

GOS 4 NHS optical repair/replacement voucher application form

You cannot get help if your glasses/contact lenses are covered by warranty, insurance or after care service. If they are not, and you are under 16, you will get a voucher towards the cost of a repair or replacement. If you are aged 16 or over, and are in one of the categories shown in Part 1 you must satisfy the Primary Care Trust that your glasses or contact lenses were lost or damaged because you were ill. You can wait for the Primary Care Trust to approve your claim before you get the repair/replacement done or you can pay and claim a refund. You can only have a refund if your Primary Care Trust agrees.

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 last sight test: / /	NHS no#:	N.I.no#:
------------------------------	----------	----------

Tick any box which applies to you. These circumstances must apply on the date you order your glasses or contact lenses

<input checked="" type="checkbox"/>	I am under 16 (go to Part 2)
<input checked="" type="checkbox"/>	I am a full time student aged 16, 17 or 18 and attend:
School/College/University*:	
Address:	
Postcode:	

I/my* partner receive(s):

<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 Credits 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#: / /

Name: / Date of birth: / /

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

The HC3 (box 3) shows that the voucher value will be reduced by: £ / /

I have been prescribed complex lenses as defined for the purposes of the NHS voucher scheme

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

Prison: / / / /

Address: / / / /

Postcode: / / / /

† Without this explanation the Primary Care Trust cannot decide if you can have help

I have explained below† how the loss or damage happened.

Part 2 Patient's declaration

I confirm there is no insurance warranty or after sales service covering my lost or damaged glasses or contact lenses. I declare that the information I have 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 repair/replacement 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.

** 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

Signature**:

Date: / /

Name: (in block capitals)

Address: (if different from above)

Postcode:

