

# Filling GOS forms

In order to accept correctly filled GOS forms, we would remind you that all fields on any GOS forms you submit **MUST** be completed; particularly pay attention on the followings, failure to do so could result in payment to you being delayed.

## 1. Indicate the grounds under which form was issued;

(GOS3/4)

Part 2	Patient's declaration	
If your address has changed from that shown above write in your new one in Part 4	My name and address are as shown above. I wish to order glasses/contact lenses* and I am entitled to use the above voucher today because:	
	<input checked="" type="checkbox"/> I am under 16 <input checked="" type="checkbox"/> I am a full time student aged 16, 17 or 18 and attend:	
	School/College/University*:	
	Address:	
		Postcode:
Tick any box which applies to you. These circumstances must apply on the date you order your glasses or contact lenses	I/my* partner receives	
	<input checked="" type="checkbox"/> Income Support	<input checked="" type="checkbox"/> Pension Credit guarantee credit
	<input checked="" type="checkbox"/> Income based Jobseekers Allowance	<input checked="" type="checkbox"/> Tax Credit and I am / we are named on, a valid NHS Tax Credit Exemption Certificate
	<input checked="" type="checkbox"/> Income-related Employment and Support Allowance	
	Person getting the benefit/credit* if not the patient:	N.I.no*: <input type="text"/>
	Name:	Date of birth: / /
	I am named on a valid <input checked="" type="checkbox"/> HC2 <input checked="" type="checkbox"/> HC3 certificate, number:	<input type="text"/>
	The HC3 (box B) shows that the voucher value will be reduced by:	£ <input type="text"/>
	<input checked="" type="checkbox"/> I am a prisoner on leave from the prison detailed below:	
	Prison:	
	Address:	
		Postcode:
	<input checked="" type="checkbox"/> I have been prescribed complex lenses under the NHS optical voucher scheme	

(GOS 1/6)

Tick all boxes in Part 1 that apply to you	<input checked="" type="checkbox"/> I am 60 or over	<input checked="" type="checkbox"/> I am under 16 <sup>†</sup>
	<input checked="" type="checkbox"/> I am a full time student aged 16, 17 or 18 <sup>†</sup> and attend:	
	School/College/University*:	
	Address:	
		Postcode:
<sup>†</sup> You may be entitled to an optical voucher if you are in one of these groups. Ask the person who tests your sight.	I/my* partner receive(s):	
	<input checked="" type="checkbox"/> Income Support <sup>†</sup>	<input checked="" type="checkbox"/> Pension Credit guarantee credit <sup>†</sup>
	<input checked="" type="checkbox"/> Income based Jobseekers Allowance <sup>†</sup>	<input checked="" type="checkbox"/> Tax Credit and I am/we are named on a valid NHS Tax Credit Exemption Certificate <sup>†</sup>
	<input checked="" type="checkbox"/> Income-related Employment and Support Allowance <sup>†</sup>	
	Person getting the benefit/credit* if not the patient:	N.I.no*: <input type="text"/>
	Name:	Date of birth: / /
	<input checked="" type="checkbox"/> I am named on a valid HC2 certificate. Number: <input type="text"/>	
	<input checked="" type="checkbox"/> I am registered blind/partially sighted* with the Local Authority below	
	<input checked="" type="checkbox"/> I suffer from diabetes/glaucoma* - my GP's details are below	
	<input checked="" type="checkbox"/> I am considered to be at risk of glaucoma by an ophthalmologist at the hospital below	
	<input checked="" type="checkbox"/> I am 40 or over and am the parent/brother/sister/child of a person who has or had glaucoma	
	<input checked="" type="checkbox"/> I am a prisoner on leave from the prison detailed below:	
	<input checked="" type="checkbox"/> I have been prescribed complex lenses under the NHS optical voucher scheme	



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Signature:
Name: <i>(in block capitals):</i>
Date:     /     /
Contractor number <i>(where issued):</i>
Performers list number <i>(if appropriate):</i>

15. The Suppliers/Performer/Practitioner declarations must be filled in (including Performer list number)

GOS 3	
Performer's name: <i>(print)</i>	Performers list no:
Signature:	Date:     /     /

GOS 1	
<b>To be completed by the Performer who has conducted the sight test*</b>	
Performer's signature:	
Performer's name: <i>(in block capitals)</i>	
Performers list number:	
Date:     /     /	

16. If payment address is different to the practice address, please indicate on the back of the form.

Practice address where sight test took place: <i>(in capitals/stamp)</i>	Address <i>(if different)</i> where payment should be sent: <i>(in capitals/stamp)</i>

17. We do not pay domiciliary fees for sight test carried out at day centres/walk in centres, please verify before booking someone, also we cannot process any domiciliary claims for sight test carried out of area i.e. if you got a contract to carry out domiciliary sight tests in Birmingham and you submit a claim for someone living in Solihull, we will not process that claim unless you also got a contract for Solihull Area.
18. Indicate on the back of GOS 6 form if 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> or subsequent patient at the address.

