NHS
England

Primary Care Support England

Using PCSE Online for Ophthalmic Payment services

User Guide

Contents

About this Guide

This guide provides information about using PCSE Online for Ophthalmic Payment services. The digital service will enable GOS claims to be submitted electronically. They will be validated in real time which will improve the accuracy of payments and give ophthalmic contractors greater visibility of claims and statements.

This user guide is a support tool and covers the following options available on PCSE Online:

✓ Navigating the Ophthalmic Payment screens

✓ Making GOS 1, 3, 4, 5, and 6 claims

✓ Searching for claims

✓ Viewing statements

Overview of PCSE Online for Ophthalmic Payments

PCSE Online is a web-based option for securely submitting, tracking and reconciling GOS claims. Users access the service via the PCSE website with a unique log-in ID and password.

The site has been designed to guide users intuitively through the different screens. From the home screen dashboard, users can select and complete the appropriate GOS form, track the status of their claims and view statements.
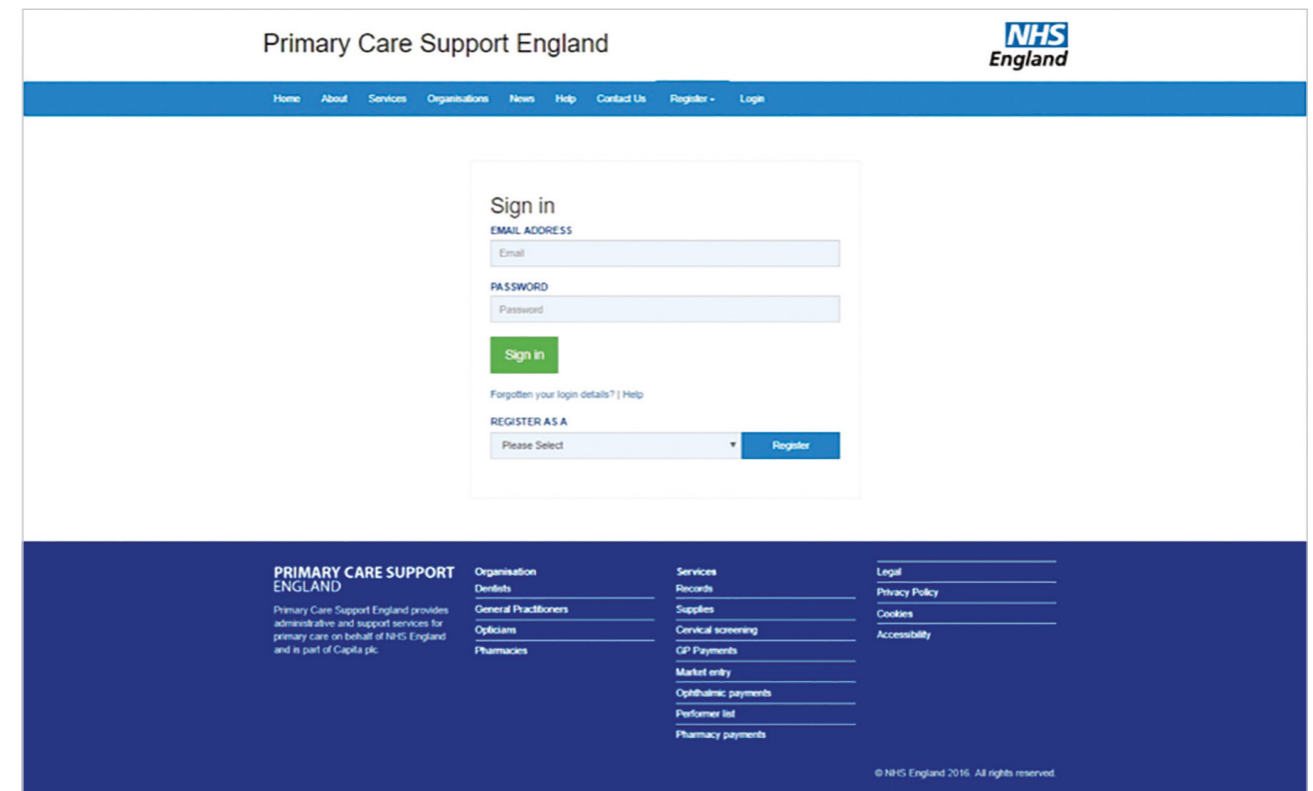
The information for the online GOS forms is much the same as is required for the paper forms but the electronic system will automatically validate each field as detail is entered. This means any missing information, errors or incomplete mandatory fields will be flagged up before a form can be submitted, significantly reducing the likelihood of claims being rejected and improving the accuracy of payments.

Another benefit of the online submissions being validated in real time is that they can be submitted closer to the payment date because contractors won't have to allow time for posting and processing. The system also allows you to pre-populate up to the first signatory, allowing more efficiency within the practice.

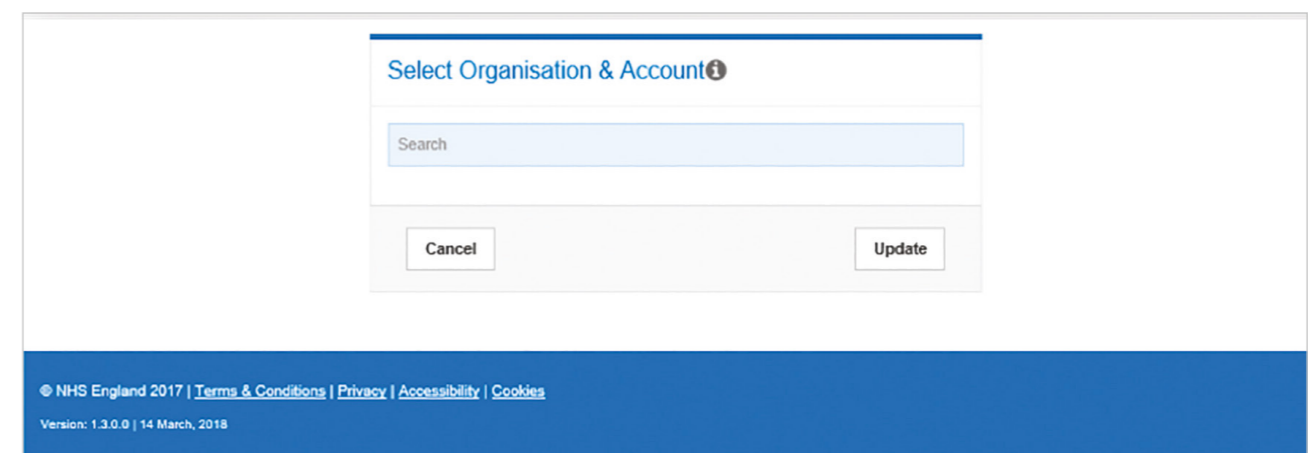## Sign in and Dashboard

1.1   Sign in

Users need to log in to PCSE Online to access the Ophthalmic Payments screens.

You can log-in to PCSE Online from the website homepage which will take you to the following screen:

Enter your sign in details (**Email Address** and **Password**).

Click the **Sign in** button.

On successful sign in, if you are assigned to more than one organisation the following screen will be displayed. Enter the relevant organisation and click on **Update**.

If you are not assigned to more than one organisation you will automatically be directed to the Ophthalmic Payments dashboard.
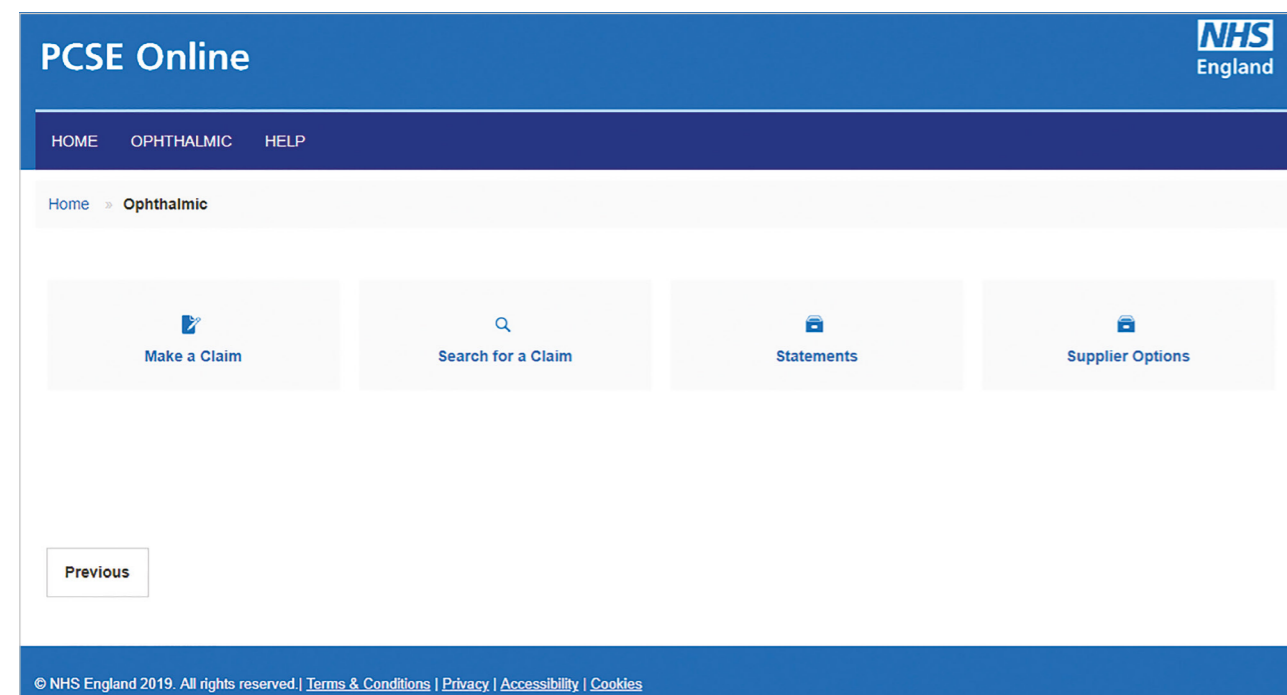
1.2 Dashboard

This screen shows your **dashboard** from where you can perform different tasks.

The navigation pane appears in the mid-section of the screen.

Each option in this section will help you perform a particular task.

The options you see here are determined by the access permissions that have been granted to you by your User Administrator.

Top Tip – when completing any sections of the online forms, ensure ALL mandatory information is included before clicking Save and Continue.

2 Make a Claim

Select **Make a Claim** on the dashboard. You will then see the following screen where you can choose which GOS claim type you would like to make.
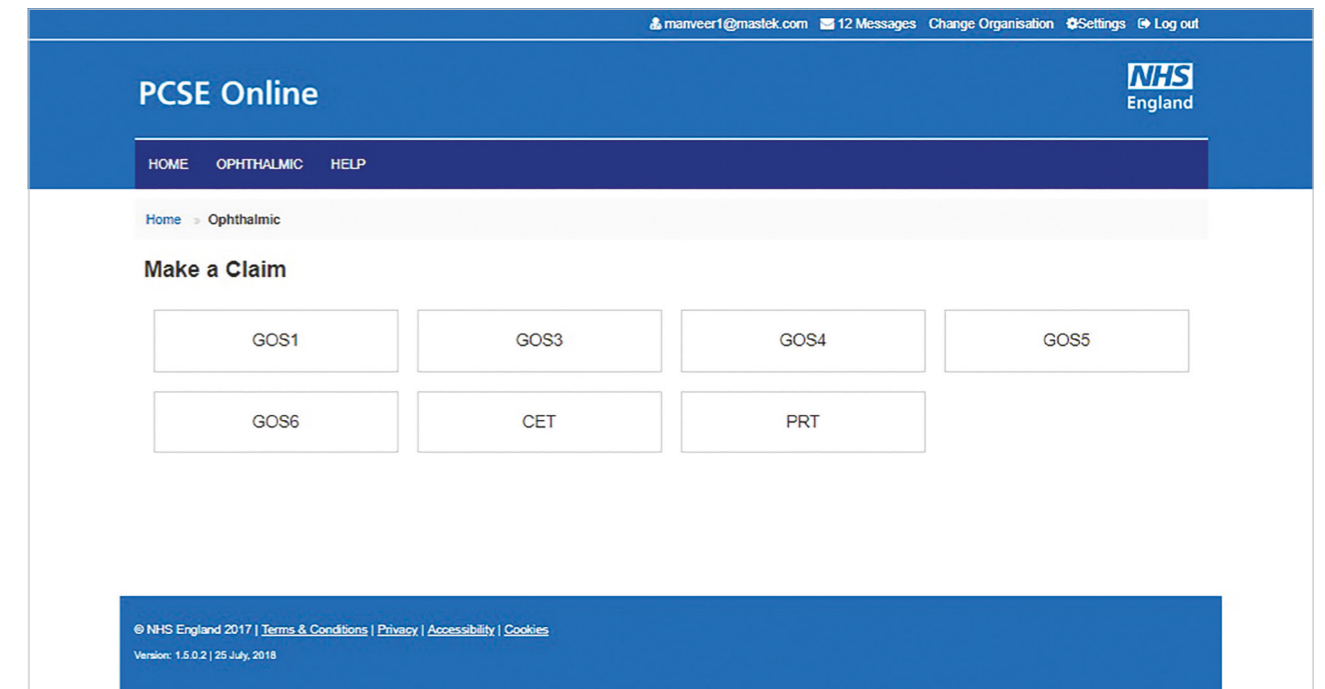
2.1 GOS 1 Claim – NHS Sight Test

This claim process is split into five sections, with clear indication of which section you are currently on. Once a section is complete, a a tick will be displayed.

2.1.1 Patient's Details

This is the first section of the GOS 1 claim where you need to enter the patient's details.

The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Sight Test Date	Optional	Enter the sight test date (dd/mm/yyyy) or select the date from the online calendar
Contractor's Name	*Mandatory	The contractor name always auto populates based on the organisation you are logged in to.
Performer's Name	*Mandatory	If you are the Performer your name will auto populate
Performer's Number	*Mandatory	If you are a performer, then based on your name, your number will also populate in the text box
Your Reference	Optional	This is a number a practice can choose for their own purposes to help their reconciliation process. It will appear on their statements
Title	Optional	Select the correct title
First Name	*Mandatory	Enter the patient's first name
Surname	*Mandatory	Enter the patient's surname
Previous Surname	Optional	Enter the patient's previous surname if applicable
Address	*Mandatory	Either enter the post code to search for an address or manually enter the address details in the appropriate fields
Date of Birth	*Mandatory	Enter the sight test date (dd/mm/yyyy) or select the date from the online calendar
NHS Number	Optional	Enter the patient's NHS number (if known)
National Insurance Number	Optional	Enter the patient's National Insurance Number
Date of Last Sight Test	*Mandatory	Enter the date of last sight test (dd/mm/yyyy) or select the date from the online calendar Or select one of the two options: First Test or Not Known

When you have entered the details, you will have the option to either **Save for later** or **Save and Next**.

If you select **Save and Next** the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended. Flagged sections will be highlighted with red text.

When you have successfully inputted all the correct details the Save and Next button will take you to the next section, **Patients Eligibility**.

Please note the claim will need to be signed again if any information is changed.

If you select the option to Save for later (please see Search section) the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click **Save and Next.**

Upon successful submission, the system will automatically generate a ***CLAIM NUMBER*** for further reference.

2.1.2 Patient's Eligibility

This is the second section of the GOS 1 claim where you need to enter the patient's eligibility.

The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Patient's Eligibility	*Mandatory	Enter the NHS Eligibility Reason
Details of Establishment (Name)	*Mandatory	Enter name of establishment
Details of Establishment (Town)	Conditional	This is mandatory for the following eligibility categories: ■ I'm a full time student ■ I'm a prisoner on leave ■ I'm considered to be at risk of glaucoma ■ I am registered blind/partially sighted ■ I suffer from diabetes/glaucoma
Evidence of Eligibility	Conditional	This is mandatory for the following eligibility categories: ■ I'm a full time student ■ I'm a prisoner on leave ■ I'm considered to be at risk of glaucoma ■ I am registered blind/partially sighted ■ I suffer from diabetes/glaucoma
Person getting the benefit	Conditional	Select the correct option from Patient or Patient's Partner. If Patient's Partner' is selected, enter the following: ■ Name ■ National Insurance Number ■ Date of Birth
Mode of receiving the benefit	Conditional	Select the correct option
The patient is named on a valid HC2 certificate	*Mandatory if Patient's Eligibility is HC2	If selected, enter HC2 number.

If you select **Save and Next** the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

When you have successfully inputted all the correct details the **Save and Next** button will take you to the next section, **Patient's Declaration**.

If you select the option to **Save for later** the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click **Save and Next**.

2.1.3 Patient's Declaration

This is the third section of the GOS 1 claim where the patient's declaration details and signature need to be obtained.

Department of Health regulations have been changed to allow GOS forms to be signed electronically.

Patients can sign GOS claims electronically using:

● A touchscreen device, such as a PC, tablet or phone

● By using a touchpad, mouse or other pen input device connected to a PC.

● Scanning a QR code with a touchscreen device and signing on the device

The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
The Signatory is the: Patient, Patient's Parent or Patient's Parent or Guardian	*Mandatory	Select the correct option
Name	*Mandatory	'Patient' is selected, their name will auto populate
Select patient's ethnic group	Optional	Select the correct option
Address	*Mandatory	'Patient' is selected, their address will auto populate
Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices). Please ensure all mandatory fields are completed, otherwise the signature will be lost when clicking save and continue.		

Depending on the electronic signature option you are using, click or scan the QR Code on the screen.

When prompted, sign the signature box on the Patient Declaration and select **Accept**.

If you select **Save and Next** the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

When you have successfully inputted all the correct details the **Save and Next** button will take you to the next section, **Performer's Declaration**.

If you select the option to **Save for later** the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click **Save and Next**.

It will then be ready for the Performer to access and sign via the option to '**Search for Claim'** on the dashboard screen.

2.1.4 Performer's Declaration

This is the fourth section of the GOS 1 claim which the Performer needs to complete and sign.

The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Sight test outcome	*Mandatory	Select one of the outcome options
Voucher issued	Optional	Click the check box if appropriate
Specify the appropriate code	Conditional	This is mandatory if it is less than the standard interval since the patient's last sight test Select the correct option from the dropdown & checkbox selection
First Voucher Type	Optional	Select the correct option from the dropdown & checkbox selection
Supplements	Optional	Select the correct option from the dropdown & checkbox selection
Second Voucher Type	Optional	Select the correct option from the dropdown & checkbox selection
Supplements	Optional	Select the correct option from the dropdown & checkbox selection
Auto Filled Performer's Details (to be checked by the Performer)		
Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices)		

Selecting **Save Awaiting Contractor Signatory** means the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

When you have successfully inputted all the correct details the **Save Awaiting Contractor Signatory** button will take you to the next section, **Contractor Signatory's Declaration**. If you have the Contractor Signatory role you will be able to complete the Contractor Signatory Declaration.

It will then be ready for the Contractor to access and sign via the option to 'Search for Claim' on the dashboard screen.

If the performer has selected voucher type once the contractor has signed the contractor signatory declaration and you will be able to Search for Claim'   on the dashboard screen and create a GOS 3 this gives you the opportunity to not re-enter the patient details and go straight to the prescription section.

If you select the option to **Save for later** the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click **Save Awaiting Contractor Signatory**.

2.1.5   Contractor Signatory's Declaration

This is the last and final section of the GOS 1 claim, which needs to be completed by the Contractor Signatory who can view and check the details entered on the previous screens.

Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices).

The Contractor Signatory can then select **Submit** if they agree with the claim and accept the declaration. This will then send the claim to PCSE for processing and payment.

If the claim is not ready to be submitted the option to **Revert to draft** should be selected so the form can be re-visited and amended at a later time.

If the Contract Signatory has completed the form but does not wish to submit the claim at that time there is an option to **Close**. The claim will still be saved.

If the claim is not needed and should not be submitted the option to **Cancel Claim** should be selected. It will still be available to view via '**Search for claim**'.
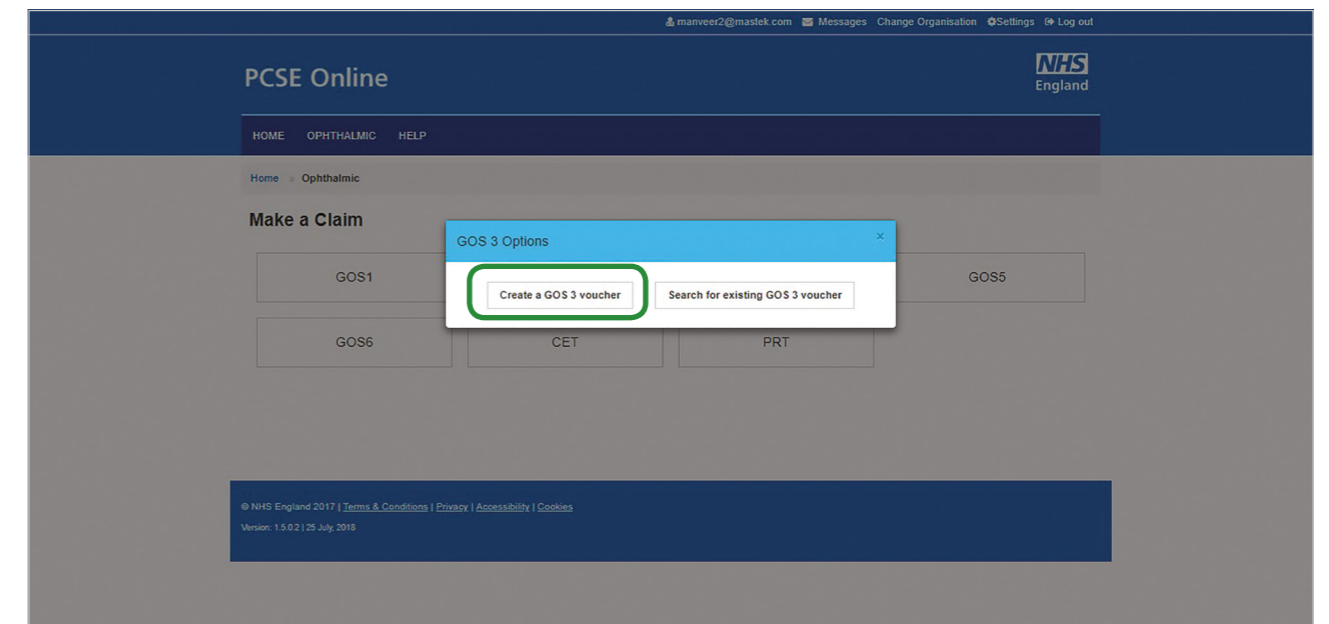
All cancelled claims are still viewable.

2.2   GOS 3 – NHS Optical Voucher & Claim

Through the **GOS 3** option, you can either **Create a GOS 3 Voucher or Search for existing GOS 3 Voucher**.

2.2.1   Create a GOS 3 Voucher

Select GOS 3 from the dashboard. You will then get a pop up with two options. Select **Create a GOS 3 Voucher**.

2.2.2 Patient's Details

You will then see the **GOS 3 Claims – Optical Vouchers** screen where you will first need to enter the patient's details.

If you select **Save and Next** the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

When you have successfully inputted all the correct details the **Save and Next** button will take you to the next section, **Prescription**.

If you select the option to **Save for later** the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click **Save and Next**.

If you select **Save Awaiting Performer**, the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

2.2.3 Prescription

The performer should complete the relevant prescription fields and sign once complete.

2.2.4 Prescription

This is the second section of the GOS 3 claim where the prescription details should be entered.

The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Right Distance	*Mandatory	Enter the respective values ■ SPH & CYL (+/-) text box entry ■ Axis, Prism and Base (Auto increment field) ■ Minimum requirement is a value on SPH (which can be 0.00 in one eye)
Left Distance	*Mandatory	Enter the respective values ■ SPH & CYL (+/-) text box entry ■ Axis, Prism and Base (Auto increment field) ■ Minimum requirement is a value on SPH (which can be 0.00 in one eye)
Right Add	Optional	
Left Add	Optional	
First Voucher Type	Optional	Select the correct option from the dropdown menu & checkbox selection
Supplements	Optional	Select the correct option from the dropdown menu & checkbox selection
Second Voucher Type	Optional	Select the correct option from the dropdown menu & checkbox selection
Supplements	Optional	Select the correct option
Auto Filled Performer's Details (to be viewed by performer)		
Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices)		

If you select:

Create GOS 3 Voucher – produces a pdf which can be printed on A4, double sided in black and white and given to the patient.

Save for later – The system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click **Create GOS 3 Voucher** or **Create GOS 3 claim**.

Create GOS 3 claim – This enables you to continue and complete the GOS 3 claim.

Previous – takes you back to the previous page to make any amends, corrections or view again.

2.2.5   Create a GOS 3 Claim

From the GOS 3 screen, you can also **Create a GOS 3 claim**. This claim form is divided into 5 parts.

2.2.5.1   Patient's Details

This is the first section of the GOS 3 claim where you need to enter the patient's details.

The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Sight Test Date	Optional	Enter the sight test date (dd/mm/yyyy) or select the date from the online calendar
Contractor's Name	*Mandatory	Enter the contractor's name If you are a contractor, then your name will automatically populate in the text box
Performer's Name	*Mandatory	Enter the performer's name If you are a contractor, the performers listed under your practice will automatically appear so you can select the relevant one
Performer's Number	*Mandatory	If you are a performer, then based on your name, your number will also populate in the text box
Title	Optional	Select the appropriate option
First Name	*Mandatory	Enter the patient's first name
Surname	*Mandatory	Enter the patient's surname
Previous Surname	Optional	Enter the patient's previous surname if applicable
Address	*Mandatory	Either enter the post code to search for an address or manually enter the address details in the appropriate fields
Date of Birth	*Mandatory	Enter the sight test date (dd/mm/yyyy) or select the date from the online calendar
NHS Number	Optional	Enter the patient's NHS number (if known)
National Insurance Number	Optional	Enter the patient's National Insurance Number

If you select **Save and Next** the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended. When you have successfully inputted all the correct details the **Save and Next** button will take you to the next section, **Prescription**.

If you select the option to **Save for later** the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click **Save and Next**.

If you select **Save Awaiting Performer**, the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

2.2.5.2   Printing a GOS 3 Voucher

When you click on Create GOS 3 Voucher a new tab opens with the voucher visible in a printable pdf file. You can download this file and print a copy of the voucher for the patient.

The print must be done on plain A4 paper and should be double-sided, otherwise it will be rejected by PCSE for processing. It can be printed in black and white.

The voucher will include a unique reference number and authorisation code. Please see the attached example below.

If the patient chooses to take their GOS3 voucher to another practice that is also using PCSE Online or eGOS it will be possible for that practice to search for it using the reference number and authorisation code and continue the process electronically.

However, if the other practice isn't using PCSE or eGOS, the process will need to be continued on a paper GOS 3 form.

2.2.5.3   Patient's Eligibility

This is the third section of the GOS 3 claim where you need to enter the patient's eligibility.

The following table describes the different fields that you will see on this screen that need to be completed:

Field Name	Mandatory/Optional	Field Description
The Patient wishes to order	*Mandatory	Select the correct option
The patient is entitled to use a voucher because	*Mandatory	Select the correct option
Details of establishment (Name)	Optional	Enter Supplementary town
Details of establishment (Town)	Optional	Enter Supplementary town
Evidence of eligibility	*Mandatory	Select the correct option
Person getting the benefit	Optional	Select the correct option. Values are 'Patient' and 'The Patient's Partner'. Based on your selection, enter the following: ■ Partner Name ■ Partner National Insurance Number ■ Partner Date of Birth
Mode of receiving the benefit	*Mandatory	Select the correct option
The patient name on a valid…	*Mandatory	Select the option. Values are HC2 and HC3
Certificate Number	Optional	Enter the number
The HC3 shows that the voucher value will be reduced by	*Mandatory	Enter the value, text box entry (For HC3 only)
The Signatory is the…	*Mandatory	Select the relevant option
Name	*Mandatory	Enter the name
Address	*Mandatory	Enter the address

Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices)

Depending on the electronic signature option you are using, click or scan the QR Code on the screen.

When prompted, sign the signature box on the Patient Declaration and select **Accept**.

On entering the above details, you will have the option to either **Save for later** or you can proceed further by clicking on **Save and Next**. On clicking **Save and Nex**t, the system will check all the validations and data format. On successful submission, you will be able to fill in the details of the next section i.e. **Supplier Declaration**.

Selecting **Save Awaiting Contractor Signatory** means the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

It will then be ready for the Contractor to access and sign via the option to '**Search for Claim**' on the dashboard screen.

2.2.5.4 Supplier's Declaration

This is the fourth section of GOS 3 claim to be completed by the Supplier, which requires their declaration after viewing the prescription details.

The Supplier can view the details that have already been entered and then complete the Supplier's Declaration.

The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
In accordance with the prescription I have Supplied	*Mandatory	Select the appropriate option(s)
Claim	*Mandatory	Select the appropriate option from the dropdown & checkbox selection
Actual retail cost of glasses/ contact lenses	Optional	Enter value only if less than value of the voucher
Total of voucher(s) and supplement(s)	*Mandatory	Auto populates based on prescription and option(s) selected in the 'Claim' section
Patient's contribution	Optional	Must be entered if Patient's eligibility is HC3
Total Claim for glasses/contact lenses	*Mandatory	Auto populates based on values entered above
Date of first/ only pair supplied	*Mandatory	Enter the date
Auto Filled Supplier's Details		
Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices)		

On entering the above details, you will have the option to either:

If the claim is not ready to be submitted the option to **Revert to draft** should be selected so the form can be re-visited and amended at a later time.

If the claim is not needed and should not be submitted the option to **Cancel Claim** should be selected. It will still be available to view via '**Search for claim**'. All cancelled claims are still viewable

Save for later – The system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click, **Save and Next**. At this point, the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended. When you have successfully inputted all the correct details the **Save and Next** button will take you to the next section, **Patient Declaration**.

2.2.5.5 Patient's Declaration

This is the last section of the GOS 3 claim where the patient will sign their declaration.

The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Signatory Received	*Mandatory	Select the relevant option from the tick boxes
The Signatory is the: Patient, Patient's Parent or Patient's Parent or Guardian	*Mandatory	Select the correct option
Name	*Mandatory	If 'Patient' is selected, their name will auto populate.
Address	*Mandatory	If 'address' is selected, their name will auto populate
Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices)		

Depending on the electronic signature option you are using, click or scan the QR Code on the screen.

When prompted, sign the signature box on the Patient Declaration and select **Accept**.

A dialogue box will appear to confirm the signature has been saved successfully on this form. Click close to progress to the next step.
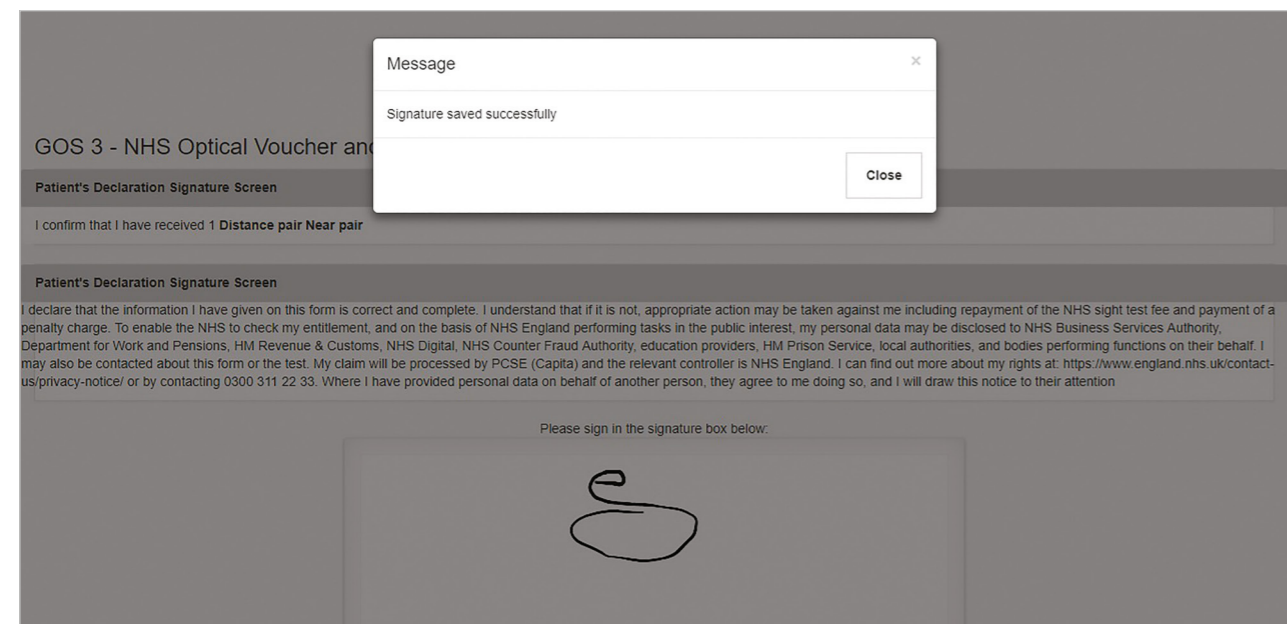
Once all the relevant information has been entered and the patient's signature captured, select to either **Save for later** or to **Submit** for payment.

2.2.6 Search for Existing GOS 3 Voucher

You can search for an existing GOS3 voucher from the **Search for a Claim** screen, on the Ophthalmic dashboard.
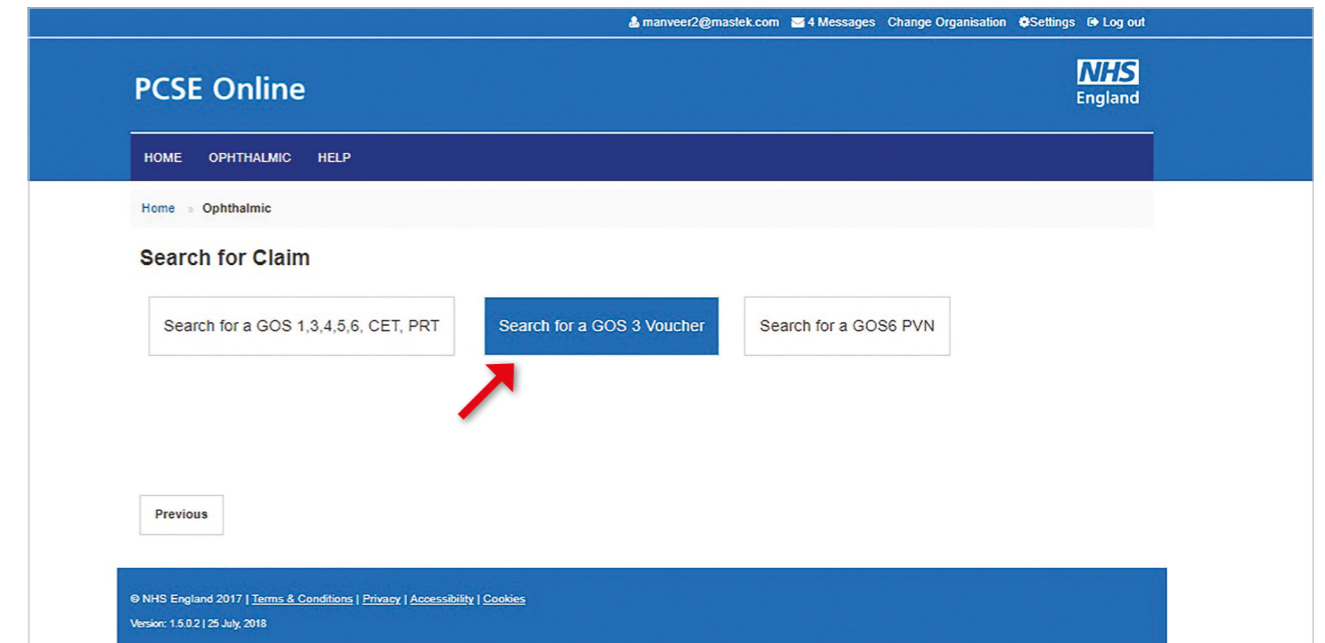
Selecting **Search for a GOS 3 Voucher** will then display the following screen:
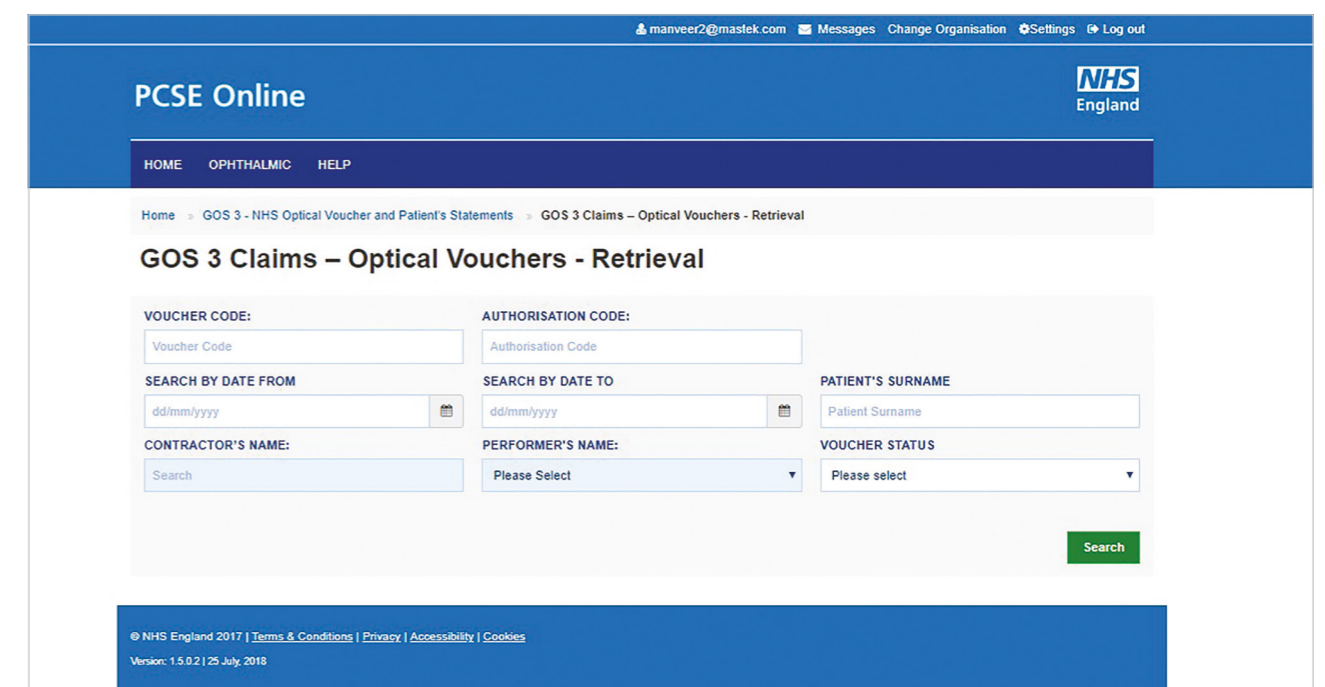
You can quickly search for a voucher issued by different contractors by entering the following details:

- Voucher Code
- Authorisation Code

To search for a voucher created in your practice, you should select your practice under 'Contractor's name'. You do not need the voucher code and authorisation code. If a GOS3 voucher is issued electronically on PCSE Online or eGOS a copy can be printed for the patient. The voucher will include a unique reference number and authorisation code.

If the patient chooses to take their GOS3 voucher to another practice that is also using PCSE Online or eGOS it will be possible to search for it using the reference number and authorisation code and continue the process electronically.

However, if the other practice isn't using PCSE or eGOS, the process will need to be continued on a paper GOS 3 form.

When you click on the **Search** button, search results will be displayed as shown below.

Clicking on **Create GOS 3** Claim will take you to the prescription section of the form from where you can review the prescription and create a GOS 3 claim. Please refer to the previous GOS 3 Prescription section.

2.2.6.1 Voucher issued by Same Contractor/Practice

To search for a voucher created in the same practice, you should first select your practice under 'Contractor's name'. You do not need the voucher code and authorisation code.

You can then enter any of the following criteria in the **GOS 3 Claims – Optical Voucher – Retrieval screen:**

- Search by Date From
- Search by Date To
- Patient's Surname
- Contractor's Name
- Performer's Name
- Voucher Status

Select **Search** to see the results. Clicking on **Create GOS 3 Claim** will take you to the prescription section of the form and you can create a GOS 3 claim after reviewing the prescription. Please refer to the previous GOS 3 Prescription section.

2.3 GOS 4 – NHS Optical Repair/Replacement Claim

The GOS 4 claim is for NHS Optical repair/replacement voucher application form. This particular claim form is divided into 6 parts.

2.3.1 Patient's Details

This is the first section of the GOS 4 claim where you need to enter the patient's details. Screen shot of the referred screen is shown below:

The following table depicts the description of the above screen.

Field Name	Mandatory/Optional	Field Description
Contractor's Name	*Mandatory	The contractor name will populate in the text box based on the organisation you are logged in to'
Performer's Name	*Optional	Enter the performer's name, text box entry If you are a contractor, then automatically the performers under your list will be available here from where you have to select the respective one. If you are the Performer your name will populate in the text box automatically
Performer's Number	*Optional	The Performer number will populate in the text box based on the Performer that has been selected
Your Reference	Optional	Enter the Reference, text box entry
Title	Optional	Select the title/salutation, dropdown selection
First Name	*Mandatory	Enter the first name, text box entry
Surname	*Mandatory	Enter the surname, text box entry
Previous Surname	Optional	Enter the previous surname, text box entry
Address	*Mandatory	Either you can put your post code to search your address online or you can manually enter your address (text box entry)
Date of Birth	*Mandatory	Enter your date of birth, calendar widget
NHS Number	Optional	Enter your NHS number, text box entry
N.I.NO.	Optional	Enter your National Insurance Number, text box entry
Date of Last Sight Test	*Mandatory	Enter the date of last sight test, calendar widget or select First Test or Not Known

When you have entered the details, you will have the option to select either **'Save for later'** or **'Save and Next'**.

Save for later: On clicking this button the system will save what you have entered but it will not automatically validate it.

Save and Next: On clicking this button the system will check and validate the information you have provided to make sure that there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

It is important to note that 'Save for Later' does not validate the entered data. Validation checks would be performed on clicking 'Save & Next'.

*On successful submission, the system will automatically generate a **CLAIM NUMBER** for further reference.*

2.3.2 Patient's Eligibility

This is the second section of the GOS 4 claim where you need to enter the patient's eligibility. An illustration of the screen is shown below:

The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
Patient's Eligibility	Mandatory	Enter the NHS Eligibility Reason, checkbox selection
Details of Establishment (Name)	Conditional/Mandatory	This is mandatory for the following eligibility categories: ■ I'm a full time student ■ I'm a prisoner on leave ■ I'm considered to be at risk of glaucoma ■ I am registered blind/partially sighted ■ I suffer from diabetes/glaucoma Enter Supplementary Name, text box entry
Details of Establishment (Town)	Conditional/Mandatory	This is mandatory for the following eligibility categories: ■ I'm a full time student ■ I'm a prisoner on leave ■ I'm considered to be at risk of glaucoma ■ I am registered blind/partially sighted ■ I suffer from diabetes/glaucoma Enter Supplementary town, text box entry
Evidence of Eligibility	*Mandatory	Select Yes or No
Person Getting the benefit	Conditional/Mandatory	Select the desired option, Checkbox selection; values are Patient and The Patient's Partner. If Patient's Partner is selected, enter the following: Partner's Name Partner's Date of Birth
Mode of Receiving the Benefit	Conditional/Mandatory	Select the desired option, Checkbox selection
The patient is named on a valid	Optional	Mandatory if Patient's Eligibility is HC2 or HC3. Select the option, Checkbox selection. If selected, enter certificate number
Certificate Number	Optional	If selected The patient is named on a valid, enter certificate number
The HC3 (Box B) shows that the voucher value will be reduced by	Optional	Enter the voucher value, textbox entry. Field become enable only after selecting HC3 option in the previous field
I have been prescribed complex lenses under the NHS optical voucher scheme	Conditional/Mandatory	Select the desired option, Checkbox selection

Field Name	Mandatory/Optional	Field Description
The patient provided the description below for how the loss or damage happened	Conditional/Mandatory	Mandatory unless the patient is a under 16 or under 18 in the care of a local authority. Select the desired option, Checkbox selection
Damage/Loss Reason	Conditional	If selected The patient provided the description below for how the loss or damage happened then enter the details in the text box

When you have entered the details, you will have the option to select either **'Previous'**, **'Save for later'** or **'Save and Next'**.

Previous: On clicking this button the system takes you back to the previous page to make any amends, corrections or view again.

Save for later: On clicking this button the system will save what you have entered but it will not automatically validate it.

Save and Next: On clicking this button the system will check and validate the information you have provided to make sure that there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

On successful submission, you will be able to fill in the details of the next part/section i.e. **Patient's Declaration**.

2.3.3 Patient's Declaration

This is the third section of the GOS 4 claim where you will accept the patient's declaration. An illustration of the screen is shown below:

Click on QR Code in the screen above and sign in signature box on the next screen before clicking the Accept button.

The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
The Signatory is the	*Mandatory	Select the desired option, mandatory field
Name	*Mandatory	Enter the name, text box entry. If 'Patient' is selected, their name will auto populate
Address	*Mandatory	Enter the name, text box entry. If 'Patient' is selected, their address will auto populate

Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices)

When you have entered the details, you will have the option to select either **'Previous'**, **'Save for later' or 'Save and Next'.**

Previous: On clicking this button the system takes you back to the previous page to make any amends, corrections or view again.

Save for later: On clicking this button the system will save what you have entered but it will not automatically validate it.

Save and Next: On clicking this button the system will check and validate the information you have provided to make sure that there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

The next section of the form will require the NHS England Approval.

2.3.4 NHS England Approval

This is the fourth section of the GOS 4 claim where you need to have the NHS England Approval.

All GOS 4 voucher claims for adults aged 16 and over need to be pre-approved by NHS Business Services Authority (NHSBSA).

Contractors should ring NHSBSA on 0300 330 9403 between 08:00 and 16:30, Monday to Friday to make the request.

An illustration of twhe screen is shown below:
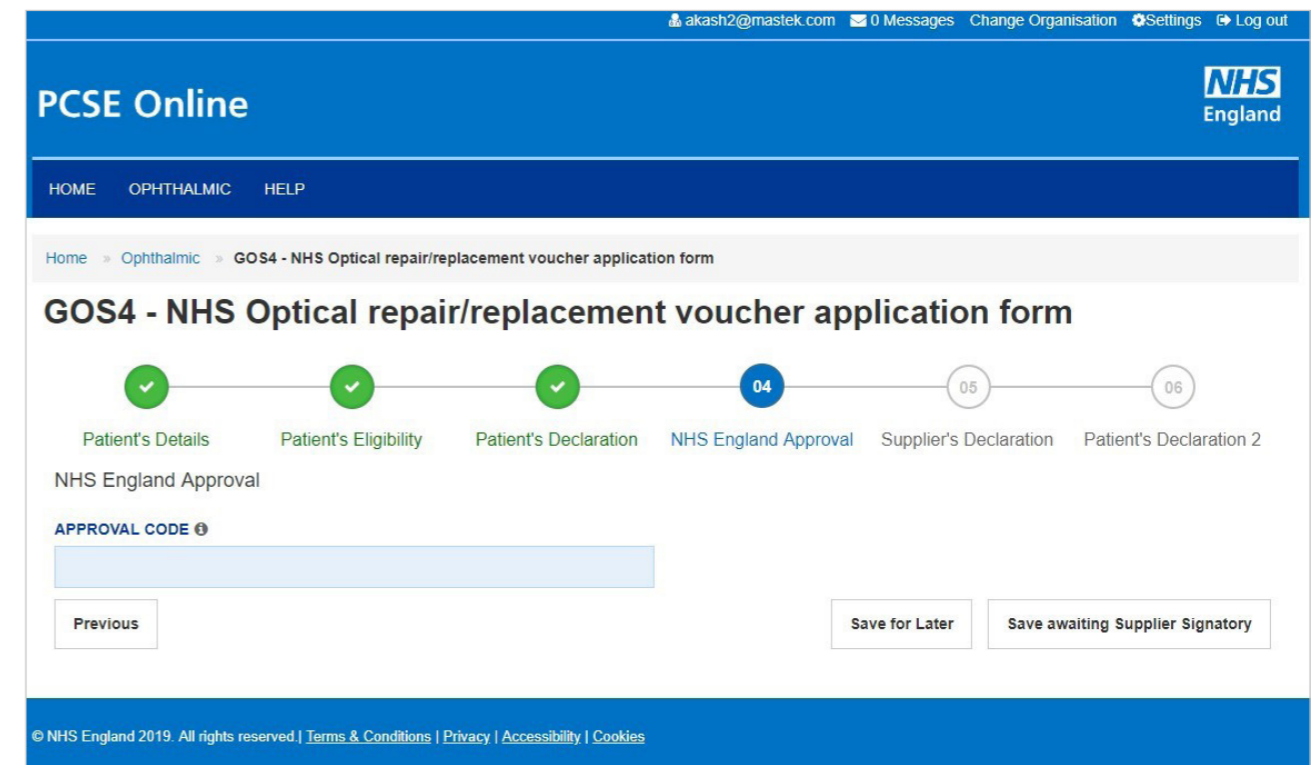
The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
Approval Code	*Conditional	This is mandatory for adults age 16 and over. Enter the approval code, text box entry

When you have entered the details, you will have the option to select either **'Previous'**, **'Save for later' or 'Save and Next'.**

Previous: On clicking this button the system takes you back to the previous page to make any amends, corrections or view again.

Save for later: On clicking this button the system will save what you have entered but it will not automatically validate it.

Save and Next: On clicking this button the system will check and validate the information you have provided to make sure that there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

The next section of the form will require the NHS England Approval.Save awaiting Supplier Signatory: On clicking this button the system will check and validate the information you have provided to make sure that there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended. It will then be ready for the Supplier to access and sign via the option to 'Search for Claim' on the dashboard screen.

2.3.5 Supplier's Declaration

This is the fifth section of the GOS 4 claim where you need to have the supplier's declaration. An illustration of the screen is shown below:

The Supplier can view the details (as entered so far) by the performer/contractors. After viewing the same, he will fill up the Suppliers Declaration which on submitting will go further for Patient Declaration for the second time.

The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
Repaired/ Replaced	*Mandatory	Select the desired option, checkbox selection
Distance pair/ near pair/ bi-focal, varifocal pair	*Mandatory	Select the desired option, checkbox selection
Prescription		
Right Distance	Optional	Mandatory in the case of replacement or lens repair. Enter the respective values ■ SPH & CYL (+/-) text box entry ■ Axis, Prism and Base (Auto increment field) ■ Minimum requirement is a value on SPH (which can be 0.00 in one eye)
Left Distance	Optional	Mandatory in the case of replacement or lens repair. Enter the respective values ■ SPH & CYL (+/-) text box entry ■ Axis, Prism and Base (Auto increment field) ■ Minimum requirement is a value on SPH (which can be 0.00 in one eye)
Voucher Type	Optional	Select the desired option, dropdown & checkbox selection
Supplements	Optional	Select the desired option, checkbox selection
Parts		
Voucher value to the above prescription (1)	Auto-populated	The value will auto-populate for Replaced scenario
Lens/C.L(2)	Optional	If Repair is for Lens(es), select the desired option. The value will auto-populate based on checkbox selection
Frame(3)	Optional	If Repair is for Frame, select the desired option. The value will auto-populate based on checkbox selection
Supplements(4)	Optional	The value of Supplements will auto populate based on the option(s)selection: Enter 1 or 2 in the Prism and Tint value if required. Select small glasses, special facial characteristics, prism controlled bifocals if required. If small glasses selected, mm value must be entered

Field Name	Mandatory/Optional	Field Description
Voucher value plus any supplements(s) (sum of 1+4)(5)	Auto-populated	Sum of Voucher value to the above prescription plus supplements value in the case of Replaced
Or parts at current prices plus any supplement(s) (sum of 2+3+4) (6)	Auto-populated	Sum of Lens plus frame plus supplements value in the case of repaired
Or actual retail cost of (7)	Optional	Enter retail cost if less than value of voucher
Patient's contribution as shown by BOX B of certificate HC3 (if applicable) (8)	Optional	Text-box entry
Total Claim (5 or 6, or 7 whichever is the lowest, minus 8)	Auto-populatedl	Populated value based on the calculation of 5, 6, 7 and 8 values
Auto filled Contractor's Details		
Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices)		

When you have entered the details, you will have the option to select either **'Previous'**, **'Revert to draft'**, **'Cancel Claim '**, 'Save for later' or **'Save and Next'**.

Previous: On clicking this button the system takes you back to the previous page to make any amends, corrections or view again.

Revert to draft: This button can be selected if the claim is not ready to be submitted and form needs to be revisited and amended later.

Cancel Claim: This button can be selected when the claim is no more required. It will still be available to view via 'Search for claim'. All cancelled claims are still viewable.

Save for later: On clicking this button the system will save what you have entered but it will not automatically validate it.

Save and Next: On clicking this button the system will check and validate the information you have provided to make sure that there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

2.3.6 Patient's Declaration

This is the sixth and final section of the GOS 4 claim where you need to again get the patient's declaration. An illustration of the screen is shown below:

QR Code

The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
The Patient confirmed that their distance pair, near pair, bifocal/varifocal pair	*Auto-populated	This will auto populate based on what has been selected in the Supplier's Declaration
Have been repaired, replaced	*Mandatory	Select the desired option, checkbox selection
The Signatory is the: Patient, Patient's Parent or Patient's Parent or Guardian	*Mandatory	Select the desired option, checkbox selection
Name	*Mandatory	If Patient is selected, their name will auto populate
Address Search for an address by using postcode	*Mandatory	If Patient is selected, their address will auto populate

Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices)

When you have entered the details, you will have the option to select either **'Save for later'** or **'Submit'**.

Save for later: On clicking this button the system will save what you have entered but it will not automatically validate it.

Submit: This button can be selected when the declaration is accepted and the claim can be sent to PCSE for processing and payment. The claim will further proceed to GMP users.

*Once the claim submitted successfully, it will be forwarded to the **GMP** who will be responsible to process it further.*

2.4 GOS 5 Claim – Private Eye Test
The GOS 5 Private Eye Test claim form is divided into five parts.

2.4.1 Patient's Details
This is the first section of the GOS 5 claim where you need to enter the patient's details.

The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Sight Test Date	Optional	Enter the sight test date (dd/mm/yyyy) or select the date from the online calendar
Contractor's Name	*Mandatory	Enter the contractor's name. If you are a contractor, then your name will automatically populate in the text box
Performer's Name	*Mandatory	Enter the performer's name. If you are a contractor, the performers listed under your practice will automatically appear so you can select the relevant one
Performer's Number	*Mandatory	If you are a performer, then based on your name, your number will also populate in the text box
Title	Optional	Select the correct title
First Name	*Mandatory	Enter the patient's first name
Surname	*Mandatory	Enter the patient's surname
Previous Surname	Optional	Enter the patient's previous surname if applicable
Address	*Mandatory	Either enter the post code to search for an address or manually enter the address details in the appropriate fields
Date of Birth	*Mandatory	Enter the sight test date (dd/mm/yyyy) or select the date from the online calendar
NHS Number	Optional	Enter the patient's NHS number (if known)
National Insurance Number	Optional	Enter the patient's National Insurance Number
Date of Last Sight Test	*Mandatory	Enter the date of last sight test (dd/mm/yyyy) or select the date from the online calendar. Select one of the two options: First Test or Not Known

When you have entered the details, you will have the option to either **Save for Later** or **Save and Next**.

If you select **Save and Next** the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

When you have successfully inputted all the correct details the **Save and Next** button will take you to the next section, **Patient's Eligibility**.

If you select the option to **Save for Later** the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click **Save and Next**.

2.4.2 Patient's Eligibility

This is the second section of the GOS 5 claim where you need to enter the patient's eligibility.

The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Named on valid HC3 certificate	*Mandatory	Select the appropriate option from 'The Patient' and 'The Patient's Partner'
Certificate Number	*Mandatory	Enter the certificate number
Patient Contribution	*Mandatory	Enter the contribution amount
Patient Declaration for payment	*Mandatory	Tick the declaration
The patient cannot attend a practice unaccompanied for a sight test because	Optional	If it is a claim for a domiciliary sight test, type a reason in the free text box
Indicate Ethnic Group	Optional	Tick the appropriate option from the dropdown menu

When you have entered the details, you will have the option to either **Save for Later** or **Save and Next**.

If you select **Save and Next** the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

When you have successfully inputted all the correct details the **Save and Next** button will take you to the next section, **Patient's Declaration**.

If you select the option to **Save for Later** the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click **Save and Next**.

2.4.3 Patient's Declaration

This is the third section of the GOS 5 claim where you need to enter the patient's declaration.

Depending on the electronic signature option you are using, click or scan the QR Code on the screen.

When prompted, sign the signature box on the Patient Declaration and select **Accept**.

A dialogue box will appear to confirm the signature has been saved successfully on this form. Click close to progress to the next step.

Once you have completed this section you will have the option to either **Save and Next**, or **Save for Later**.

If you select **Save and Next** the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

When you have successfully inputted all the correct details the **Save and Next** button will take you to the next section, **Performer's Declaration**.

If you select the option to Save for Later the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click **Save and Next**.

2.4.4 Performer's Declaration

This is the fourth section of the GOS 5 claim which the Performer needs to complete.

The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Outcome of Sight Test	*Mandatory	Tick the appropriate option
The Patient was the:	Optional	Tick the appropriate option
First Voucher Type	Optional	Select the appropriate option if applicable
Supplements	Optional	Tick box selection
Second Voucher Type	Optional	Select the appropriate option if applicable
Supplements	Optional	Tick box selection
The date of the sight test is automatically populated		
Specify appropriate code	Optional	This is mandatory if it is less than the standard interval since the patient's last sight test. Select the appropriate code from the dropdown
Auto Filled fields: Performer's Name & Performer's List Number		
Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices)		
Claim	*Mandatory	Enter the amount in the text box
Address	Optional	Enter the address using the search function or by typing it into the respective fields.

Once you have completed this section you will have the option to either **Save Awaiting Contractor Signatory** or **Save for Later**.

If you select **Save Awaiting Contractor Signatory** the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

When you have successfully inputted all the correct details the **Save Awaiting Contractor Signatory** button will take you to the next section, **Contractor Signatory's Declaration**.

If you select the option to **Save for Later** the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click **Save Awaiting Contractor Signatory**.

It will then be ready for the Contractor to access and sign via the option to '**Search for Claim**' on the dashboard screen.

