

GOS 3 NHS optical voucher and patient's statement

To get your glasses/contact lenses, fill in, sign and date Part 2 when you order them from the optician of your choice. Sign and date Part 4 overleaf to confirm that you have received them.
Please complete this form using black ink and in block capitals

Part 1 Patient's details

* delete as appropriate

Mr/Mrs/ Surname: _____ Previous surname: _____
 Miss/Ms*: _____ (If changed within the past 12 months)

First names: _____ Date of birth: / /

Address: _____

Postcode: _____

if known

Date of this prescription: / / NHS no#: N.I.no#:

To be completed by the practitioner at your sight test

First voucher type: Supplements: Complex Prism Tint

Second voucher type: Supplements: Complex Prism Tint

R I G H T	Sph	Cyl	Axis	Prism	Base	Distance	Sph	Cyl	Axis	Prism	Base	L E F T

Primary Care Trust receiving relevant GOS1 or GOS 6[†]: _____

† if applicable

Performer's name: _____ Performers list no: _____
 (print)

Signature: _____ Date: / /

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:

I am under 16

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

Income Support

Income based Jobseekers Allowance

Income-related Employment and Support Allowance

Pension Credit guarantee credit

Tax Credit and I am / we are named on, a valid NHS Tax Credit Exemption Certificate

Person getting the benefit/credit* if not the patient: _____ N.I.no#: _____

Name: _____ Date of birth: / /

I am named on a valid HC2 HC3 certificate, number: _____

The HC3 (box B) shows that the voucher value will be reduced by: £

I am a prisoner on leave from the prison detailed below:

Prison: _____

Address: _____

Postcode: _____

I have been prescribed complex lenses under the NHS optical voucher scheme

I declare that the information given on this form is correct and complete. I understand and accept that if I withhold information or provide false or misleading information, I may be liable to prosecution and/or civil proceedings. I confirm I am entitled to an NHS optical voucher and I consent to the disclosure of relevant information for the purpose of checking this and in relation to the prevention and detection of fraud. I agree to repay the voucher value if I am later found not to be entitled to it.

I am the patient patient's parent, carer or guardian.

Signature**: _____ Date: / /

Name: (in block capitals) _____

Address: (if different from above) _____

Postcode: _____

** If you are under 16 or incapable of signing, your parent, carer or other person responsible for you should sign and give their name and address

Part 3 Supplier's declaration

In accordance with the prescription overleaf I have supplied:

glasses or contact lenses because the patient named on this optical voucher:

* delete as appropriate

requires a new or changed prescription has an unchanged prescription but has glasses/contact lenses* which are unserviceable due to fair wear and tear

CLAIM

I claim under the NHS optical voucher scheme as follows:

Actual retail cost of glasses/contact lenses* if less than or equal to voucher value(s) plus any supplement(s)

Voucher value(s)

1st pair	
<input checked="" type="checkbox"/>	Complex
<input checked="" type="checkbox"/>	Prism
<input checked="" type="checkbox"/>	Tint
<input checked="" type="checkbox"/>	Small glasses†

2nd pair	
<input checked="" type="checkbox"/>	Complex
<input checked="" type="checkbox"/>	Prism
<input checked="" type="checkbox"/>	Tint
<input checked="" type="checkbox"/>	Small glasses†

1st pair

2nd pair

£ + £ (1)

£ (2)

£ (3)

£ (4)

£ (5)

£ (6)

Total of voucher(s) and supplement(s) (sum of 2,3,4,5+6)

£ + £ (7)

The cost of the glasses or contact lenses exceeds (7) for the

1st pair 2nd pair

Maximum claimable for glasses/contact lenses* (lower of 1 or 7)

£ (8)

Patient's contribution as shown by box B of HC3 (if applicable)

£ (9)

Total claim for glasses/contact lenses* (8 minus 9)

£

† Please state boxed centre distance in millimetres

DECLARATION

I claim the payment shown above under the NHS (Optical Charges and Payments) Regulations 1997. I confirm that the information given on this form is correct and complete and that this is the original form as signed by the respective patient, or other person as appropriate. I understand and accept that if I withhold information or provide false or misleading information, disciplinary action may be taken against me and I may be liable to prosecution and/or civil proceedings. I consent to the disclosure of relevant information for the purpose of verification of this claim and in relation to the prevention and detection of fraud.

Supplier's signature:

Supplier's name and address: (in capitals/stamp)

Date of first/only pair supplied: / /

Date of second pair supplied: / /

Part 4 Patient's declaration

† Please write the number of pairs of contact lenses you have received in this box

I confirm that I have received (tick as appropriate); one pair or two pairs of glasses or pairs of contact lenses, on the date shown above, and used an NHS optical voucher.

I declare that the information overleaf which entitles me to an NHS optical voucher is correct and complete. I consent to the disclosure of relevant information for the purpose of checking this and in relation to the prevention and detection of fraud. I understand and accept that if I withhold information or provide false or misleading information, I may be liable to prosecution and/or civil proceedings

** If you are under 16 or incapable of signing, your parent, carer or other person responsible for you should sign and give their name and address

I am the patient patient's parent, carer or guardian.

Signature**:

Date: / /

Name: (in block capitals)

Address: (if different from overleaf)

Postcode: