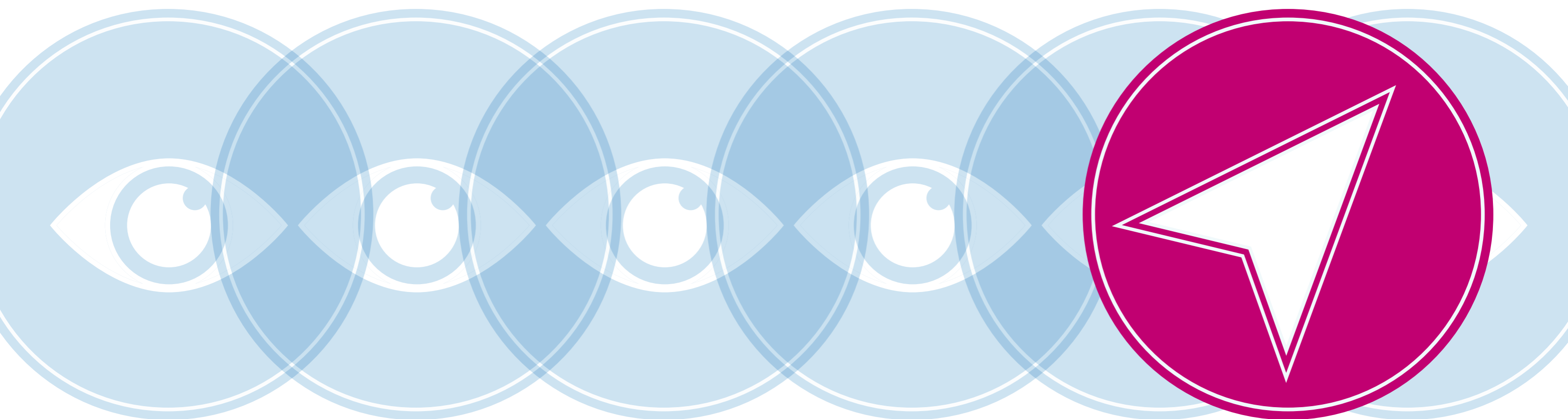


# Using PCSE Online for Ophthalmic Payment services

# User Guide



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# 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.

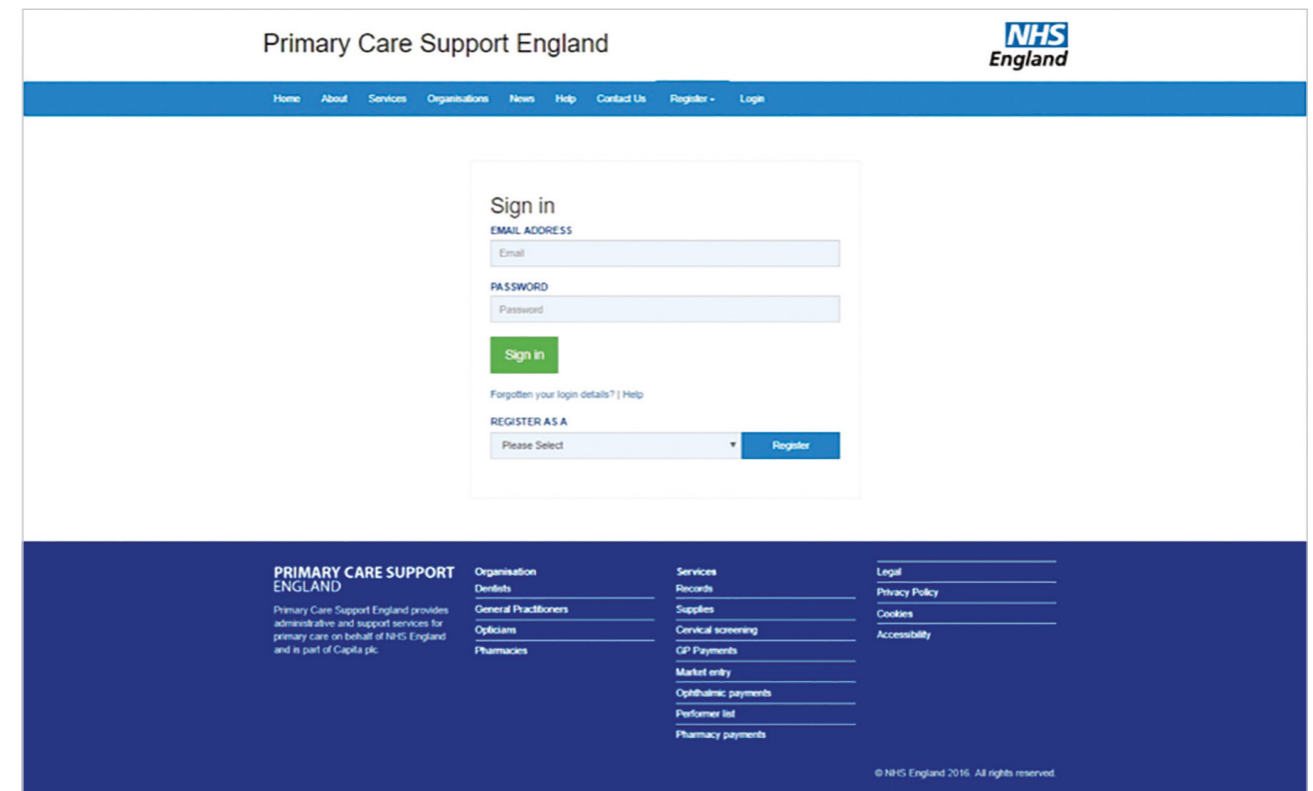
The information for the online GOS forms is much the same as is required for the paper forms but the electronic system will automatically validate each field as detail is entered. This means any missing information, errors or incomplete mandatory fields will be flagged up before a form can be submitted, 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

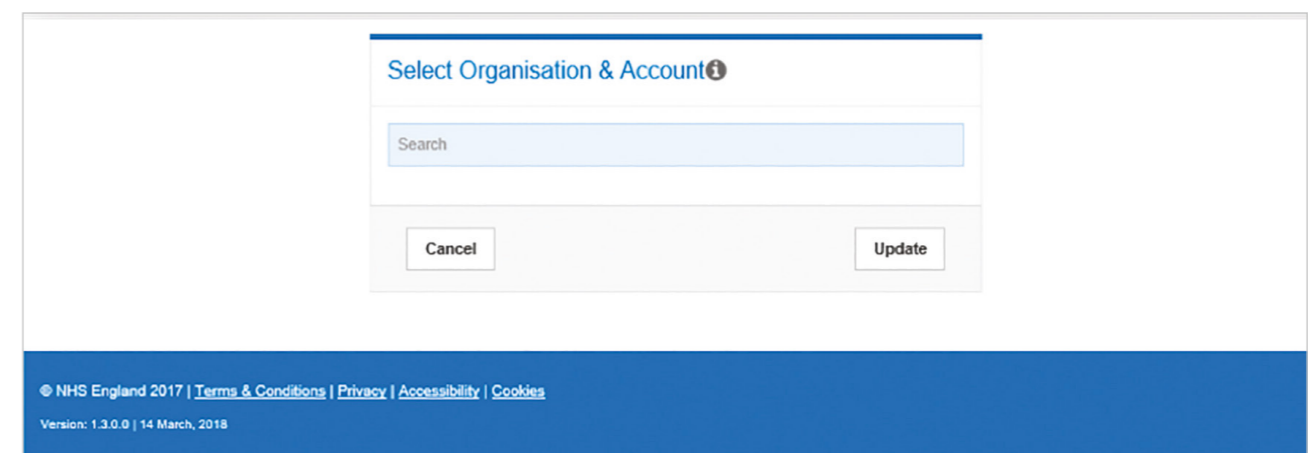
Users need to log in to PCSE Online to access the Ophthalmic Payments screens. You can log-in to PCSE Online from the [website homepage](#) which will take you to the following screen:



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.

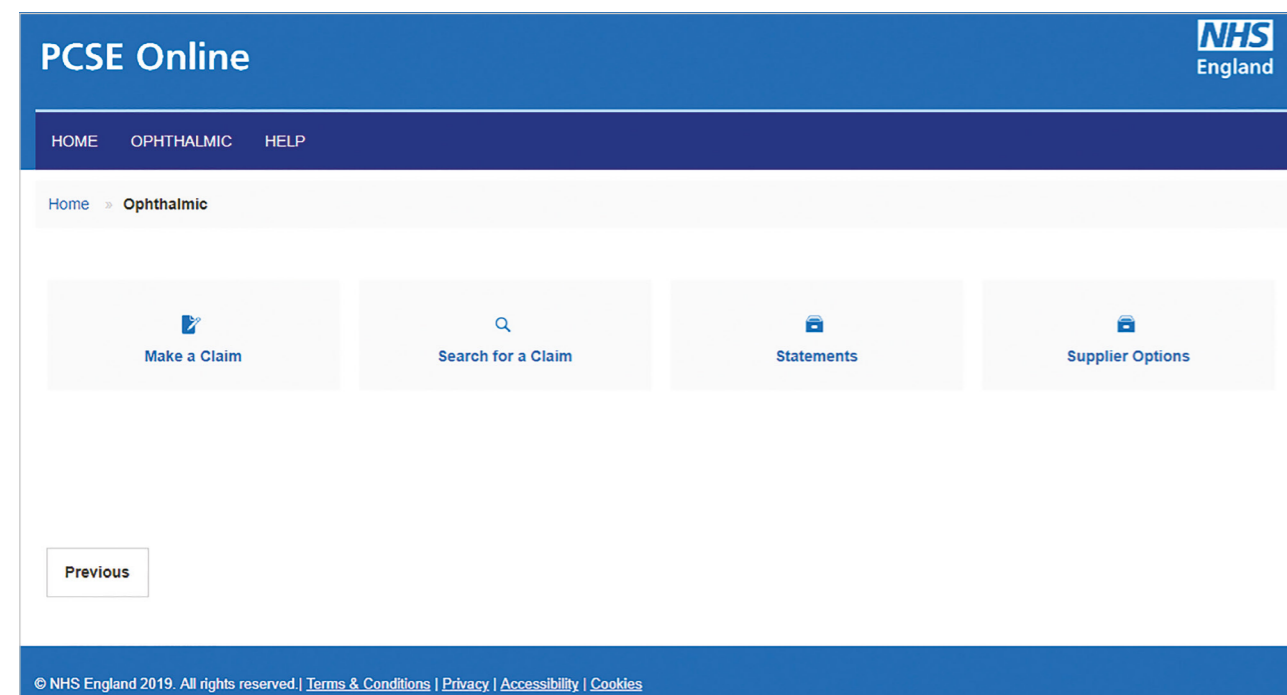
## 1.2 Dashboard

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.

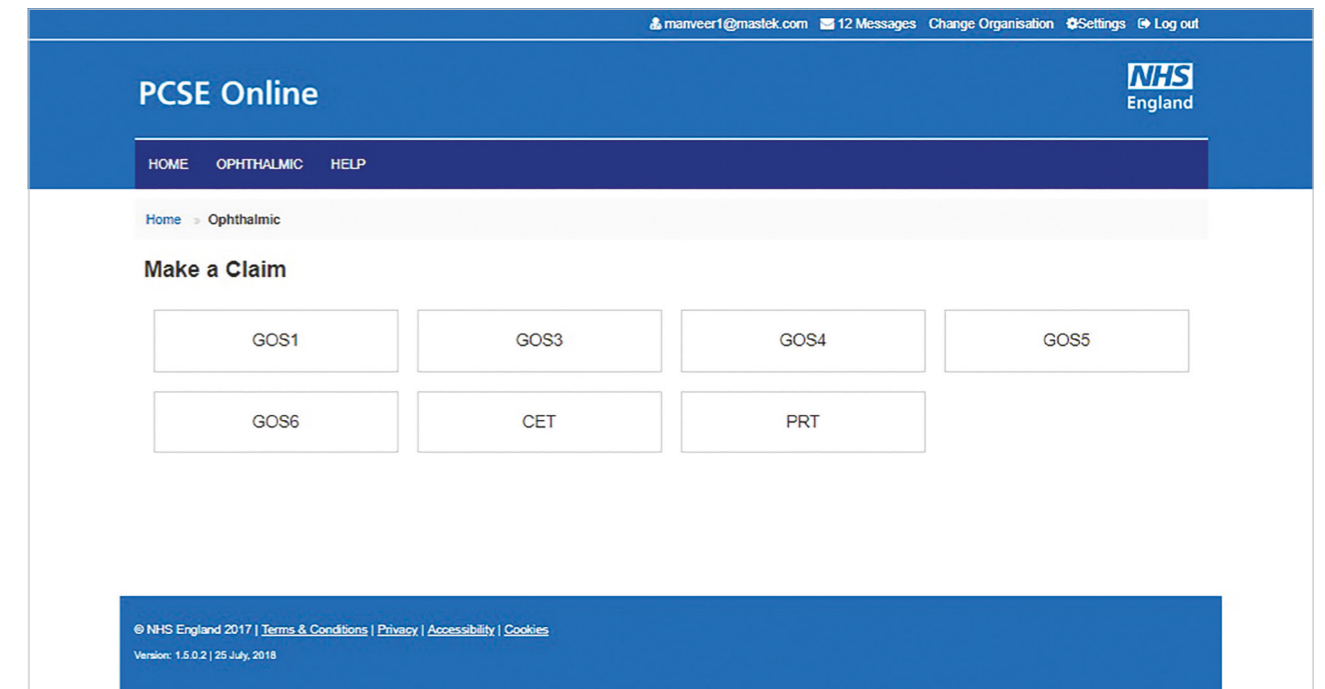
The options you see here are determined by the access permissions that have been granted to you by your User Administrator.



**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 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 screenshot shows the 'GOS 1 Claims – Application for a NHS funded sight test' form. The progress bar at the top indicates the current step is 'Patient's Eligibility' (02), with other steps being 'Patient's Details' (01), 'Patient's Declaration' (03), 'Performer's Declaration' (04), and 'Contractor Signatory's Declaration' (05).

**Patient's Eligibility**

The patient is 60 or over   
  The patient is under 16   
  The patient is a full time student aged 16, 17 or 18 at the school / college / university below

The patient is 40 or over and is the parent / brother / sister / child of a person who has or has had glaucoma

The patient is a prisoner on leave from the prison detailed below

**THE PATIENT SUFFERS FROM**

diabetes   
  glaucoma   
 enter GP's details below

The patient is considered to be at risk of glaucoma by an ophthalmologist at the hospital below

The patient is registered blind / partially sighted with Local Authority below

**DETAILS OF ESTABLISHMENT (SCHOOL / COLLEGE / UNIVERSITY / PRISON / GP / LOCAL AUTHORITY / HOSPITAL)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**EVIDENCE OF ELIGIBILITY**

Seen   
  Not seen

**PERSON GETTING THE BENEFIT**

The patient   
  The patient's partner

**NAME:** \_\_\_\_\_ **N.I. NO.:** \_\_\_\_\_ **PARTNER'S DATE OF BIRTH:** \_\_\_\_\_

**MODE OF RECEIVING THE BENEFIT**

Income Support   
  Universal Credit   
  Pension Credit Guarantee Credit

Income-based Jobseeker's Allowance   
  Income-related Employment and Support Allowance

Tax Credit and the patient/ patient and patient's partner are named on a valid NHS Tax Credit Exemption Certificate

I am named on a valid HC2 certificate   
**CERTIFICATE NUMBER: HC2**   

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

Claim Number: ADA00232



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: <ul style="list-style-type: none"> <li>■ I'm a full time student</li> <li>■ I'm a prisoner on leave</li> <li>■ I'm considered to be at risk of glaucoma</li> <li>■ I am registered blind/partially sighted</li> <li>■ I suffer from diabetes/glaucoma</li> </ul>
Evidence of Eligibility	Conditional	This is mandatory for the following eligibility categories: <ul style="list-style-type: none"> <li>■ I'm a full time student</li> <li>■ I'm a prisoner on leave</li> <li>■ I'm considered to be at risk of glaucoma</li> <li>■ I am registered blind/partially sighted</li> <li>■ I suffer from diabetes/glaucoma</li> </ul>
Person getting the benefit	Conditional	Select the correct option from Patient or Patient's Partner. If Patient's Partner' is selected, enter the following: <ul style="list-style-type: none"> <li>■ Name</li> <li>■ National Insurance Number</li> <li>■ Date of Birth</li> </ul>
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 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.		

HOME OPTHALMIC HELP

Home > Ophthalmic > GOS 1 Claim - NH8 Eye Test

## GOS 1 Claims – Application for a NHS funded sight test

✓ Patient's Details
 ✓ Patient's Eligibility
 03 Patient's Declaration
 04 Performer's Declaration
 05 Contractor Signatory's Declaration

### Patient's Declaration

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the relevant controller is NHS England. I can find out more about my rights at: <https://www.england.nhs.uk/contact-us/privacy-notice/> or by contacting 0300 311 22 33. Where I have provided personal data on behalf of another person, they agree to me doing so, and I will draw this notice to their attention.

**THE SIGNATORY IS THE**

Patient
  Patient's parent
  Patient's carer or guardian

**NAME**

Name

**PLEASE CHOOSE ONE SELECTION FROM THE LIST TO INDICATE THE PATIENT'S ETHNIC GROUP (OPTIONAL)**

Please select


**ADDRESS**

Search for an address by entering a postcode

Postcode

**ADDRESS:**

Please tap or scan the QR code to sign the declaration



Claim Number: ADA12325

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

GOS 1 Claims – Application for an NHS funded sight test

**Patient's Details**

Name: Mrs. Jack Sparrow

Date of Birth: 01/12/1979

Address: Flat 4.3, St Andrew Cross,PLYMOUTH,PL1 1DN

Date of last sight test: unknown

**Patient's Eligibility**

The patient suffers from: Diabetes


Date of assessment: Local London

EVIDENCE OF ELIGIBILITY: seen

**Patient's Declaration**

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the relevant controller is NHS England. I can find out more about my rights at: <https://www.england.nhs.uk/contact-us/privacy-notice/> or by contacting 0300 311 22 33. Where I have provided personal data on behalf of another person, they agree to me doing so, and I will draw this notice to their attention.

Please sign in the signature box below



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.



Home - Ophthalmic - GOS1 Claim - NHS Eye Test

### GOS 1 Claim - NHS Eye Test

✓ Patient's Details  
 ✓ Patient's Eligibility  
 ✓ Patient's Declaration  
 ✓ Performer's Declaration  
 95 Contractor Signatory's Declaration

**Contractor Signatory's Declaration**

I have tested the sight of the person named on this form on: 13/08/2018      Performer's Name: Sneha Gajwey

Contractor's Name: Lenskart      Performer's Number: 63773888

Your reference: Test1234

---

**Patient's Details**

Name: Mrs. Jack Sparrow

Date of Birth: 31/12/1979

Address: Flat 4 B, St. Andrews Cross,PLYMOUTH,PL1 1DN

Date of last sight test: Unknown

---

**Patient Eligibility**

The patient suffers from: Diabetes      Evidence: Seen

Details of establishment: Local London

---

**Patient's Declaration**

The signatory is the Patient

Name: Jack Sparrow

Address: Flat 4 B, St. Andrews Cross,PLYMOUTH,PL1 1DN

---

**Performer's Declaration**

I have tested the sight of the person named on this form on: 13/08/2018

A new or changed prescription was issued      A voucher was issued

First voucher type: A      First voucher complex: No

Second voucher complex: No

To be completed by the performer who has conducted the sight test

Performer's Name: Sneha Gajwey      Performer's List Number: 63773888

---

**Claim**

I claim the current NHS sight test fee

Practice address where sight test took place

Address: 98 City Walls Rd, CLOCKHILL, United Kingdom of Great Britain and Northern Ireland (the), PL15 9EN

I claim the current NHS sight test fee under the NHS (Optical Charges and Payments) Regulations 2013. I declare 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 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 understand that my personal data will be processed by PCSE (Capita) to verify this Claim and the relevant controller is NHS England. I can find out more about my rights at <https://www.england.nhs.uk/contact-us/privacy-notice/>, or by contacting 0300 311 22 33

To be completed by the contractor or authorised signatory

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

Regenerate 

NAME: suman1 tanveer1      CONTRACTOR'S NAME: Lenskart      CONTRACTOR'S NUMBER: TQ5SL

Claim Number: ADA01819

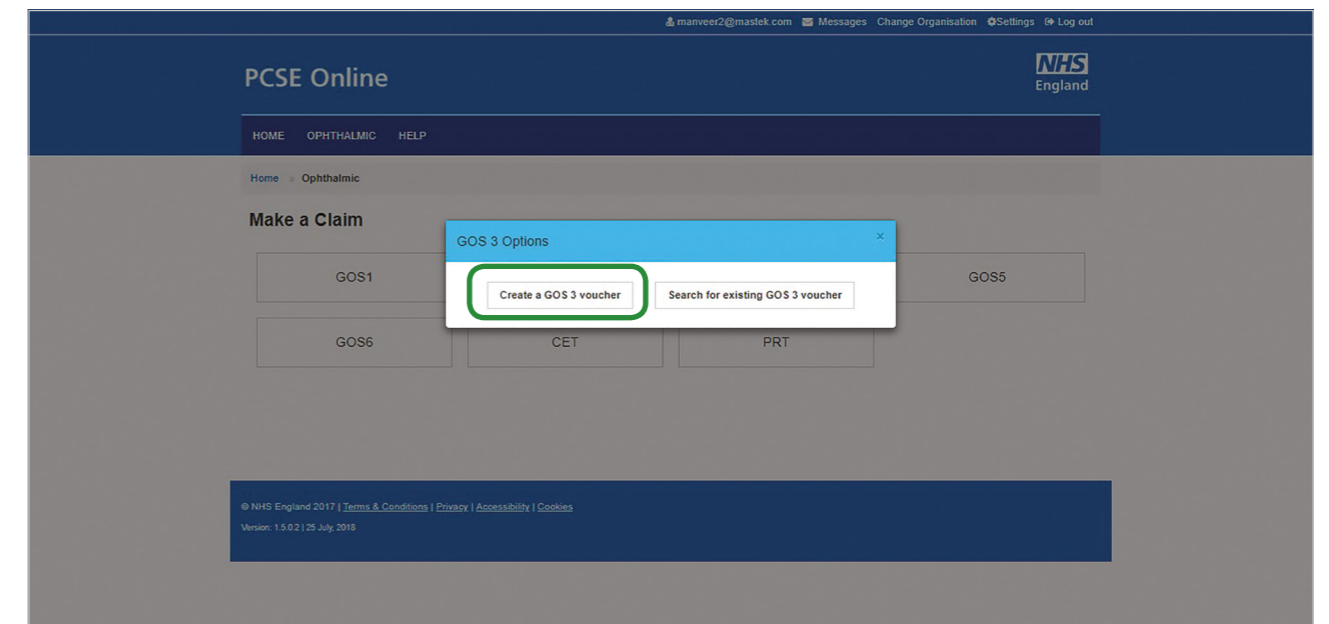


## 2.2 GOS 3 – NHS Optical Voucher & Claim

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 <ul style="list-style-type: none"> <li>SPH &amp; CYL (+/-) text box entry</li> <li>Axis, Prism and Base (Auto increment field)</li> <li>Minimum requirement is a value on SPH (which can be 0.00 in one eye)</li> </ul>
Left Distance	*Mandatory	Enter the respective values <ul style="list-style-type: none"> <li>SPH &amp; CYL (+/-) text box entry</li> <li>Axis, Prism and Base (Auto increment field)</li> <li>Minimum requirement is a value on SPH (which can be 0.00 in one eye)</li> </ul>
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 screenshot shows the 'GOS 3 Claims - Optical Vouchers' interface. At the top, there's a navigation bar with 'PCSE Online' and the NHS England logo. Below it, a breadcrumb trail reads 'Home > Ophthalmic > GOS3 - NHS Optical Voucher and Patient's Statements'. A progress indicator shows five steps: 01 Patient Details (active), 02 Prescription, 03 Patient Eligibility, 04 Supplier Declaration, and 05 Patient Declaration. The form fields are as follows:

- DATE OF THIS PRESCRIPTION:** 14/08/2018
- CONTRACTOR'S NAME:** Lenskart
- PERFORMER'S NAME:** Performer Name
- PERFORMER'S NUMBER:** Performer Number
- YOUR REFERENCE:** Reference Number
- Patient's Details:**
  - TITLE:** Please select
  - FIRST NAME:** First Name
  - SURNAME:** Surname
  - PREVIOUS SURNAME:** Previous Surname
  - ADDRESS:** Search for your residential address by entering your postcode. Postcode: [input]. Includes an 'Enter Address Manually' button.
  - DATE OF BIRTH:** dd/mm/yyyy
  - NHS NUMBER:** NHS Number
  - NATIONAL INSURANCE NUMBER:** AA000000A
- Claim Number:** [input]

At the bottom, there are three buttons: 'Save awaiting Performer', 'Save for Later', and 'Save and Next'.

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.

**NHS OPTICAL VOUCHER AND PATIENT'S STATEMENT** 11/11

When you order 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 have received them. Please complete this form using black ink and in BLOCK CAPITALS

**PATIENT'S DETAILS**

First names: [Grid]

Postcode: [Grid]

NHS N<sup>o</sup>: [Grid] N.I.N<sup>o</sup>: [Grid]

**EVIDENCE OF ELIGIBILITY**

Seen  Not seen

**MODE OF RECEIVING THE BENEFIT**

Income support  Universal credit  Pension credit guarantee credit  Income related employment and support allowance

Income based jobseeker's allowance  Tax credit and patient/partner is named on a valid NHS tax credit exemption certificate

**THE PATIENT NAMED ON A VALID CERTIFICATE NUMBER**

HC2  HC3 certificate Certificate Number: [Grid]

**THE HC3 (BOX B) SHOWS THAT THE VOUCHER VALUE WILL BE REDUCED BY**

£ 0.00

The Patient has been prescribed complex lenses under the NHS optical voucher scheme

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the relevant controller is NHS England. I can find out more about my rights at: <https://www.england.nhs.uk/contact-us/privacy-notice/>, or by contacting 0300 311 22 33. Where I have provided personal data on behalf of another person, they agree to me doing so, and I will draw this notice to their attention

**THE SIGNATORY IS THE**

Patient  Patient's Parent  Patient's Carer or a Guardian

**NAME**

Jack Sparrow

**RESIDENTIAL ADDRESS**

Search for your residential address by entering your postcode

Postcode: [Grid]

Address: Flat 3 8, St. Andrews Cross, PLYMOUTH

Signature: [Handwritten Signature]

Claim Number: ADA01821



### 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.

**PCSE Online** NHS England

HOME OPTHALMIC HELP

Home > Ophthalmic > GOS3 - NHS Optical Voucher and Patient's Statements

**GOS 3 Claims - Optical Vouchers**

Progress: Patient Details (01) Prescription (02) Patient Eligibility (03) Supplier Declaration (04) Patient Declaration (05)

**Patient's Eligibility**

**THE PATIENT WISHES TO ORDER**

Glasses  Contact Lenses

**THE PATIENT IS ENTITLED TO USE A VOUCHER BECAUSE**

The patient is under 16  The patient is full time student aged 16, 17 or 18 at the establishment below

The patient is a prisoner on leave from the prison detailed below

**DETAILS OF ESTABLISHMENT (SCHOOL/COLLEGE/UNIVERSITY/PRISON)**

test test

**EVIDENCE OF ELIGIBILITY**

Seen  Not Seen

**PERSON GETTING THE BENEFIT / CREDIT IF NOT THE PATIENT**

The patient  The patient's partner

**PARTNERS NAME** **PARTNERS NATIONAL INSURANCE NUMBER** **PARTNERS DATE OF BIRTH**

Name: [Grid] AA00000A dd/mm/yyyy

**MODE OF RECEIVING THE BENEFIT**

Income support  Universal credit  Pension credit guarantee credit  Income related employment and support allowance

Income based jobseeker's allowance  Tax credit and patient/partner is named on a valid NHS tax credit exemption certificate

**THE PATIENT NAMED ON A VALID CERTIFICATE NUMBER**

HC2  HC3 certificate Certificate Number: [Grid]

**THE HC3 (BOX B) SHOWS THAT THE VOUCHER VALUE WILL BE REDUCED BY**

£ 0.00

The Patient has been prescribed complex lenses under the NHS optical voucher scheme

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the relevant controller is NHS England. I can find out more about my rights at: <https://www.england.nhs.uk/contact-us/privacy-notice/>, or by contacting 0300 311 22 33. Where I have provided personal data on behalf of another person, they agree to me doing so, and I will draw this notice to their attention

**THE SIGNATORY IS THE**

Patient  Patient's Parent  Patient's Carer or a Guardian

**NAME**

Jack Sparrow

**RESIDENTIAL ADDRESS**

Search for your residential address by entering your postcode

Postcode: [Grid]

Address: Flat 3 8, St. Andrews Cross, PLYMOUTH

Signature: [Handwritten Signature]

Claim Number: ADA01821

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: <ul style="list-style-type: none"> <li>■ Partner Name</li> <li>■ Partner National Insurance Number</li> <li>■ Partner Date of Birth</li> </ul>
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**.

GOS 3 - NHS Optical Voucher and Patient's Statements

**Patients Details**

Name: Dr. Jack Sparrow

Date of Birth: 30/12/1944

Address: Flat 3 8, St. Andrews Cross,PLYMOUTH,PL1 1DN

**Patients Eligibility**

Evidence of Eligibility is: Not Seen

**Patient's Declaration**

**Patient's Declaration Signature Screen**

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me. I understand that I may have to repay the NHS sight test fee and may also be issued with a penalty charge if the information I have provided is later found to be incorrect. To enable the NHS to check my entitlement and to prevent and detect fraud I consent to the disclosure of relevant information from this form with and by PCSE (Capita) on behalf of NHS England, the NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, local authorities, and bodies performing functions on their behalf.

Please sign in the signature box below:



Clear Close 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 Next**, 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.

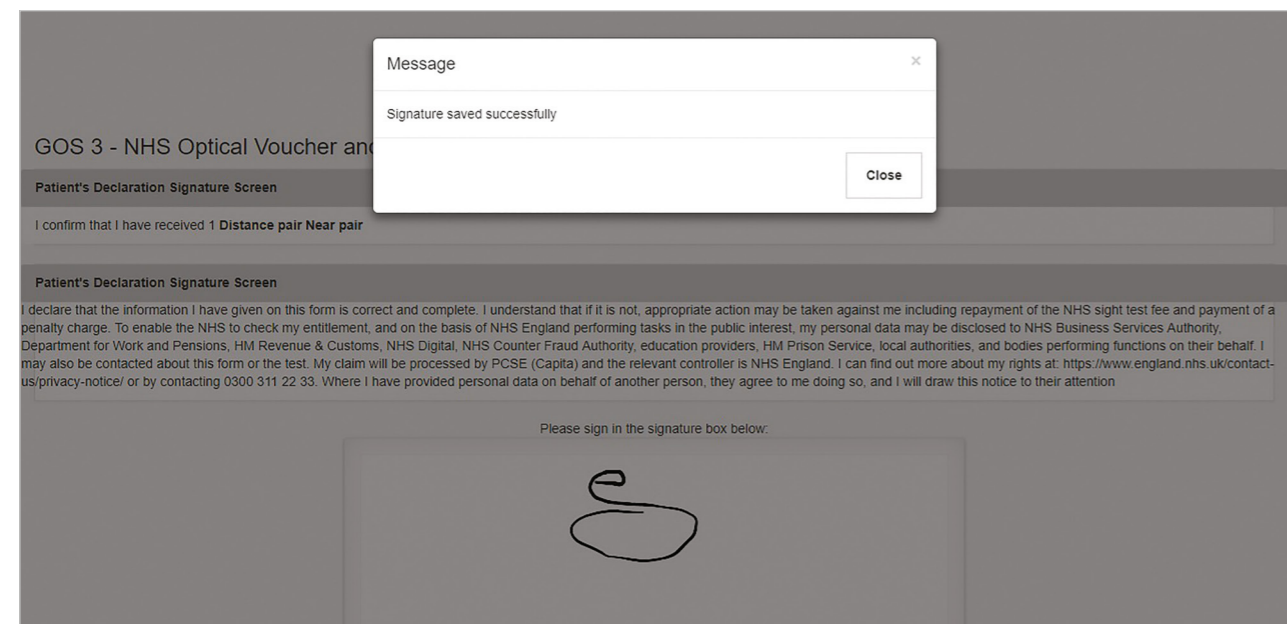
The following table describes the different fields that you will see on this screen:

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**.

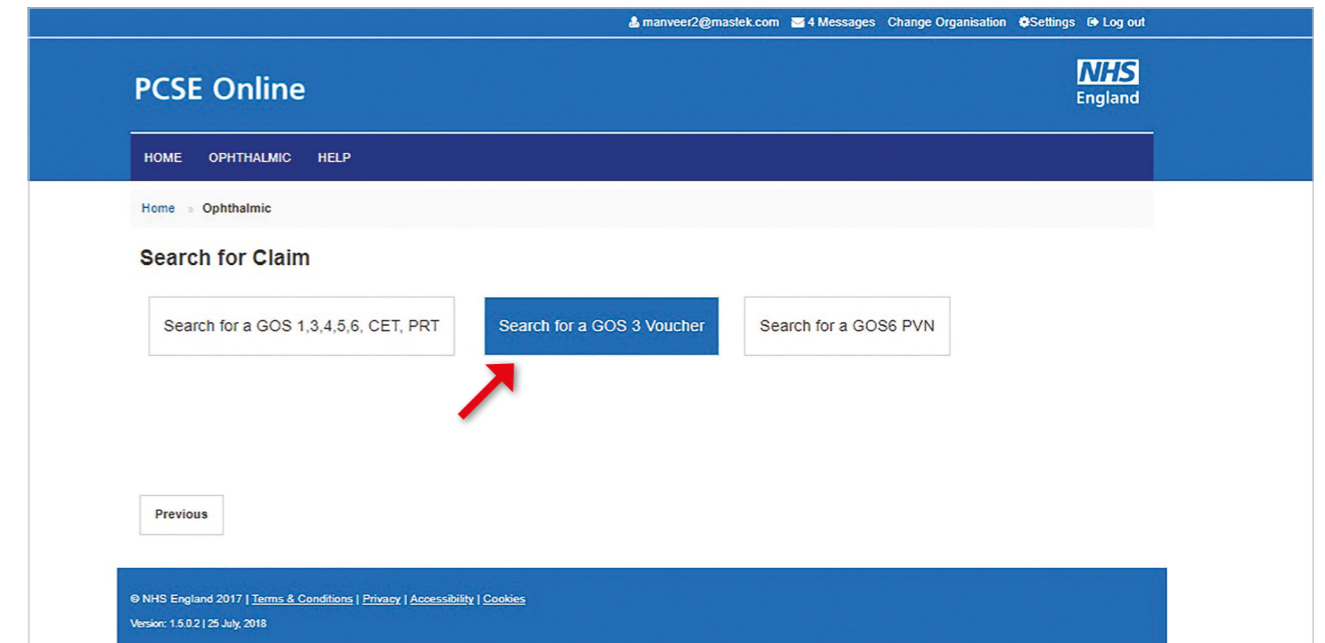
A dialogue box will appear to confirm the signature has been saved successfully on this form. Click close to progress to the next step.



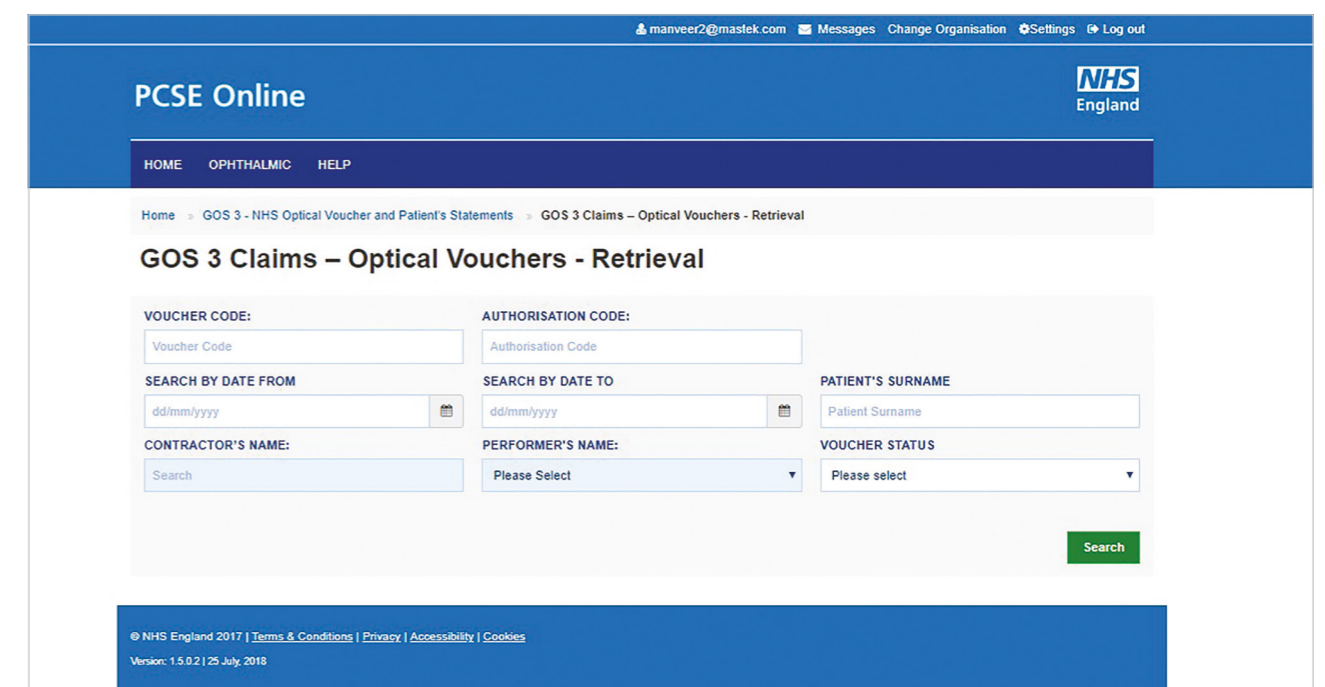
Once all the relevant information has been entered and the patient's signature captured, select to either **Save for later** or to **Submit** for payment.