2.4.5 Contractor Signatory's Declaration

This is the last and final section of the GOS 5 claim, which needs to be completed by the Contractor Signatory who can view and check the details entered on the previous screens.

Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices).

The Contractor Signatory can then select **Submit** if they agree with the claim and accept the declaration. This will then send the claim to PCSE for processing and payment.

If the claim is not ready to be submitted the option to **Revert to draft** should be selected so the form can be re-visited and amended at a later time.

If the Contract Signatory has completed the form but does not wish to submit the claim at that time there is an option to **Close**. The claim will still be saved.

If the claim is not needed and should not be submitted the option to **Cancel Claim** should be selected. It will still be available to view via '**Search for claim**'.

All cancelled claims are still viewable.

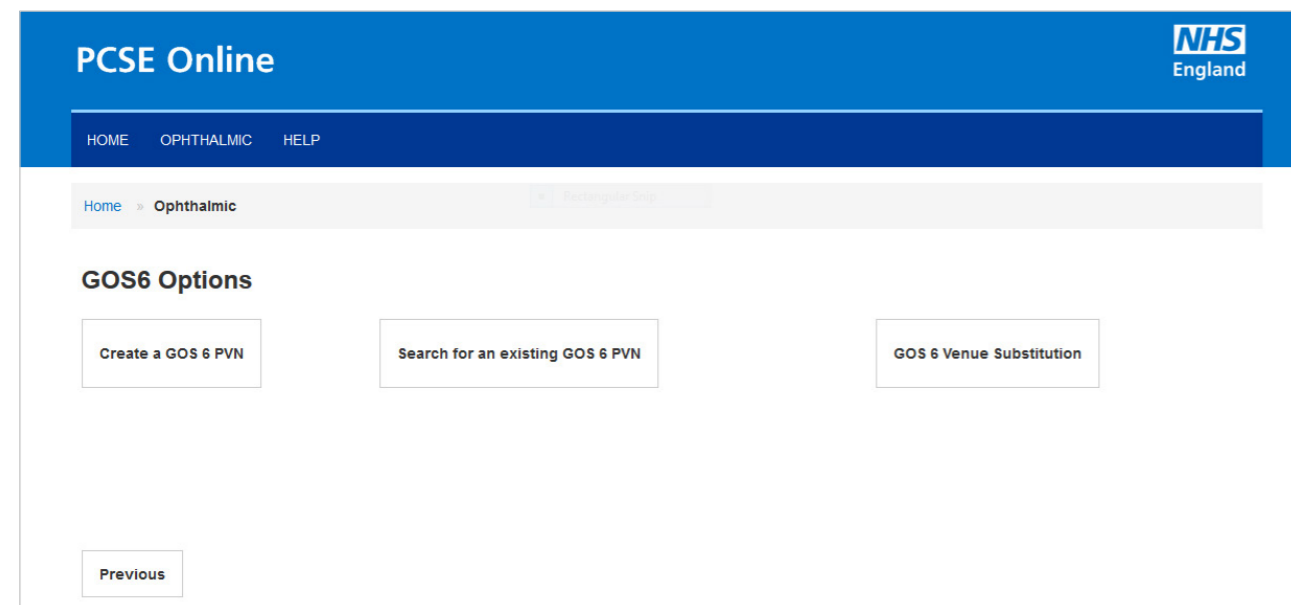## 2.5   Domiciliary: Pre-Visit Notification

A pre-visit notification (PVN) must be submitted for a domiciliary visit in line with regulations. You can only claim a domiciliary fee in respect of a patient who is eligible for a GOS sight test, if they are unable to leave home unaccompanied for reasons of physical or mental illness or disability. Please see Making Accurate Claims for guidance on Domiciliary visits.
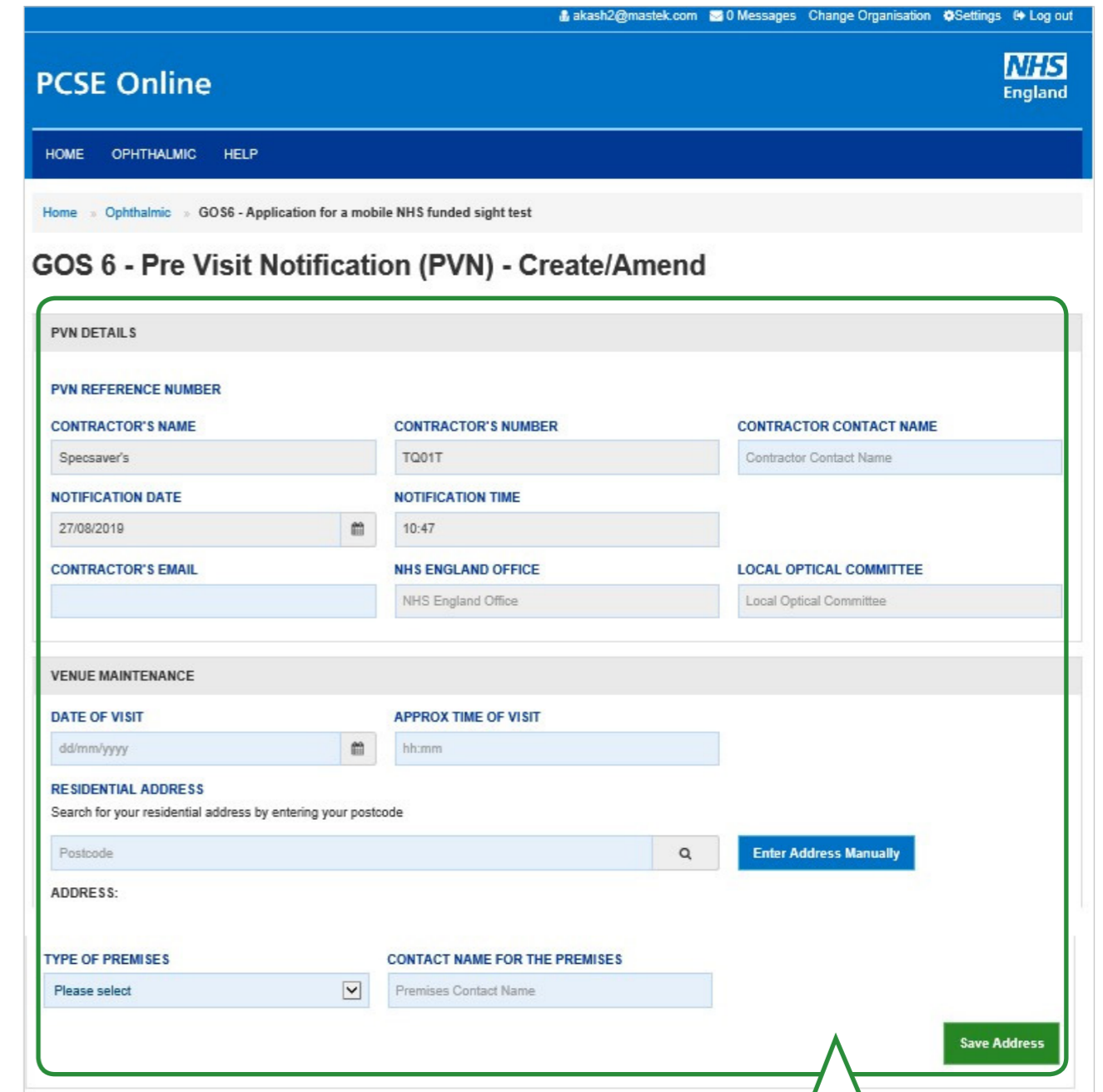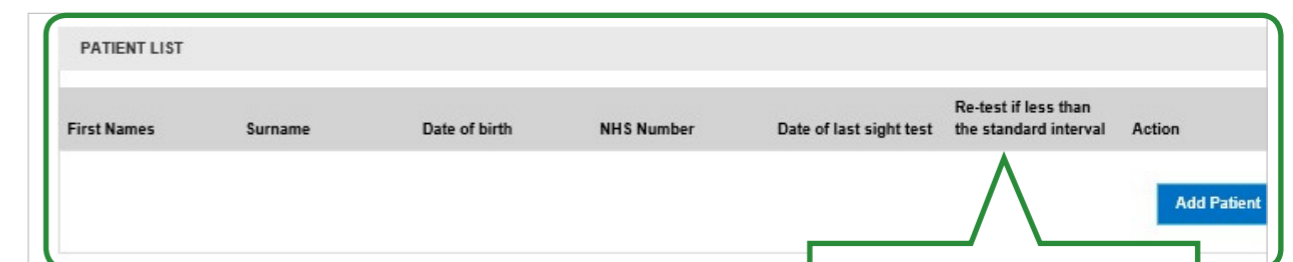
2.5.1   Create a PVN

To create a new PVN click on GOS 6 in the Make a Claim screen
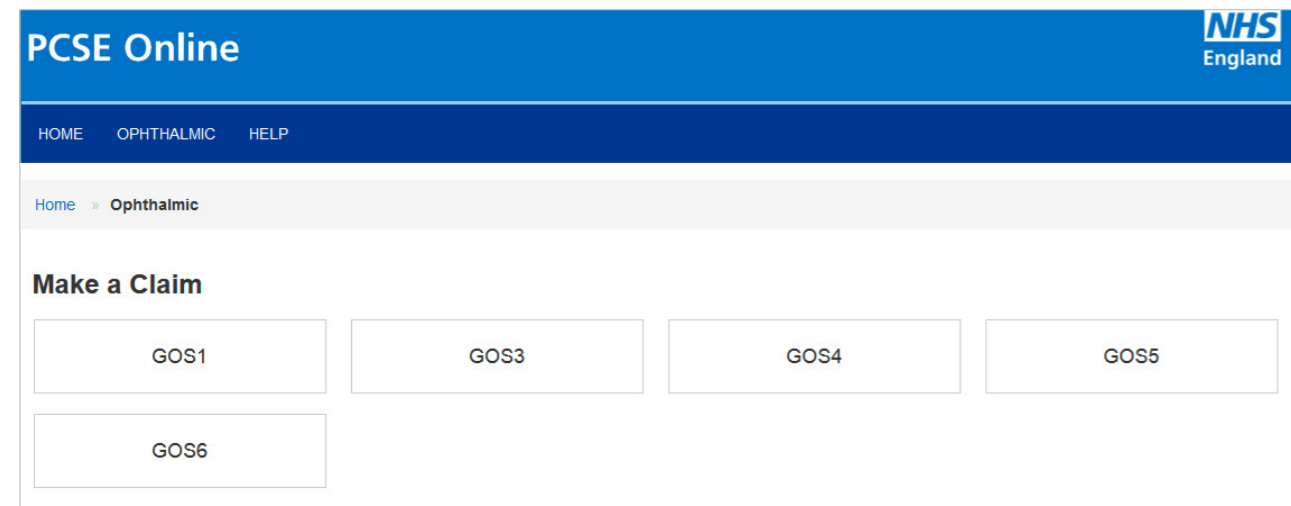
Then click Create a GOS 6 PVN

Through this section, you can create a domiciliary pre-visit notification (PVN). An illustration of the screen is shown below:

PVN Details

Patient List

Patient Maintenance

Exception Reasons

The following table depicts the description of the above screen:

PART 1 – PVN Details

Field Name	Mandatory/Optional	Field Description
Contractor's Name	Prefilled	Contractor's name will populate in the text box based on the organisation you are logged in to
Contractor's Number	Prefilled	The ODS code will populate in the text box based on the organisation you are logged in to
Contractor Contact Name	*Mandatory	Enter the name, text box entry
Notification Date	Prefilled	You cannot change the notification date
Notification Time	Prefilled	You cannot change the notification time
Contractor's Email	Optional	Enter the email, text box entry
NHS England Office	Prefilled	Auto populated based on postcode in Address
Local Optical Committee	Prefilled	Auto populated based on postcode in Address
Date of Visit	*Mandatory	Enter the date of visit, calendar widget
Approx time of visit	*Mandatory	Enter the time of visit, text box entry
Residential Address	*Mandatory	Either enter the postcode to search for an address online or manually enter the address details in the appropriate fields
Type of Premises	*Mandatory	Select the type of premises from dropdown values
Contact Name for the Premises	*Mandatory	Enter the premises contact name, text box entry

When you have entered the details, you will have the option to select either **'Save Address'** or **'Amend Address'**.

