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

First names:	Date of birth: / /

Address:

Postcode:

 # if known

To be completed by the practitioner at your sight test

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

First voucher type:	Supplements:	Complex ✓	Prism ✓	Tint
Second voucher type:	Supplements:	Complex ✓	Prism ✓	Tint

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

Primary Care Trust receiving relevant GOS1 or GOS 6† :

† if applicable

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

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:

Optician's use only — Evidence not seen

- ✓ 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, details 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.

** 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:

NHS

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:

	1st pair	2nd pair	
Actual retail cost of glasses/contact lenses* if less than or equal to voucher value(s) plus any supplement(s)	£	+ £	(1)
Voucher value(s)	£	£	(2)

Supplement(s)

1st pair		2nd pair			
[✓] Complex		[✓] Complex	£	£	(3)
[✓] Prism		[✓] Prism	£	£	(4)
[✓] Tint		[✓] Tint	£	£	(5)
[✓] Small glasses†		[✓] Small glasses†	£	£	(6)

†Please state boxed centre distance in millimetres

	1st pair	2nd pair	
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)*	£	

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

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

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

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 overleaf)*

Postcode: