may lead to civil or criminal action.
If you are signing for somebody else, you will be responsible for the information provided.

I declare that the information given on this form and the supporting documents are correct and complete and I understand that if I knowingly provide false information, I may be liable to prosecution and/or civil proceedings.
I consent to the disclosure of relevant information on this form to and by HM Revenue and Customs, Local Authorities and the Department for Work and Pensions for the purpose of verification.
I also consent to the disclosure of information on this form to the NHS Protect, a division of the NHS Business Services Authority, for the purpose of the prevention, detection, investigation and prosecution of fraud and any other unlawful activity affecting the NHS.

This is my claim for a refund of optical charges listed in Part 2

If you are signing for yourself

4A	Signature: <input type="text"/>	Date: <input type="text" value="/ /"/>
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This is a claim on behalf of the person named in Part 1 for a refund of the optical charges listed in Part 2

If you are signing for somebody else

4B	Signature: <input type="text"/>	Date: <input type="text" value="/ /"/>
Name: (in capitals) <input type="text"/>		
Address: <input type="text"/>		
Postcode: <input type="text"/>		

Part 5 For Official Use only by Jobcentre Plus Offices, the Pensions Centre and the NHS Business Services Authority

Step 1: I confirm that the person named on this form is included in an award of the benefit / credit, or is entitled to a certificate as indicated in Part 4, on the date indicated in Part 2.

Step 2: I confirm that the person named in Part 1 of this form is entitled to:

- the amount paid for a sight test.
- the optical voucher value plus any supplements appropriate to the prescription attached.

I confirm that the person named in Part 1 of this form is entitled to a refund of the difference between:

£ and the lower of the NHS sight test fee or the actual amount paid for a private sight test (NHSBSA only).

£ and the optical voucher value plus any supplements appropriate to the prescription attached (NHSBSA only).

The actual amount(s) paid is (are) shown on the attached receipt(s).

Signature:	Date: / /
Name: (in capitals)	AUTHORISATION STAMP
OFFICE ADDRESS STAMP	

I confirm that this claim has been accepted outside the 3 months time limit (NHSBSA only).

Step 3: Please send this form to the NHS England Area Team that covers the address in Part 3. Check to find the Area Team's address at www.england.nhs.uk

TO

For Official Use only by the NHS England Area Team

Payment of £ made to patient named in Part 1 of this form on / /

NOTES