## 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.

The screenshot shows the PCSE Online interface for searching GOS 3 Claims. The search form is filled with the following details:

- Voucher Code: ADA02071
- Authorisation Code: MT119824
- Search by Date From: dd/mm/yyyy
- Search by Date To: dd/mm/yyyy
- Patient's Surname: Patient Surname
- Contractor's Name: Search
- Performer's Name: Please Select
- Voucher Status: Please select

The search results table is highlighted with a green box and contains the following data:

Contractor's Name	Performer's Name	Date of Sight Test	Patient Surname
Lenskart	suman2 tanveer2	27/08/2018	Sparrow

Below the table, it says "Showing 1 to 1 of 1 entries" and includes pagination controls. At the bottom right of the table area is a "Create GOS 3 Claim" button.



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

The screenshot shows the PCSE Online interface for searching GOS 3 Claims. The search form is filled with the following details:

- Voucher Code: ADA02071
- Authorisation Code: MT119824
- Search by Date From: dd/mm/yyyy
- Search by Date To: dd/mm/yyyy
- Patient's Surname: Patient Surname
- Contractor's Name: Search
- Performer's Name: Please Select
- Voucher Status: Please select

The search results table is highlighted with a green box and contains the following data:

Contractor's Name	Performer's Name	Date of Sight Test	Patient Surname
Lenskart	suman2 tanveer2	27/08/2018	Sparrow

Below the table, it says "Showing 1 to 1 of 1 entries" and includes pagination controls. At the bottom right of the table area is a "Create GOS 3 Claim" button.

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](#).

manveer2@mastek.com 4 Messages Change Organisation Settings Log out

PCSE Online NHS England

HOME OPTHALMIC HELP

Home > GOS 3 - NHS Optical Voucher and Patient's Statements > GOS 3 Claims – Optical Vouchers - Retrieval

### GOS 3 Claims – Optical Vouchers - Retrieval

VOUCHER CODE:

AUTHORISATION CODE:

SEARCH BY DATE FROM:

SEARCH BY DATE TO:

PATIENT'S SURNAME:

CONTRACTOR'S NAME:

PERFORMER'S NAME:

VOUCHER STATUS:

Contractor's Name	Performer's Name	Date of Sight Test	Patient Surname	
Lenskart	suman2 tanveer2	27/08/2018	Sparrow	<input type="button" value="Create GOS 3 Claim"/>
Lenskart	suman2 tanveer2	24/08/2018	Sparrow	<input type="button" value="Create GOS 3 Claim"/>
Lenskart	suman2 tanveer2	24/08/2018	Sparrow	<input type="button" value="Create GOS 3 Claim"/>
Lenskart	Sneha Gajway	12/08/2018	Sparrow	

Showing 1 to 4 of 4 entries

<< < 1 > >>

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Version: 1.5.0.2 | 25 July 2018

### 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:

akash2@mastek.com 0 Messages Change Organisation Settings Log out

PCSE Online NHS England

HOME OPTHALMIC HELP

Home > Ophthalmic > GOS4 - NHS Optical repair/replacement voucher application form

### GOS4 - NHS Optical repair/replacement voucher application form

01 Patient's Details 02 Patient's Eligibility 03 Patient's Declaration 04 NHS England Approval 05 Supplier's Declaration 06 Patient's Declaration 2

CONTRACTOR'S NAME:

PERFORMER'S NAME:

PERFORMER'S NUMBER:

YOUR REFERENCE:

Patient's Details

TITLE:

FIRST NAMES:

SURNAME:

PREVIOUS SURNAME:

ADDRESS: Search for your residential address by entering your postcode

Postcode:

ADDRESS:

DATE OF BIRTH:

NHS NO.:

N.I. NO.:

DATE OF LAST SIGHT TEST:

First test  Not known

Claim Number:

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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 screenshot displays the 'GOS4 - NHS Optical repair/replacement voucher application form' interface. The top navigation bar includes 'PCSE Online' and 'NHS England'. The breadcrumb trail shows 'Home > Ophthalmic > GOS4 - NHS Optical repair/replacement voucher application form'. A progress indicator shows six steps: 01 Patient's Details (completed), 02 Patient's Eligibility (current), 03 Patient's Declaration, 04 NHS England Approval, 05 Supplier's Declaration, and 06 Patient's Declaration 2.

The 'Patient's Eligibility' section contains several checkboxes and input fields:

- The patient is under 16
- The patient is under 18 and in the care of the local authority detailed below
- The patient is full time student aged 16, 17 or 18 at the school / college / university below
- The patient is a prisoner on leave from the prison detailed below

Below these are sections for 'DETAILS OF ESTABLISHMENT (SCHOOL / COLLEGE / UNIVERSITY / PRISON / LOCAL AUTHORITY)', 'EVIDENCE OF ELIGIBILITY' (Seen/Not seen), 'PERSON GETTING THE BENEFIT' (The patient/The patient's partner), 'PARTNER'S NAME', 'PARTNER'S N.I. NO.', 'PARTNER'S DATE OF BIRTH', 'MODE OF RECEIVING THE BENEFIT' (Income Support, Universal Credit, Pension Credit Guarantee Credit, Income-related Employment and Support Allowance, Income-based Jobseeker's Allowance, Tax Credit and the patient/ patient and patient's partner are named on a valid NHS Tax Credit Exemption Certificate), 'THE PATIENT IS NAMED ON A VALID' (HC2/HC3 certificate), 'CERTIFICATE NUMBER', and 'THE HC3 (BOX B) SHOWS THAT THE VOUCHER VALUE WILL BE REDUCED BY' (£ 0.00).

At the bottom, there is a 'Claim Number: ADA02183' and buttons for 'Previous', 'Save for Later', and 'Save and Next'.

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: <ul style="list-style-type: none"> <li>■ I'm a full time student</li> <li>■ I'm a prisoner on leave</li> <li>■ I'm considered to be at risk of glaucoma</li> <li>■ I am registered blind/partially sighted</li> <li>■ I suffer from diabetes/glaucoma</li> </ul> Enter Supplementary Name, text box entry
Details of Establishment (Town)	Conditional/Mandatory	This is mandatory for the following eligibility categories: <ul style="list-style-type: none"> <li>■ I'm a full time student</li> <li>■ I'm a prisoner on leave</li> <li>■ I'm considered to be at risk of glaucoma</li> <li>■ I am registered blind/partially sighted</li> <li>■ I suffer from diabetes/glaucoma</li> </ul> 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

Continued →

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:

The screenshot shows the 'Patient's Declaration' step (03) of a 6-step process. The steps are: Patient's Details, Patient's Eligibility, Patient's Declaration (03), NHS England Approval (04), Supplier's Declaration (05), and Patient's Declaration 2 (06). The 'Patient's Declaration' section includes a declaration text, a signatory selection (patient, parent, or carer/guardian), a name field, an address search field with a 'Please enter the address manually' button, and a QR code for signing. A red arrow points to the QR code with the label 'QR Code'. At the bottom, there are buttons for 'Previous', 'Save for Later', and 'Save and Next'. The claim number is ADA02183.

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

The screenshot shows the 'Patient's Declaration Signature Screen'. It includes a declaration text: 'I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the relevant controller is NHS England. I can find out more about my rights at: https://www.england.nhs.uk/contact-us/privacy-notice/ or by contacting 0300 311 22 33. Where I have provided personal data on behalf of another person, they agree to me doing so, and I will draw this notice to their attention'. Below the text is a signature box with the prompt 'Please sign in the signature box below.' and buttons for 'Clear', 'Close', and 'Accept'.





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.**

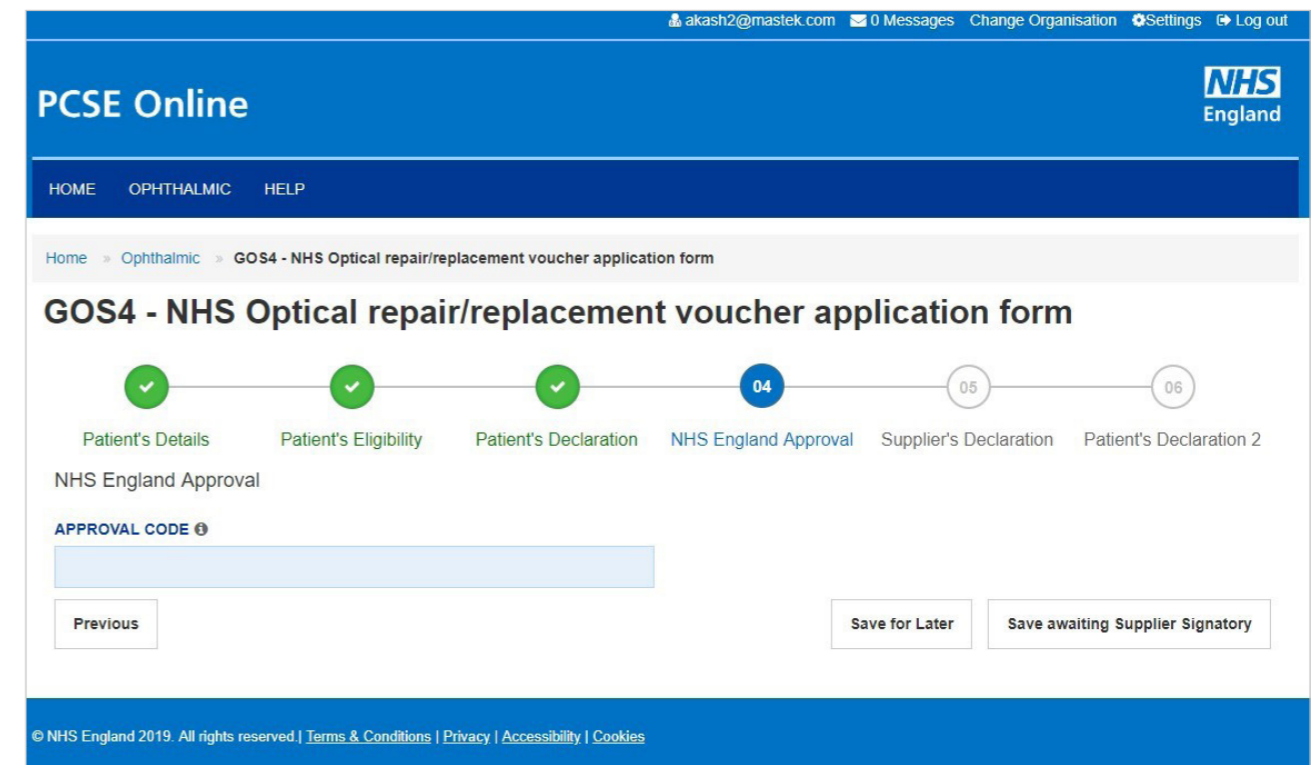
### 2.3.4 NHS England Approval

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:

**PCSE Online** NHS England

HOME OPTHALMIC HELP

Home > Ophthalmic > GOS4 - NHS Optical repair/replacement voucher application form

### GOS4 - NHS Optical repair/replacement voucher application form

Progress: Patient's Details (✓) Patient's Eligibility (✓) Patient's Declaration (✓) NHS England Approval (✓) **Supplier's Declaration (05)** Patient's Declaration 2 (06)

Contractor's name: Specsavers Performer's name: akash gos claimant  
Performer's number: GC-23456

**Patients Details**  
Name: Akash gos6  
Date of birth: 01/02/2000  
Address: Flat 3 B, St. Andrews Cross,PLYMOUTH,PL1 1DN  
Date of last sight test: First test

**Patient's Eligibility**  
Evidence of Eligibility is: Seen Person getting the benefit patient  
The patient receives Income Support  
The patient provided the description below for how the loss or damage happened  
Text:

**Patient's Declaration**  
The signatory is the Patient  
Name: Akash gos6  
Address: Flat 3 B, St. Andrews Cross,PLYMOUTH,PL1 1DN

**NHS England Approval**  
The applicant's claim has been considered and is: approved by NHS England  
Approval code: 1234-abc

**Supplier's Declaration**  
IN ACCORDANCE WITH THE PRESCRIPTION AND DETAILS BELOW I HAVE

Repaired  Replaced

distance pair  near pair  bi-focal / varifocal pair

distance pair  near pair  bi-focal / varifocal pair

### Prescription

RIGHT: SPH: 00.00 CYL: 00.00 AXIS: 00.00 PRISM: 00.00 BASE: [v]  
LEFT: SPH: 00.00 CYL: 00.00 AXIS: 00.00 PRISM: 00.00 BASE: [v]

VOUCHER TYPE: Please Select Or:  Complex  Prism  Tint

Voucher value appropriate to the above prescription: £ 0.00 (1)

Parts: Lens/C.L.  Right  Left  Both £ 0.00 (2)  
Frame:  Front  Side  Whole £ 0.00 (3)  
Supplements:  Prism  Tint  Small Glasses  mm £ 0.00 (4)  
 Special facial characteristics  Prism controlled bifocal £ 0.00 (4)

**CLAIM**  
I claim under the NHS optical voucher scheme  
Voucher value plus any supplement(s) (sum of 1+4): £ 0.00 (5)  
Or part(s) at current prices plus any supplement(s) (sum of 2-3+4): £ 0.00 (6)  
or actual retail cost of: Please Select £ 0.00 (7)  
Patient's contribution as shown by BOX B of certificate H3 (if applicable): 0.00 (8)  
Total claim (5 or 6, or 7 whichever is the lowest, minus 8): £ 0.00

**DECLARATION**  
I claim payment shown above under the NHS (Optical Charges and Payments) Regulations 2013. I declare 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 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 understand that my personal data will be processed by PCSE (Capita) to verify this Claim and the relevant controller is NHS England. I can find out more about my rights at: <https://www.england.nhs.uk/contact-us/privacy-notice/> or by contacting 0300 311 22 33

**NAME**  
akash signatory

**CONTRACTOR'S NAME** Specsavers's **CONTRACTOR'S NUMBER** TQ01T **SUPPLIER'S ADDRESS** Studio 103 The Business Centre 61, Wellfield Road, R

Regenerate Please either tap/can this code or sign directly into the signature box (for touch enabled devices)

Claim Number: ADA02183

Previous Revert to Draft Cancel Claim Save for Later **Save and Next**

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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
<b>Prescription</b>		
Right Distance	Optional	Mandatory in the case of replacement or lens repair. Enter the respective values <ul style="list-style-type: none"> <li>■ SPH &amp; CYL (+/-) text box entry</li> <li>■ Axis, Prism and Base (Auto increment field)</li> <li>■ Minimum requirement is a value on SPH (which can be 0.00 in one eye)</li> </ul>
Left Distance	Optional	Mandatory in the case of replacement or lens repair. Enter the respective values <ul style="list-style-type: none"> <li>■ SPH &amp; CYL (+/-) text box entry</li> <li>■ Axis, Prism and Base (Auto increment field)</li> <li>■ Minimum requirement is a value on SPH (which can be 0.00 in one eye)</li> </ul>
Voucher Type	Optional	Select the desired option, dropdown & checkbox selection
Supplements	Optional	Select the desired option, checkbox selection
<b>Parts</b>		
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

Continued →

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-populated	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:

The screenshot shows the 'Patient's Declaration' step of the GOS4 form. It includes a progress bar with 6 steps, where the 6th step is active. The form contains several sections with checkboxes and input fields:

- THE PATIENT HAS CONFIRMED THAT THEIR:** Distance pair (checked), Near pair, Bi-focal / varifocal pair of glasses / Contact lenses.
- HAVE BEEN:** repaired, replaced.
- THE SIGNATORY IS THE:** Patient, Patient's parent, Patient's Carer or a Guardian.
- NAME:** Text input field.
- ADDRESS:** Search for an address by entering a postcode (with a search icon) and a 'Please enter the address manually' button.
- ADDRESS:** A QR code for signing, with a 'Regenerate' button and a red arrow pointing to it labeled 'QR Code'.
- Claim Number:** ADA02183.
- Buttons:** 'Save for Later' and 'Submit' (highlighted in green).

The signature screen displays the following text:

**Patients Declaration**  
The signatory is Akash gos6  
Address: Flat 3 8, St. Andrews Cross,PLYMOUTH,PL1 1DN

**Patient's Declaration Signature Screen**  
I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the relevant controller is NHS England. I can find out more about my rights at: <https://www.england.nhs.uk/contact-us/privacy-notice/> or by contacting 0300 311 22 33. Where I have provided personal data on behalf of another person, they agree to me doing so, and I will draw this notice to their attention.

Please sign in the signature box below:

Buttons: Clear, Close, Accept

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.

manveer2@mastek.com 2 Messages Change Organisation Settings Log out

PCSE Online NHS England

HOME OPTHALMIC HELP

Home > Ophthalmic > GOS 5 Claim - Private Eye Test

### GOS5 Claim - Private Eye Test

01 Patient's Details 02 Patient's Eligibility 03 Patient's Declaration 04 Performer's Declaration 05 Contractor Signatory's Declaration

I HAVE TESTED THE SIGHT OF THE PERSON NAMED ON THIS FORM ON

16/08/2018

CONTRACTOR'S NAME: Lenskart PERFORMER'S NAME: suman2 tanveer2 PERFORMER'S NUMBER: 64553433

YOUR REFERENCE: Reference Number

Patient's Details

TITLE: Please select FIRST NAME: First Name

SURNAME: Surname PREVIOUS SURNAME: Previous Surname

ADDRESS: Search for your residential address by entering your postcode

Postcode: [Search] Enter Address Manually

Address:

DATE OF BIRTH: dd/mm/yyyy NHS NUMBER: NHS Number NATIONAL INSURANCE NUMBER: AA000000A

DATE OF LAST SIGHT TEST: dd/mm/yyyy  First Test  Not Known

Claim Number:

Save for Later Save and Next

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Version: 1.5.0.2 | 25 July, 2018

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 screenshot shows the 'Patient's Eligibility' section of the PCSE Online interface. At the top, there is a navigation bar with 'HOME', 'OPHTHALMIC', and 'HELP'. Below this is a breadcrumb trail: 'Home > Ophthalmic > GOS 5 Claim - Private Eye Test'. The main heading is 'GOS5 Claim - Private Eye Test'. A progress indicator shows five steps: 01 Patient's Details (completed), 02 Patient's Eligibility (current), 03 Patient's Declaration, 04 Performer's Declaration, and 05 Contractor Signatory's Declaration. The 'Patient's Eligibility' section includes a 'NAMED ON VALID HC3 CERTIFICATE' section with radio buttons for 'The patient' and 'The patient's partner'. A 'CERTIFICATE NUMBER' field is present. Below this, a field for 'The patient has to pay upto' is set to '£ 0.00 for a private sight test'. There are two checkboxes for patient understanding: 'The patient understands that they will have to pay up to the amount above (plus any difference between the NHS sight test fee and the cost of the sight test) provided their sight test costs more than the NHS sight test' and 'The patient cannot attend a practice unaccompanied for a sight test because'. There are two dropdown menus for 'Please select' and 'PLEASE CHOOSE ONE SELECTION FROM THE LIST TO INDICATE YOUR ETHNIC GROUP (OPTIONAL)'. The 'Claim Number: ADA01891' is displayed. At the bottom, there are 'Previous', 'Save for Later', and 'Save and Next' buttons. The footer contains copyright information: '© NHS England 2017 | Terms & Conditions | Privacy | Accessibility | Cookies' and 'Version: 1.5.0.2 | 25 July, 2018'.



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.

**PCSE Online** England

HOME OPTHALMIC HELP

Home > Ophthalmic > GOS 5 Claim - Private Eye Test

### GOS5 Claim - Private Eye Test

01 Patient's Details 02 Patient's Eligibility 03 Patient's Declaration 04 Performer's Declaration 05 Contractor Signatory's Declaration

#### Patient's Declaration

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the relevant controller is NHS England. I can find out more about my rights at: <https://www.england.nhs.uk/contact-us/privacy-notice/> or by contacting 0300 311 22 33. Where I have provided personal data on behalf of another person, they agree to me doing so, and I will draw this notice to their attention.

**THE SIGNATORY IS THE**

patient  Patient's parent  Patient's carer or guardian

**NAME**

Name


**ADDRESS**

Search for your residential address by entering your postcode

Postcode

**ADDRESS:**

Please tap or scan the QR code to sign the declaration

Regenerate 

Claim Number: ADA12328

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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.

GOS 5 claims - Help with cost of private sight test

**Patient's Details**

Name: Lord Jack Sparrow  
 Date of Birth: 01/01/1945  
 Address: Flat 6 B, St. Andrews Cross,PLYMOUTH,PL1 1DN  
 Date of last sight test: First Test

**Patient Eligibility**


The patient is named on a valid certificate: Certificate Number: HC3-111111111  
 Showing that they must pay up to: £ 10.00  
 The patient cannot attend a practice unaccompanied for a sight test because: Amputee

**Patient's Declaration**

**Patient's Declaration Signature Screen**

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the relevant controller is NHS England. I can find out more about my rights at: <https://www.england.nhs.uk/contact-us/privacy-notice/> or by contacting 0300 311 22 33. Where I have provided personal data on behalf of another person, they agree to me doing so, and I will draw this notice to their attention

Please sign in the signature box below:



Clear Close **Accept**

HOME OPHTHALMIC HELP

Home > Ophthalmic > GOS 5 Claim - Private Eye Test

### GOS5 Claim - Private Eye Test

03 04 05

Patient's Details Patient's Eligibility **Patient's Declaration** Performer's Declaration Contractor Signatory's Declaration

**Patient's Declaration**

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the relevant controller is NHS England. I can find out more about my rights at: <https://www.england.nhs.uk/contact-us/privacy-notice/> or by contacting 0300 311 22 33. Where I have provided personal data on behalf of another person, they agree to me doing so, and I will draw this notice to their attention

**THE SIGNATORY IS THE**

patient  Patient's parent  Patient's carer or guardian

**NAME**

abl london


**ADDRESS**

Search for your residential address by entering your postcode

Postcode   [Please enter the address manually](#)

**ADDRESS:** 43, Creek Road,London,SE8 3BU

Signature:



Clear

Claim Number: ADA12328

Previous

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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 screenshot shows the 'Performer's Declaration' section of the GOS5 Claim - Private Eye Test form. The form is divided into several sections:

- Performer's Declaration:** Contains checkboxes for 'The patient was referred', 'A new or changed prescription was issued', 'A statement was issued showing no prescription was required', 'An unchanged prescription was issued', and 'A voucher was issued'.
- THE PATIENT WAS THE:** Includes checkboxes for '1st patient at the address', '2nd patient at the address', and '2nd or subsequent patient at the address'.
- DETAILS OF SPECIAL VOUCHER TYPE:** Includes a 'Please Select' dropdown and a 'Complete' button.
- AMOUNTS:** Includes 'Please Select' dropdowns and 'Print' and 'Tel' buttons.
- KEEP TRYING THE SIGHT OF THE PERSON NAMED ON THE FORM OR:** Includes a 'Please Select' dropdown.
- IS THE CLINIC A REGISTERED OPTICIAN (RPO)? IF NOT, PLEASE SPECIFY THE APPROPRIATE CODE:** Includes a 'Please Select' dropdown.
- Signature:** Includes a QR code and a signature box with a 'Clear' button.
- Amounts Table:**

Amount	Unit
The patient is waiting for a sight test of the	
Less of private charge or NHS sight test fee	£ 0.00 (0)
Less of private charge or NHS dispensing unit fee (where applicable)	£ 0.00 (0)
Maximum allowable in respect of sight test (sum of 1 + 2)	0.00 (0)
Patient's contribution as shown by line 6 of HCS	20.00 (0)
Total claim in respect of sight test (3 minus 4)	0 (0)
- Address where sight test took place:** Includes a 'Please enter the address manually' button and a search function.

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 Contractor 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.

The screenshot shows the 'Contractor Signatory's Declaration' form in the PCSE Online system. The form is titled 'GOS5 Claim - Private Eye Test' and includes a progress bar with five steps: Patient's Details, Patient's Eligibility, Patient's Declaration, Performer's Declaration, and Contractor Signatory's Declaration (the current step, marked '05').