## Filling GOS forms

<input checked="" type="checkbox"/>	I have made a domiciliary visit to conduct this sight test to one patient at the address in Part 1	
<input checked="" type="checkbox"/>	I have made a domiciliary visit to several patients at the address in Part 1	
This patient was the:		
<input checked="" type="checkbox"/>	1st patient at the address	
<input checked="" type="checkbox"/>	2nd patient at the address	
<input checked="" type="checkbox"/>	3rd or subsequent patient at the address	
<input checked="" type="checkbox"/>	The patient was referred to their GP or Ophthalmic hospital	
<input checked="" type="checkbox"/>	A statement was issued and no prescription was required	
<input checked="" type="checkbox"/>	An unchanged prescription was issued	
<input checked="" type="checkbox"/>	A new or changed prescription was issued	
<input checked="" type="checkbox"/>	A voucher was issued:	
First voucher type:	<input type="text"/> Supplements: <input checked="" type="checkbox"/> Complex <input checked="" type="checkbox"/> Prism <input checked="" type="checkbox"/> Tint	
Second voucher type:	<input type="text"/> Supplements: <input checked="" type="checkbox"/> Complex <input checked="" type="checkbox"/> Prism <input checked="" type="checkbox"/> Tint	
<b>To be completed by the performer who has conducted the sight test<sup>†</sup></b>		
Performer's signature: _____		
Performer's name: <i>(in block capitals)</i>	Date:     /     /	
Performers List number: _____		
I claim:		
<input checked="" type="checkbox"/>	the current NHS sight test fee	£ <input type="text"/>
<input checked="" type="checkbox"/>	the domiciliary fee for:	
<input checked="" type="checkbox"/>	1st patient at the address	£ <input type="text"/>
<input checked="" type="checkbox"/>	2nd patient at the address	£ <input type="text"/>
<input checked="" type="checkbox"/>	3rd or subsequent patient at the address	£ <input type="text"/>
	Total claim for sight test	£ <input type="text"/>

19. For adult repairs (GOS 4), please get **authorisation code** from shared services by ringing 0121 465 1025, and write that code on part 3, without that code we cannot process your claim.

<b>Part 3 To be completed by the Primary Care Trust</b>	
The applicant's claim has been considered and is: <input checked="" type="checkbox"/> approved <input checked="" type="checkbox"/> not approved	PCT name and address: <i>(stamp or write in capitals)</i> _____ _____
Full name: _____	Date:     /     /
Signature: _____	_____

20. Always explain how the loss or damage happened on GOS 4 before submitting your claim to us.



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Voucher type:	<input type="text"/>	Supplements:	<input checked="" type="checkbox"/> Complex	<input checked="" type="checkbox"/> Prism	<input checked="" type="checkbox"/> Tint	
Voucher value appropriate to the above prescription						£ <input type="text"/> (1)
Parts:	Lens/C.L.*	<input checked="" type="checkbox"/> Right	<input checked="" type="checkbox"/> Left	<input checked="" type="checkbox"/> Both		£ <input type="text"/> (2)
	Frame	<input checked="" type="checkbox"/> Front	<input checked="" type="checkbox"/> Side	<input checked="" type="checkbox"/> Whole		£ <input type="text"/> (3)
Supplements:		<input checked="" type="checkbox"/> Complex				£ <input type="text"/> (4)
		<input checked="" type="checkbox"/> Prism				£ <input type="text"/> (5)
		<input checked="" type="checkbox"/> Tint				£ <input type="text"/> (6)
		<input checked="" type="checkbox"/> Small glasses				£ <input type="text"/> (7)
<b>I claim under the NHS optical voucher scheme:</b>						
	Voucher value plus any supplement(s) (sum of 1+(4+5+6+7))					£ <input type="text"/> (8)
	<u>or</u> part(s) at current prices plus any supplement(s) (sum of (2+3)+(4+5+6+7))					£ <input type="text"/> (9)
	<u>or</u> actual retail cost, if less					£ <input type="text"/> (10)
	Patient's contribution as shown by <b>box B</b> of certificate HC3 (if applicable)					£ <input type="text"/> (11)
	Total claim (8 or 9 or 10 - whichever is the lowest, minus 11)					£ <input type="text"/>