Save Address: You can save these entered details. On saving it, a PVN Reference number will be generated automatically for your future reference.

Amend Address: Button appears after PVN Creation. You can edit these entered details.

PART 2 – Patient List

In this section, you can view the list of the patients added in **Part 3 Patient Maintenance (described below)**.

You can view the added patient details in the grid with the option of **'Delete Patient'** and **'Amend Patient'**.

Delete Patient: On clicking this option, the respective patient details will get removed from the list.

Amend Patient: On clicking the option, the respective patient details will be displayed with existing entries. You can amend the details and save it. The latest details will again appear in the grid.

PART 3 – Patient Maintenance

Field Name	Mandatory/Optional	Field Description
First Name	*Mandatory	Enter the name, text box entry
Surname	*Mandatory	Enter the name, text box entry
Date of Birth	*Mandatory	Enter the date of birth, calendar widget
NHS Number	Optional	YEnter the NHS number, text box entry
Date of Last Sight Test	*Mandatory	Enter the date of last sight test or select **First Test** or **Unknown**
In the case of a retest at less than the standard interval, please specify the appropriate code	Optional	Select the desired option from dropdown values

When you have entered the details, you will have the option to select either **'Save Patient'**.

Save Patient: On successful submission of the details, it will appear in the grid of Patient List. From there, you can edit/delete the details as required.

After entering the details of Part 1, 2 and 3 you can click on **'Submit'** button to save the details as Part 4 of the form is only relevant when a PVN is being amended.

When you have entered the details, you will have the option to select either **'Close'**, **'Save for later'** or **'Submit'**.

Close: This button can be selected if the user has completed the form but does not wish to submit the PVN. This PVN will be saved.

Save for later: On clicking this button the system will save what you have entered but it will not automatically validate it.

Submit: On clicking this button the system will check and validate the information you have provided to make sure that there is nothing missing or incorrect.

> **Top Tip** – Remember **'Save for Later'** does not validate the entered data. Validation checks would be performed on clicking **'Submit'**.

PART 4 – Exception Reasons

Field Name	Mandatory/Optional	Field Description
Reason for submitting another PVN	Optional	Enter the reason, text box entry
Reason less than 48 hrs. has been given before date of visit	Optional	Three checkboxes for reasons, select as required
Other reasons less than 48 hrs. has been given before date of visit to make a change to PVN	Optional	Enter the reason if checkbox for other is selected, text box entry

2.5.2   GOS 6 PVN – Search

You will have the access to search for an existing GOS 6 PVN from the GOS6 section.

To search the for a PVN, you can enter any of the following criteria in the **Pre-Visit Notification (PVN) – Search** screen:

- Search by Date From
- PVN Reference Number
- Date of Visit (From and To)
- PVN Status
- Premises Postcode
- Notification Date (From and To)

The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
Contractor's Name	Prefilled	Contractor's name will populate in the text box based on the organisation you are logged in to
Contractor's Number	Prefilled	The ODS code will populate in the text box based on the organisation you are logged in to
PVN Reference Number	Optional	Enter the PVN Reference number, text box entry
Date of Visit Date From	Optional	Enter the start date of visit, calendar widget
To	Optional	Enter the end date of visit, calendar widget
Premises Postcode	Optional	Enter the postcode, text box entry
PVN Status	Optional	Select the status from dropdown values
Notification Date From	Optional	Enter the start date of notification, calendar widget
To	Optional	Enter the end date of notification, calendar widget

On entering the search criteria, click on **'Search'** button. To discard the entered details click on **'Close'** button.

The following table depicts the description of the above screen:

On entering the search criteria, click on **'Search'** button. To discard the entered details click on **'Close'** button.

From the list of PVNs presented in the search results, you will be able to click the following options:

- PVN Reference Number
- Amend Patient Details
- Add Patients (Max. 3)
- Cancel GOS6 PVN
- Open

Clicking the **PVN Reference Number** or **Open** to view the patient list for a particular PVN.

2.5.3   Amend GOS 6 PVN

Patients can be added to, deleted from or substituted in a PVN in advance of a domiciliary visit in line with regulations.

Click '**Amend Patient Details**'.

The click **'Amend Patient'**, **'Delete Patient'** or **'Add Patient'**

Enter the Patient details and click **'Save Patient'**.

2.5.4 Same Day Additions and/or Substitutions

Regulations stipulate up to three changes (additions or substitutions) may be made at the time of the notified visit, but only if it would not have been possible to give 48 hours' notice, for example; in respect of a new resident or a person who has only just developed an eye or vision problem.

Search for the PVN and click 'Add Patients (Max 3)' to be taken to the GOS 6 Patient Details screen and complete the GOS 6 claim.

2.5.5 Amend Patient details on the day of the visit

As PVNs are created from information provided by patients or patient representatives when they book an appointment, it is not uncommon to find out at the time of the sight test that the details provided on the PVN relating to the patient are incorrect. If that is case, the user can amend patient details.

Once you click Amend, the patient details will prepopulate in the table below and you can change any of the fields. Press the 'Save Patient button' to save the changes.

2.5.6 Same Day Venue Substitution

If, on the day of the visit, you unable to visit a residence previously notified for reasons beyond your control, for example an outbreak of illness affecting the care home, another venue may be substituted provided a) NHS England has already been notified of a planned visit to the alternative venue and this visit has not yet taken place; and b) you inform NHS England and they agree to the substitution.

Click **'GOS 6 Venue Substitution'**.
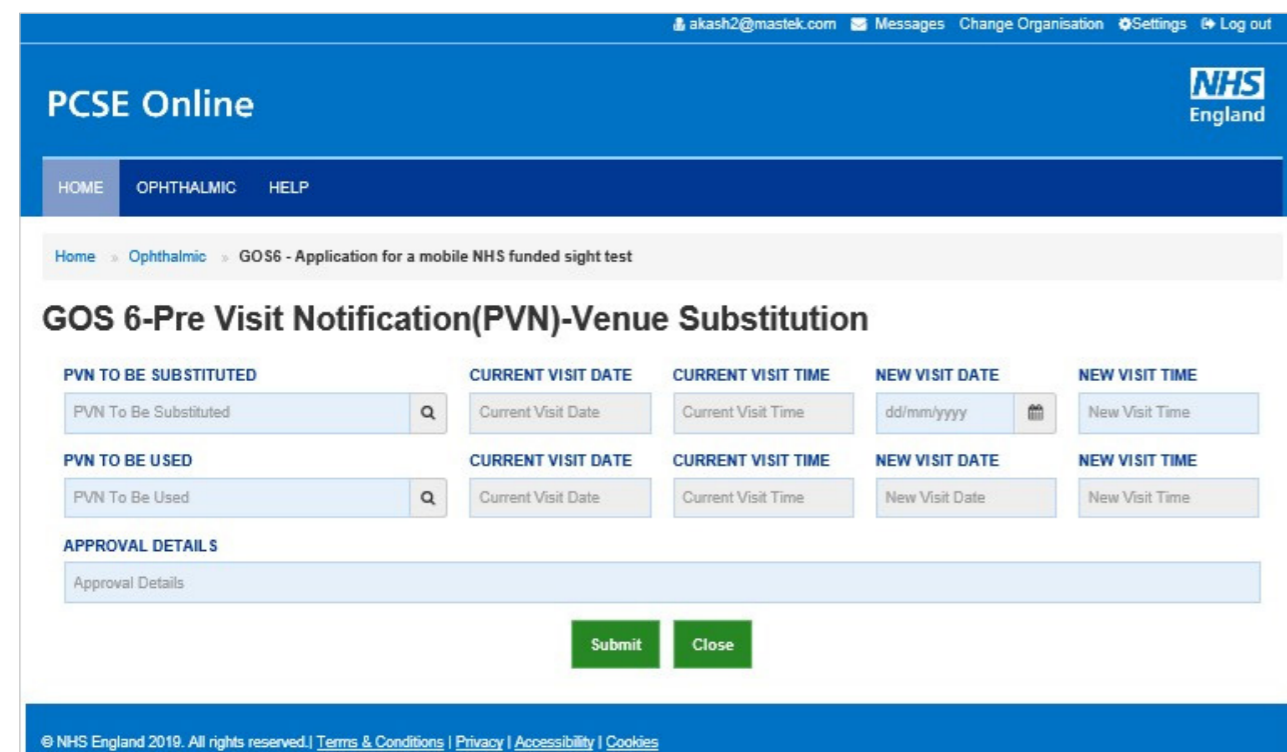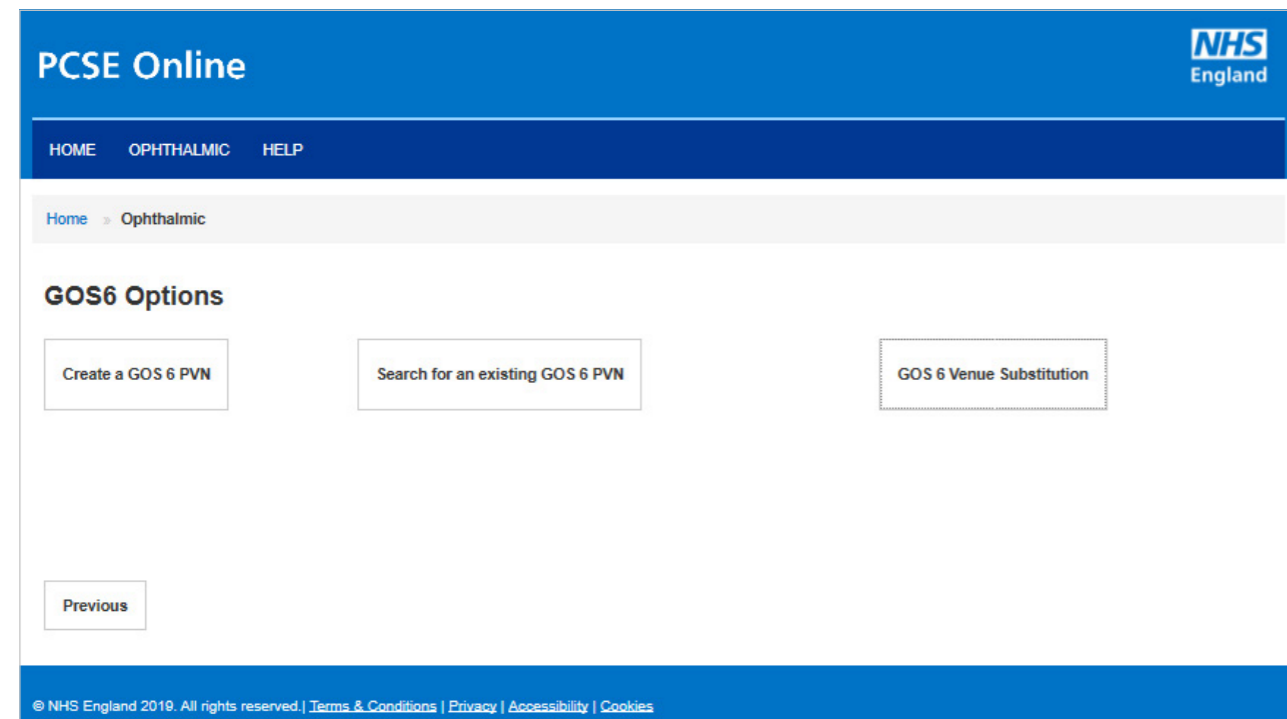
The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
PVN to be substituted	*Mandatory	Enter the PVN number, text box entry OR Search for the PVN using search button
Current Visit Date	*Mandatory	Prefilled with current visit date
Current Visit Time	*Mandatory	Prefilled with current visit time
New Visit Date	*Mandatory	Enter the New date of visit, calendar widget
New Visit Time	*Mandatory	Enter the New time of visit, text box
PVN to be used	*Mandatory	Enter the PVN number, text box entry OR Search for the PVN using search button
Approval Details	*Mandatory	Enter the approval details, text box entry

On clicking **'Submit'** the PVN details are validated and Substitution is completed.

2.6   Create GOS 6 Claim

To create a GOS 6 claim you must first open the PVN.

On clicking **'Create GOS6'**, the following screen will be displayed:

2.6.2   Patient Details

The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
I have tested the sight of the person named on this form on	*Mandatory	Values are prefilled, calendar widget
PVN Reference Number	*Mandatory	Values are prefilled
Contractor's Name	*Mandatory	Values are prefilled
Performer's Name	*Mandatory	Values are prefilled
Performer's Number	*Mandatory	Values are prefilled
Title	Optional	Select the salutation, dropdown selection
First Name	*Mandatory	Values are prefilled
Surname	*Mandatory	Values are prefilled
Previous Surname	Optional	Enter the previous surname, text box entry
Address	*Mandatory	Values are prefilled
Date of Birth	*Mandatory	Values are prefilled
NHS No.	Optional	Enter the NHS number, text box entry
N.I. No.	Optional	Enter the N.I number, text box entry
Date of Last Sight Test	*Mandatory	Enter the date of last sight test, calendar widget or tick checkbox for First Test and Unknown, select as required
The patient cannot attend a practice unaccompanied for a sight test because	*Mandatory	Enter the reason, text box entry

When you have entered the details, you will have the option to select either **'Save for later'** or **'Save and Next'**.

Save for later: On clicking this button the system will save what you have entered but it will not automatically validate it.

Save and Next: On clicking this button the system will check and validate the information you have provided to make sure that there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

On successful submission, you will be able to fill in the details of the next part/section i.e. **Patient's Eligibility**.

*It is important to note that **'Save for Later'** does not validate the entered data. Validation checks would be performed on clicking **'Save & Next'**.*

2.6.3 Patient Eligibility

The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
Patient's Eligibility	*Mandatory	Enter the NHS Eligibility Reason, checkbox selection
Details of Establishment (Name)	*Conditional	This is mandatory for the following eligibility categories: ■ I'm a full time student ■ I'm a prisoner on leave ■ I'm considered to be at risk of glaucoma ■ I am registered blind/partially sighted ■ I suffer from diabetes/glaucoma Enter Supplementary Name, text box entry
Details of Establishment (Town)	*Conditional	This is mandatory for the following eligibility categories: ■ I'm a full time student ■ I'm a prisoner on leave ■ I'm considered to be at risk of glaucoma ■ I am registered blind/partially sighted ■ I suffer from diabetes/glaucoma Enter Supplementary town, text box entry
Evidence of Eligibility	*Mandatory	Select Yes or No
Person Getting the benefit	*Mandatory	Select the desired option, Checkbox selection; values are Patient and The Patient's Partner. If Patient's Partner is selected, enter the following: ■ Name ■ National Insurance Number ■ Date of Birth
Mode of Receiving the Benefit	*Mandatory	Select the desired option, Checkbox selection
The patient is named on valid on a HC2 certificate	*Mandatory	Mandatory if Patient's Eligibility is HC2. Select the option, Checkbox selection. If selected, enter HC2 number.

When you have entered the details, you will have the option to select either **'Previous'**, **'Save for later'** or **'Save and Next'**.

Previous: On clicking this button the system takes you back to the previous page to make any amends, corrections or view again.

Save for later: On clicking this button the system will save what you have entered but it will not automatically validate it.

Save and Next: On clicking this button the system will check and validate the information you have provided to make sure that there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

On successful submission, you will be able to fill in the details of the next part/section i.e. **Patient's Declarations**.

*It is important to note that **'Save for Later'** does not validate the entered data. Validation checks would be performed on clicking **'Save & Next'**.*

2.6.4   Patient Declaration

Click on QR Code in the screen above and sign in signature box on the next screen before clicking the Accept button.

This is the third section of the claim form. The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
The Signatory is the Patient, Patient's Parent or Patient's Parent or Guardian	*Mandatory	Select the desired option, checkbox selection
Name	*Mandatory	Enter the name, text box entry. If 'Patient' is selected, their name will auto populate.
Select Patient's Ethnic Group	Optional	Select the desired option, dropdown selection
Evidence of Eligibility	*Mandatory	Select Yes or No
Address	*Mandatory	Enter the name, text box entry. If 'Patient' is selected, their address will auto populate

Please either select/scan the code as shown in the screen or sign directly into the signature box (for touch enabled devices)

When you have entered the details, you will have the option to select either **'Previous'**, **'Save Awaiting Performer'**, **'Save for later'** or **'Save and Next'**.

Previous: On clicking this button the system takes you back to the previous page to make any amends, corrections or view again.

Save Awaiting Performer: On clicking this button the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

Save for later: On clicking this button the system will save what you have entered but it will not automatically validate it.

Save and Next: On clicking this button the system will check and validate the information you have provided to make sure that there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

On successful submission, you will be able to fill in the details of the next part/section i.e. **Performer's Declarations**.

It is important to note that **'Save for Later'** does not validate the entered data. Validation checks would be performed on clicking **'Save & Next'**.

2.6.5 Performers Declaration

The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
In the case of a re-test at less than the standard interval, please specify the appropriate code	*Mandatory	Select the desired option, dropdown selection
I have made a domiciliary visit to	*Mandatory	Select the desired option, checkbox selection
First Voucher Type	Optional	Select the desired option, checkbox selection
Second Voucher Type	Optional	Select the desired option, dropdown & checkbox selection
Auto Filled fields: Performer's Name, Performer's List Number & Test Date		
I claim	*Mandatory	Select the desired option, checkbox selection
Address where sight test took place	*Mandatory	Enter the address, text box entry
Please either select/scan the code as shown in the screen or sign directly into the signature box (for touch enabled devices)		

When you have entered the details, you will have the option to select either **'Previous'**, **'Save Awaiting Contractor Signatory'**, **'Save for later'** or **'Save and Next'**.

Previous: On clicking this button the system takes you back to the previous page to make any amends, corrections or view again.

Save awaiting Contractor Signatory: On clicking this button the system will check and validate the information you have provided to make sure that there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended. It will then be ready for the Contractor to access and sign via the option to 'Search for Claim' on the dashboard screen.

Save for later: On clicking this button the system will save what you have entered but it will not automatically validate it.

Save and Next: On clicking this button the system will check and validate the information you have provided to make sure that there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

On successful submission, you will be able to fill in the details of the next part/section i.e. **Contractor Signatory's Declarations**.

2.6.6 Contractor Signatory's Declaration

This is the last section of the form. An illustration of the screen is shown below:

This is the last and final section of GOS 6 claim to be filled up by the designated personnel of Contractor Signatory.When you have entered the details, you will have the option to select either **'Cancel Claim '**, **'Revert to Draft'**, **'Close' or 'Submit'**.

Cancel Claim: This button can be selected when the claim is no more required.

Revert to draft: This button can be selected if the claim is not ready to be submitted and form needs to be revisited and amended later.

Close: This button can be selected if the user has completed the form but does not wish to submit the claim. This claim will be saved.

Submit: This button can be selected when the declaration is accepted.

Once the claim get submitted successfully, it will be forwarded to the GMP who will be responsible to process it further.

3 Claim Submission (bulk signing)

This is the claim submission section from where the contractor can view, check, sign and submit all the completed claims for payment.

If you have the contractor signatory role, you can navigate to this page from the **Claim Submission** button on the dashboard. You will then be presented with this screen and you can select the **Claim Type** you want to view e.g. GOS 1, 3, or 5.

You can view details of all the claims that are awaiting submission and bulk sign those that are completed and ready to be sent for payment.

To submit claims for payment, check the tick box next to all those that need to be submitted or tick the top box (highlighted above to select all claims on that page) and then either scan the QR code or sign directly into the signature box (for touch enabled devices) and click on **Submit**.

3.1   Search a Claim

The system allows users to search for different claims to complete, sign or view.

From the Ophthalmic dashboard, select the GOS type you want to search for.

The following screen will then ask you to enter different search criteria. Enter as much of the criteria as possible to narrow down the search results.

- Contractor's Name
- Performer's Name
- Patient's Surname
- Claim Number
- Claim Type
- Claim Status
- Search by Date From
- Search by Date To

Select **Search** to view the search results or **Close** to discard the entered details.

The system will then return the relevant claims that meet your search criteria.

3.2   Statements

To view online statements, select the Statement option from the Ophthalmic dashboard.
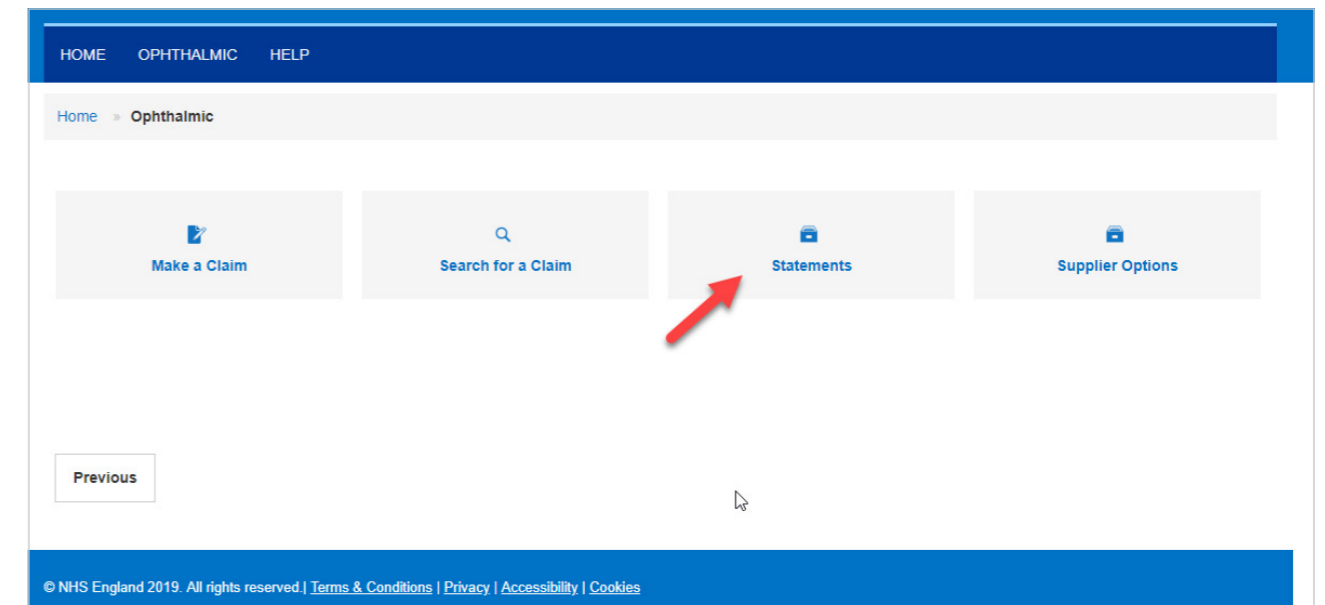
You can then search for statements using different criteria including:

- Date range
- Statement type

Click onto the reference number for further details of claims on that statement.

You can drill down into each GOS claim type for further details of the claims that have been submitted.

The statement is expanded out to include details of each claim under that GOS type, including:

- Your reference
- Claim ID
- Patient's Name
- Point of Service Date
- Amount submitted
- Amount to be paid

You can also **Expand All** – to view the full statement, with a line-by-line breakdown.

Collapse All – to see a condensed version of the statement.

Or **Print/Download** to print of download as a PDF or CSV.

4   Cancelling Claims

Click on search

Scroll along to pass Claim status

It will then show you the following and click on Cancel claim

This will open another window double checking you want to cancel the claim. Click confirm

The window below will ask why you are cancelling the claim. Choose the cancellation reason and click confirm

A message will then show confirming you have cancelled you claim.