

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 submit an HC1 claim form (see part 4).

If you paid for a repair or replacement because your glasses/contact lenses were lost or damaged, your local Primary Care Trust 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.

If you wish to claim a refund of glasses or contact lenses, for a reason other than because you have a low income, please send your receipts and optical prescription to your local Primary Care Trust.

YOUR CLAIM CANNOT BE ACCEPTED...

- If your capital (value of total savings) on the date you paid was more than the limit (unless you are named on or entitled to an NHS Tax Credit Exemption Certificate). This is £16,000 (or £23,250 for people living permanently in a care home).
- 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 0845 850 1166.

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 0845 850 1166 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 ☒ ☐ I have a War pension 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 ☒ ☐ My name was on an NHS certificate HC2 or HC3 No.
The person holding the certificate was:
Send this form to: NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle Upon Tyne NE1 6SN.

Group 3 ☒ ☐ I was getting one of the benefits/credits listed below.
☒ ☐ 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:
If this person was not the patient, please tell us either / / or
their date of birth their National Insurance number:
☒ ☐ Income Support – send this form to your local Jobcentre Plus office
☒ ☐ Income-based Jobseeker's Allowance – send this form to your local Jobcentre Plus office
☒ ☐ Income-related Employment and Support Allowance – send this form to your local Jobcentre Plus office
☒ ☐ Pension Credit Guarantee Credit – send this form to the Pension Centre who dealt with your claim (Pension Credit Savings Credit on its own does not count)
☒ ☐ Named on or entitled to an NHS Tax Credit Exemption Certificate No.
Send this form to NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle Upon Tyne NE1 6SN

Group 4 ☒ ☐ I am not in groups 1 to 3, but wish to claim a refund for optical charges paid.
Send this form to NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle Upon Tyne NE1 6SN. You will also need to fill in an HC1 claim form which is normally available from a Jobcentre Plus office or NHS hospital, your doctor, dentist or optician may have one too. If you are unable to obtain a form you can get one by calling 0845 850 1166 or visiting www.nhsbsa.nhs.uk/healthcosts.

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 and Local Authorities for the purpose of verification.

I also consent to the disclosure of information on this form to the Counter Fraud and Security Management Service, 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: Date: / /

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: Date: / /

Name: (in capitals)

Address:

Postcode:

Part 5	FOR OFFICIAL USE ONLY
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TO	
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Please send this form to the PCT that covers the address in Part 3. Check to find the PCT's address.

FROM	NHS Business Services Authority or one of the bodies listed in Part 4:
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For use by
the bodies
listed in
Part 4

I confirm that the patient named in Part 1 of this form is entitled to a full refund of:

☒ the amount paid for a sight test

☒ the optical voucher value plus any supplements appropriate to the prescription attached

I confirm that the patient 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

☒ £ and the optical voucher value plus any supplements appropriate to the prescription attached

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

☒ I confirm that this claim has been accepted outside the 3 months time limit.

Please pay the appropriate amount to the patient named in part 1 of this form.

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

NOTES	TEAM	LOCATION	REFERENCE NUMBER
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