**Contractor Signatory's Declaration**

I have tested the sight of the person named on this form on: 16/08/2018 Performer's Name: suman2 tanveer2  
 Contractor's Name: Lenskart Performer's Number: 64553433

**Patient's Details**

Name: Lord Jack Sparrow  
 Date of Birth: 01/01/1945  
 Address: Flat 6 8, St. Andrews Cross, PLYMOUTH, PL1 1DN  
 Date of last sight test: First Test

**Patient Eligibility**

The patient is named on a valid certificate: Certificate Number: HCS-111111111  
 Showing that they must pay up to: £ 10.00  
 The patient cannot attend a practice unaccompanied for a sight test because: Amputee  
 Ethnicity: Other White Background

**Patient's Declaration**

The signatory is the Patient  
 Name: Jack Sparrow  
 Address: Flat 6 8, St. Andrews Cross, PLYMOUTH, PL1 1DN

**Performer's Declaration**

A new or changed prescription was issued: A voucher was issued  
 First voucher type: A First voucher complex: No  
 Second voucher complex: No The patient was the: 1st patient at the address  
 Lower of private charge or NHS sight test fee: £ 21.25 Lower of private charge or NHS domiciliary visit fee (where appropriate): £ 20.00  
 Maximum claimable in respect of sight test: £ 41.25 Patient's contribution: £ 10.00  
 Total claim in respect of sight test: £ 31.25  
 I have tested the sight of the person named on this form on: 16/08/2018  
 To be completed by the performer who has conducted the sight test  
 Performer's Name: suman2 tanveer2 Performer's List Number: 64553433


**Claim**

I claim the current NHS sight test fee  
 Practice address where sight test took place  
 Address: Flat 6 8, St. Andrews Cross, PLYMOUTH, PL1 1DN

I claim the payment shown above under the NHS (Optical Charges and Payments) Regulations 2013. I declare 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 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 understand that my personal data will be processed by PCSE (Capita) to verify this Claim and the relevant controller is NHS England. I can find out more about my rights at: <https://www.england.nhs.uk/contact-us/privacy-notice/>, or by contacting 0300 311 22 33.

To be completed by the contractor or authorised signatory

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

Regenerate 

NAME: suman2 tanveer2 CONTRACTOR NAME: Lenskart CONTRACTOR'S NUMBER: TQ65L  
 Claim Number: ADA01891

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 Version: 1.5.0.2 | 25 July 2016

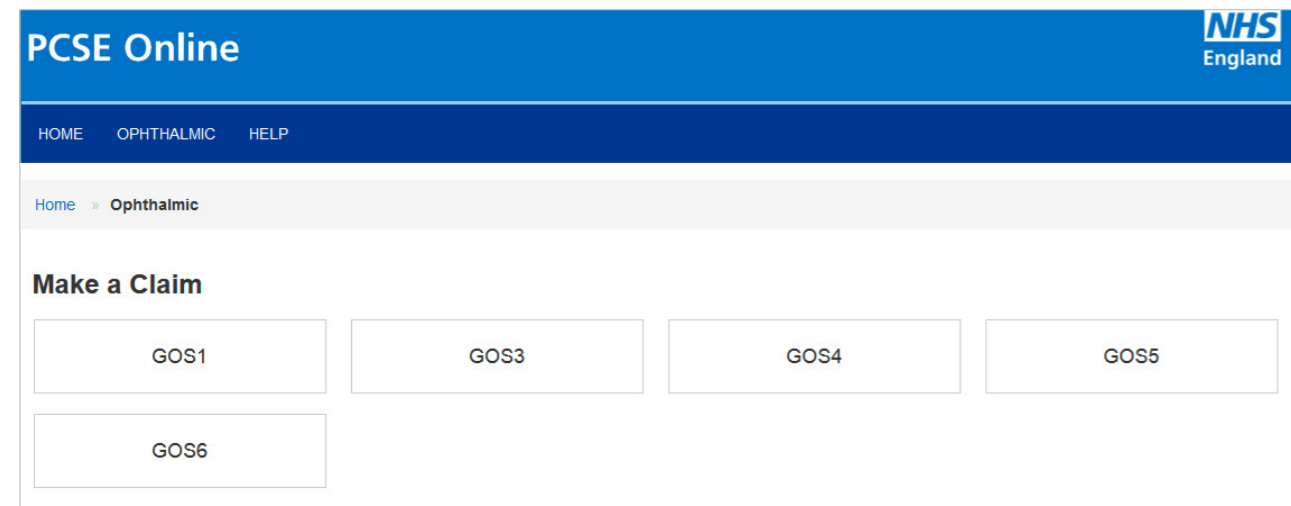


## 2.5 Domiciliary: Pre-Visit Notification

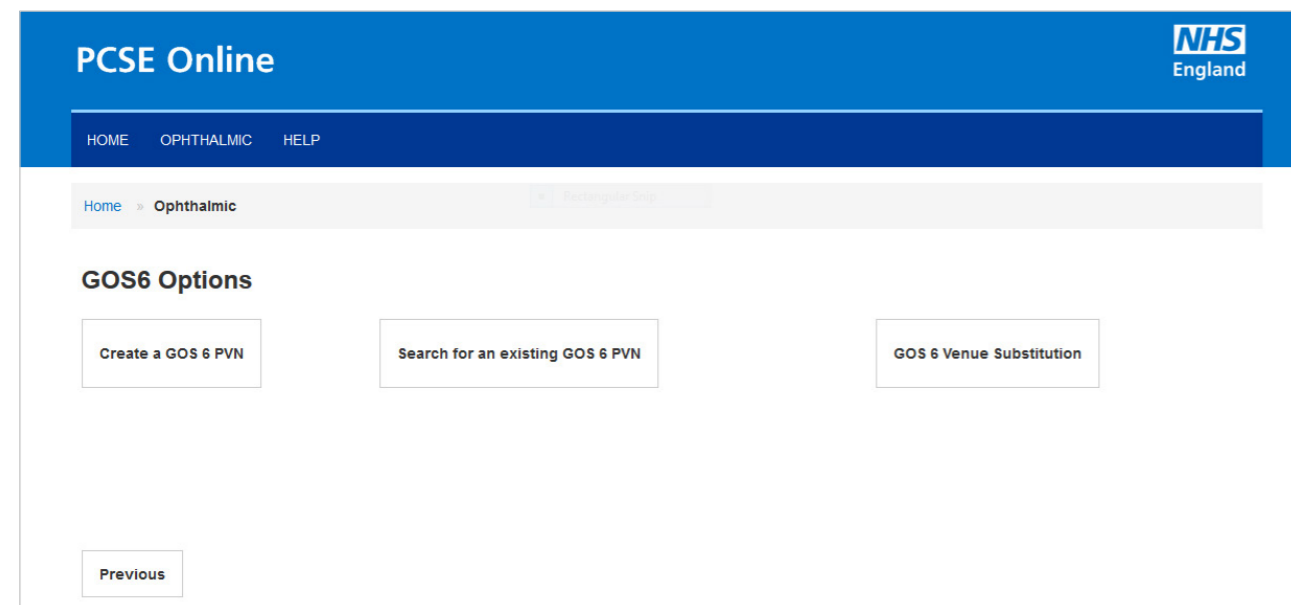
A pre-visit notification (PVN) must be submitted for a domiciliary visit in line with regulations. You can only claim a domiciliary fee in respect of a patient who is eligible for a GOS sight test, if they are unable to leave home unaccompanied for reasons of physical or mental illness or disability.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

### 2.5.1 Create a PVN

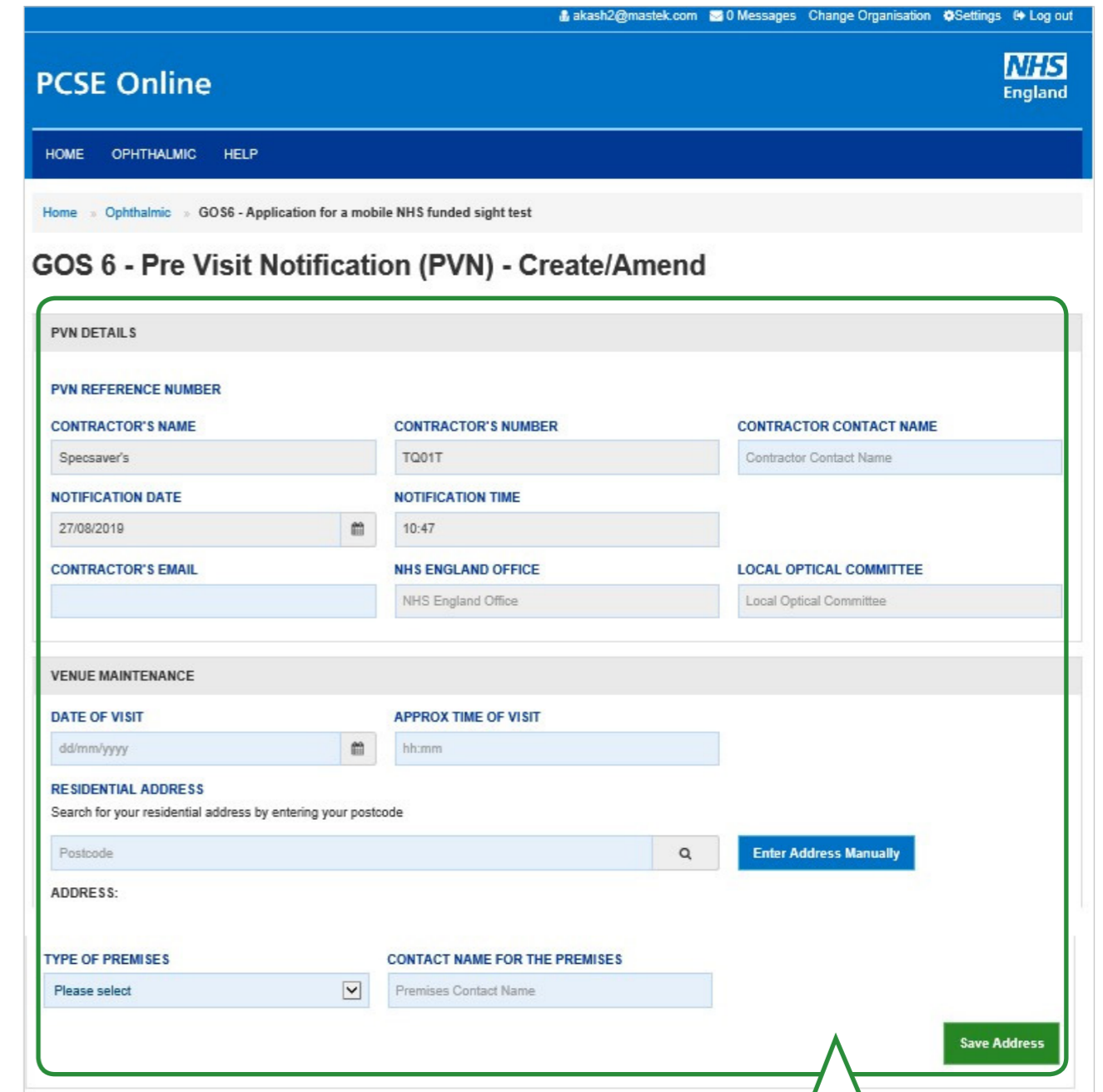
To create a new PVN click on GOS 6 in the Make a Claim screen



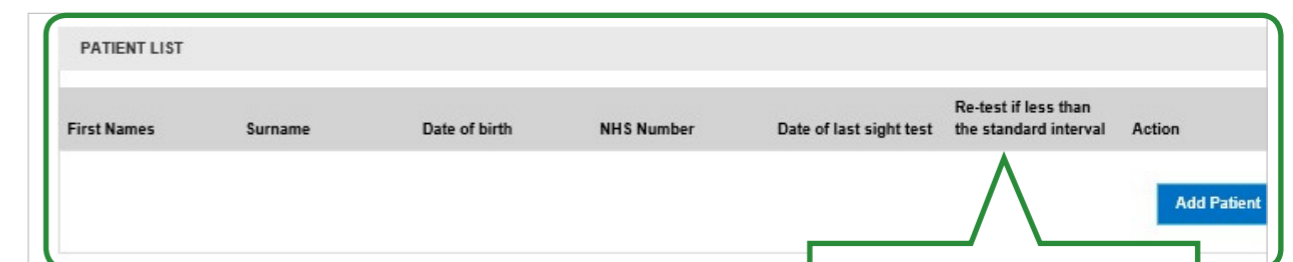
Then click Create a GOS 6 PVN



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 <b>First Test</b> or <b>Unknown</b>
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.

**GOS6 - Pre Visit Notification (PVN) - Search**

CONTRACTOR'S NAME: Specsaver's  
 CONTRACTOR'S NUMBER: TQ01T  
 PVN REFERENCE NUMBER: PVN Reference Number  
 DATE OF VISIT DATE FROM: dd/mm/yyyy  
 TO: dd/mm/yyyy  
 PREMISES POSTCODE: Premises Postcode  
 PVN STATUS: Please select  
 NOTIFICATION DATE FROM: 18/07/2019  
 TO: 28/08/2019  
 RLT AREA: Please select

**GOS6 - Pre Visit Notification (PVN) - Search Results**

PVN Reference Number	Date of Visit	Premises	Status	Notification Date	Amend Patient Details	Add Patients (Max. 3)	Cancel GOS6 PVN	Open
P-UN10688	10/04/2020	(D) - Day Centre	Accepted	21/08/2019	Amend Patient Details	Add Patients (Max. 3)	Cancel GOS6 PVN	Open
P-PK28528	16/11/2019	(N) - Nursing Home	Accepted	15/08/2019	Amend Patient Details	Add Patients (Max. 3)		Open
P-RX47244	17/10/2019	(N) - Nursing Home	Draft	23/07/2019	Amend Patient Details	Add Patients (Max. 3)		Open
P-NK22984	03/09/2019	(N) - Nursing Home	Draft	06/08/2019	Amend Patient Details	Add Patients (Max. 3)		Open

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.

**PCSE Online**

PCSE Home » Ophthalmic » GOS6 - Application for a mobile NHS funded sight test

**GOS6 - Pre Visit Notification (PVN) - View PVN and Choose Patient**

PVN REFERENCE NUMBER: P-PG19710  
 STATUS: Accepted  
 PATIENT'S FIRST NAMES: Patient First Name  
 PATIENT'S SURNAME: Patient Surname  
 PATIENT'S DATE OF BIRTH: dd/mm/yyyy

**Search**

Date of Visit	Premises	Notification Date	Patient's First Names	Patient's Surname	Date of Birth	Amend GOS6 PVN	Create GOS6
08/09/2018	(H) - Home	07/08/2018	sfsdfd	dfdfdf	11/10/2000	Amend GOS6 PVN	Create GOS6

Showing 1 to 1 of 1 entries

Close



### 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'.

**PCSE Online**

HOME OPTHALMIC HELP

Home > Ophthalmic > GOS6 - Pre Visit Notification (PVN) - Search

#### GOS6 - Pre Visit Notification (PVN) - Search

CONTRACTOR'S NAME: Gray Optician | CONTRACTOR'S NUMBER: TP37L | PVN REFERENCE NUMBER: P-YN39446

DATE OF VISIT DATE FROM: dd/mm/yyyy | TO: dd/mm/yyyy | PREMISES POSTCODE: Premises Postcode

PVN STATUS: Please select | NOTIFICATION DATE FROM: dd/mm/yyyy | TO: dd/mm/yyyy

RLT AREA: Please select **Search**

PVN Reference Number	Date of Visit	Premises	Status	Notification Date
P-YN39446	30/08/2019	(N) - Nursing Home	Accepted	07/08/2019

[Amend Patient Details](#) [Cancel GOS6 PVN](#) [Open](#)

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

First Names	Surname	Date of birth	NHS Number	Date of last sight test	Re-test if less than the standard interval	Action
Kiki	Philip	13/08/1989		Unknown		<a href="#">Delete Patient</a> <a href="#">Amend Patient</a>
Nick	Johnson	28/08/1956		First Test		<a href="#">Delete Patient</a> <a href="#">Amend Patient</a>
Tracy	Chapman	20/08/1956		Unknown		<a href="#">Delete Patient</a> <a href="#">Amend Patient</a>

[Add Patient](#)

Enter the Patient details and click 'Save Patient'.

**PATIENT MAINTENANCE**

FIRST NAME: Kiki | SURNAME: Philip | DATE OF BIRTH: 13/08/1989

NHS NUMBER: NHS Number | DATE OF LAST SIGHT TEST: dd/mm/yyyy

First test  Unknown

IN THE CASE OF A RE-TEST AT LESS THAN THE STANDARD INTERVAL, PLEASE SPECIFY THE APPROPRIATE CODE

Please Select

**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.

**PCSE Online** NHS England

HOME OPTHALMIC HELP

Home > Ophthalmic > GOS6 - Pre Visit Notification (PVN) - Search

#### GOS6 - Pre Visit Notification (PVN) - Search

CONTRACTOR'S NAME: Auckland Island Opticians  
 CONTRACTOR'S NUMBER: TP5MM  
 PVN REFERENCE NUMBER: PVN Reference Number

DATE OF VISIT DATE FROM: 01/10/2019  
 TO: 31/10/2019  
 PREMISES POSTCODE: Premises Postcode

PVN STATUS: Accepted  
 NOTIFICATION DATE FROM: dd/mm/yyyy  
 TO: dd/mm/yyyy

RLT AREA: Please select Search

PVN Reference Number	Date of Visit	Premises	Status	Notification Date				
P-UJ24883	16/10/2019	(H) - Home	Accepted	09/10/2019	Amend Patient Details	Add Patients (Max. 3)	Cancel GOS6 PVN	Open
P-NS16366	12/10/2019	(H) - Home	Accepted	09/10/2019	Amend Patient Details	Add Patients (Max. 3)	Cancel GOS6 PVN	Open
P-AA50387	10/10/2019	(H) - Home	Accepted	03/10/2019	Amend Patient Details	Add Patients (Max. 3)	Cancel GOS6 PVN	Open
P-AA50385	09/10/2019	(R) - Residential Home	Accepted	03/10/2019	Amend Patient Details	Add Patients (Max. 3)	Cancel GOS6 PVN	Open
P-XS26591	04/10/2019	(S) - Sheltered Housing	Accepted	03/10/2019	Amend Patient Details	Add Patients (Max. 3)	Cancel GOS6 PVN	Open



### 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.

**PATIENT MAINTENANCE**

FIRST NAME: Kiki  
 SURNAME: Philip  
 DATE OF BIRTH: 13/08/1989

NHS NUMBER: NHS Number  
 DATE OF LAST SIGHT TEST: dd/mm/yyyy

First test  Unknown

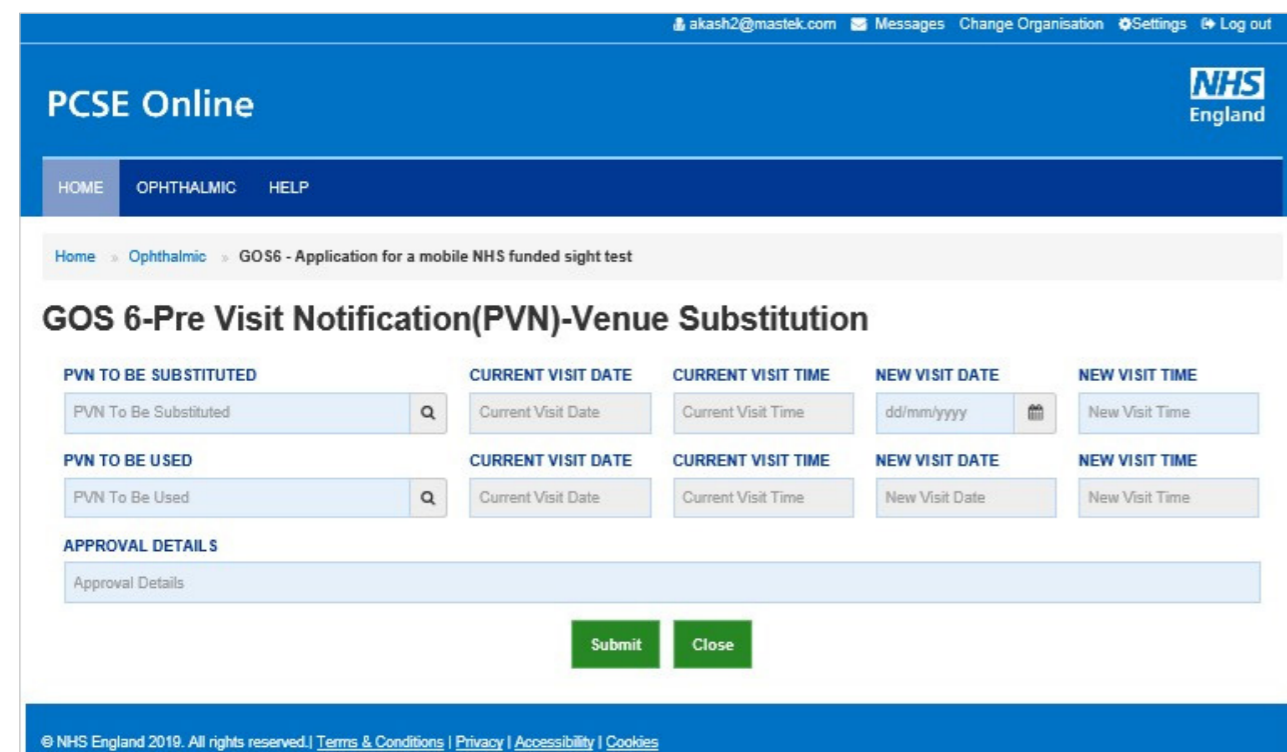
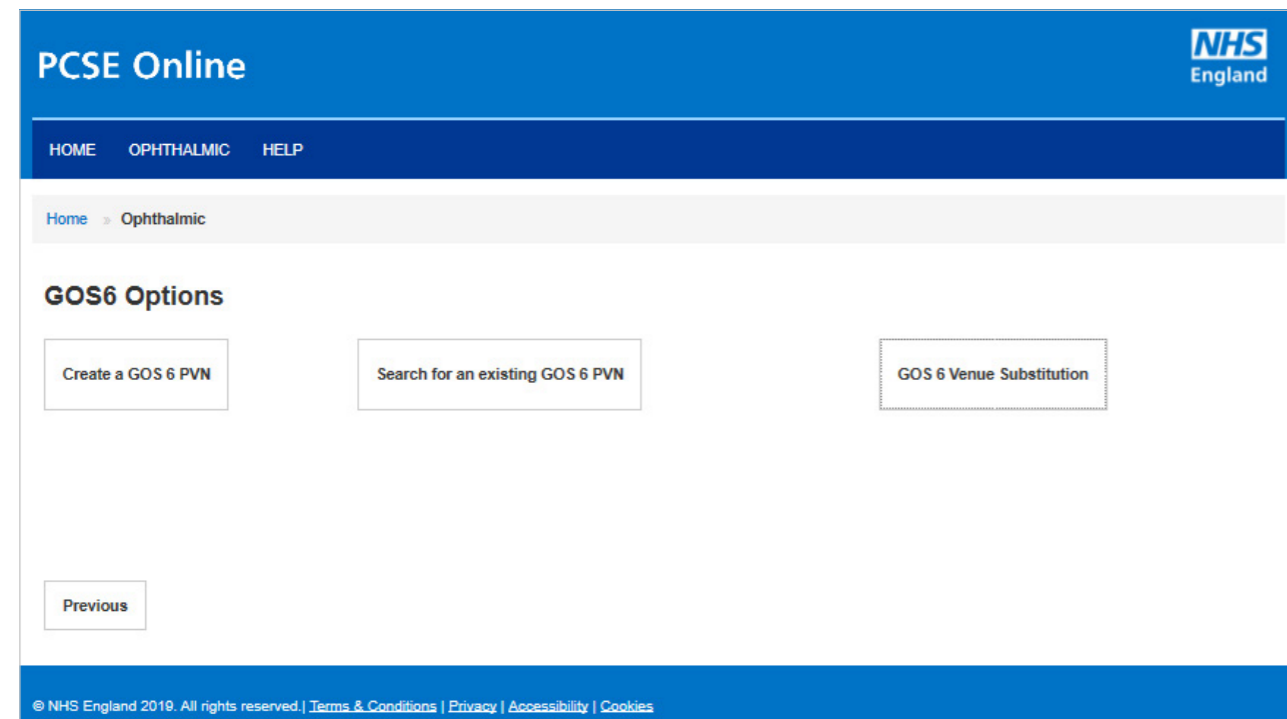
IN THE CASE OF A RE-TEST AT LESS THAN THE STANDARD INTERVAL, PLEASE SPECIFY THE APPROPRIATE CODE  
 Please Select

Save Patient

## 2.5.6 Same Day Venue Substitution

If, on the day of the visit, you are 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.

The screenshot shows the 'GOS6 - Pre Visit Notification (PVN) - View PVN and Choose Patient' screen. At the top, there is a navigation bar with 'HOME', 'OPHTHALMIC', and 'HELP'. Below this is a breadcrumb trail: 'PCSE Home > Ophthalmic > GOS6 - Application for a mobile NHS funded sight test'. The main heading is 'GOS6 - Pre Visit Notification (PVN) - View PVN and Choose Patient'. There are several input fields: 'PVN REFERENCE NUMBER' (P-PG19710), 'STATUS' (Accepted), 'PATIENT'S FIRST NAMES' (Patient First Name), 'PATIENT'S SURNAME' (Patient Surname), and 'PATIENT'S DATE OF BIRTH' (dd/mm/yyyy). A green 'Search' button is located next to the date of birth field. Below these fields is a table with columns: 'Date of Visit', 'Premises', 'Notification Date', 'Patient's First Names', 'Patient's Surname', and 'Date of Birth'. The table contains one entry: '08/09/2018', '(H) - Home', '07/08/2018', 'sfsdfd', 'dfdfdf', '11/10/2000'. There are 'Amend GOS6 PVN' and 'Create GOS6' buttons next to the entry. Below the table, it says 'Showing 1 to 1 of 1 entries' and has pagination controls. A 'Close' button is at the bottom right. The footer contains copyright information for NHS England 2017 and version 1.5.0.2 | 25 July, 2018.

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

### 2.6.2 Patient Details

The screenshot shows the 'GOS 6 - Application for a mobile NHS funded sight test' screen. At the top, there is a navigation bar with 'HOME', 'OPHTHALMIC', and 'HELP'. Below this is a breadcrumb trail: 'Home > Ophthalmic > GOS6 - Application for a mobile NHS funded sight test'. The main heading is 'GOS 6 - Application for a mobile NHS funded sight test'. There is a progress indicator with five steps: 01 Patient's Details (selected), 02 Patient's Eligibility, 03 Patient's Declaration, 04 Performer's Declaration, and 05 Contractor Signatory's Declaration. Below the progress indicator, there is a section 'I HAVE TESTED THE SIGHT OF THE PERSON NAMED ON THIS FORM ON' with a date field (28/08/2019) and a 'PVN REFERENCE NUMBER' field (P-PW42215). There are also fields for 'CONTRACTOR'S NAME' (Specsavers), 'PERFORMER'S NAME' (akash gos claimant), and 'PERFORMER'S NUMBER' (GC-23456). A 'YOUR REFERENCE' field (Reference Number) is also present. The 'Patient's Details' section includes fields for 'TITLE' (Please select), 'FIRST NAMES' (First names), 'SURNAME' (Surname), and 'PREVIOUS SURNAME' (Previous surname). There is an 'ADDRESS' section with a search for an address by entering a postcode (Postcode) and a 'Please enter the address manually' button. The address is 'Flat 3 8, St. Andrews Cross,PLYMOUTH,PL1 1DN'. There are fields for 'DATE OF BIRTH' (dd/mm/yyyy), 'NHS NO.' (NHS No.), and 'N.I. NO.' (AA000000A). There is also a 'DATE OF LAST SIGHT TEST' field (dd/mm/yyyy) with checkboxes for 'First test' and 'Not known'. A section 'THE PATIENT CANNOT ATTEND A PRACTICE UNACCOMPANIED FOR A SIGHT TEST BECAUSE' has a text area. At the bottom, there is a 'Claim Number:' field and 'Save for Later' and 'Save and Next' buttons. The footer contains copyright information for NHS England 2019.



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: <ul style="list-style-type: none"> <li>■ I'm a full time student</li> <li>■ I'm a prisoner on leave</li> <li>■ I'm considered to be at risk of glaucoma</li> <li>■ I am registered blind/partially sighted</li> <li>■ I suffer from diabetes/glaucoma</li> </ul> Enter Supplementary Name, text box entry
Details of Establishment (Town)	*Conditional	This is mandatory for the following eligibility categories: <ul style="list-style-type: none"> <li>■ I'm a full time student</li> <li>■ I'm a prisoner on leave</li> <li>■ I'm considered to be at risk of glaucoma</li> <li>■ I am registered blind/partially sighted</li> <li>■ I suffer from diabetes/glaucoma</li> </ul> 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: <ul style="list-style-type: none"> <li>■ Name</li> <li>■ National Insurance Number</li> <li>■ Date of Birth</li> </ul>
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

manveer2@mastek.com 2 Messages Change Organisation Settings Log out

**PCSE Online** NHS England

HOME OPTHALMIC HELP

Home » Ophthalmic » GOS6 - Application for a mobile NHS funded sight test

### GOS 6 - Application for a mobile NHS funded sight test

01 Patient's Details 02 Patient's Eligibility **03 Patient's Declaration** 04 Performer's Declaration 05 Contractor Signatory's Declaration

#### Patient's Declaration

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the relevant controller is NHS England. I can find out more about my rights at: <https://www.england.nhs.uk/contact-us/privacy-notice/> or by contacting 0300 311 22 33. Where I have provided personal data on behalf of another person, they agree to me doing so, and I will draw this notice to their attention

**THE SIGNATORY IS THE**

Patient  Patient's Parent  Patient's carer or guardian

**PLEASE CHOOSE ONE SELECTION FROM THE LIST TO INDICATE THE PATIENT'S ETHNIC GROUP**


NAME:  ETHNIC GROUP:

**ADDRESS**  
Search for your residential address by entering your postcode

Postcode:

Address:

Regenerate



Claim Number: ADA01893

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

GOS6 - Application for a mobile NHS funded sight test

**Patient's Details**

Name: Automation1558 AutoSurname  
Address: The West Ham, Silverdale Lane, Leeds, London  
Date of Birth: 10/10/1989 Date of last sight test: First Test  
The patient cannot attend a practice unaccompanied for a sight test because: Dementia

**Patient Eligibility**


The patient is prisoner on leave from the prison detailed below  
Details of establishment: Cell1 Cell1 EVIDENCE OF ELIGIBILITY: Seen

**Patient's Declaration**

**Patient's Declaration Signature Screen**

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the relevant controller is NHS England. I can find out more about my rights at: <https://www.england.nhs.uk/contact-us/privacy-notice/> or by contacting 0300 311 22 33. Where I have provided personal data on behalf of another person, they agree to me doing so, and I will draw this notice to their attention

Please sign in the signature box below.



manveer2@mastek.com 2 Messages Change Organisation Settings Log out

**PCSE Online** NHS England

HOME OPTHALMIC HELP

Home » Ophthalmic » GOS6 - Application for a mobile NHS funded sight test

### GOS 6 - Application for a mobile NHS funded sight test

01 Patient's Details 02 Patient's Eligibility 03 Patient's Declaration 04 Performer's Declaration **05 Contractor Signatory's Declaration**

#### Patient's Declaration

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the relevant controller is NHS England. I can find out more about my rights at: <https://www.england.nhs.uk/contact-us/privacy-notice/> or by contacting 0300 311 22 33. Where I have provided personal data on behalf of another person, they agree to me doing so, and I will draw this notice to their attention

**THE SIGNATORY IS THE**

Patient  Patient's Parent  Patient's carer or guardian

**PLEASE CHOOSE ONE SELECTION FROM THE LIST TO INDICATE THE PATIENT'S ETHNIC GROUP**

NAME: Automation1558 AutoSurname ETHNIC GROUP: White and Black African

**ADDRESS**  
Search for your residential address by entering your postcode

Postcode:

Address: The West Ham, Silverdale Lane, Leeds, London

Signature:

Claim Number: ADA01893



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 screenshot shows the 'Performer's Declaration' section of the 'GOS 6 - Application for a mobile NHS funded sight test' form. The progress bar indicates that the user is currently on the 'Performer's Declaration' step (04). The form includes several checkboxes for test scenarios, dropdown menus for voucher types and supplements, and text input fields for performer name, list number, and test date. At the bottom, there are buttons for 'Previous', 'Save awaiting Contractor Signatory', 'Save for Later', and 'Save and Next'.



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.

Primary Care Support England

HOME Ophthalmic HELP

Home > Ophthalmic > Claim Submission

### Claim Submission

CLAIM TYPE

Please select  Search

<input type="checkbox"/>	Claim Number	Your Reference	Patient Name	Point of Service Date	Performer's Name
<input checked="" type="checkbox"/>	ADA01742	8888888 mmmmm	mm kll	09/07/2019	Henry Wallson
<input checked="" type="checkbox"/>	ADA20613	mm kll	mm kll	10/07/2019	Henry Watt

Showing 1 to 2 of 2 entries

Regenerate

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

Close

Submit

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Version: 1.3.0.0 | 14 March, 2018

henry15@mastek.com 5 Messages Settings Log out

PCSE Online

HOME OPHTHALMIC HELP

Home > Ophthalmic > Claim Submission

### Claim Submission

CLAIM TYPE

GOS1 (2) Search

Contractor's Declaration Signature Screen

I claim the current NHS sight test fee under the NHS (Optical Charges and Payments) Regulations 2013. I declare 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 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 understand that my personal data will be processed by PCSE (Capita) to verify this Claim and the relevant controller is NHS England. I can find out more about my rights at: <https://www.england.nhs.uk/contact-us/privacy-notice/> or by contacting 0300 311 22 33

<input type="checkbox"/>	Claim Number	Your Reference	Patient Name	Point of Service Date	Performer's Name
<input checked="" type="checkbox"/>	ADA01742	8888888 mmmmm	mm kll	09/07/2019	Henry Wallson
<input checked="" type="checkbox"/>	ADA20613	mm kll	mm kll	10/07/2019	Henry Watt

Showing 1 to 2 of 2 entries

Regenerate

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

Close

Submit

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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.

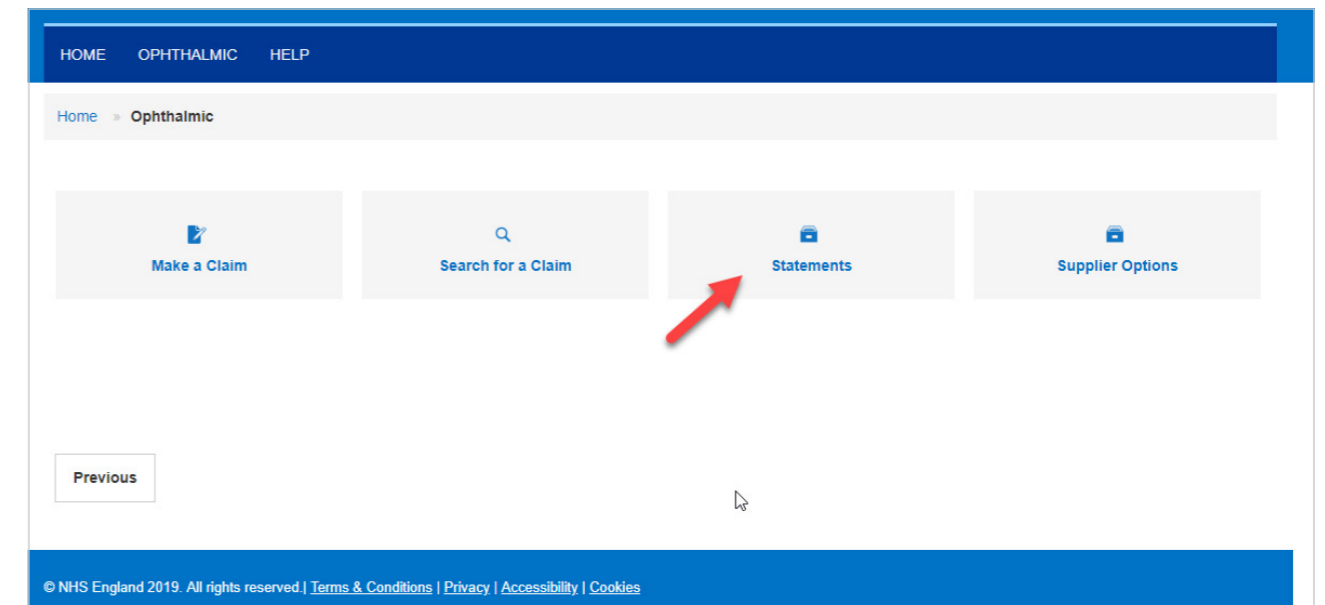
- Contractor’s Name
- Performer’s Name
- Patient’s Surname
- Claim Number
- Claim Type
- Claim Status
- Search by Date From
- Search by Date To

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.

HOME OPTHALMIC HELP

Home » Statement

### Statement

ORGANISATION NUMBER OR NAME: TP20A HOGG OPTICIAN 002A Select Contractor

STATEMENT TYPE: Ophthalmic

DATE FROM: 23/06/2019 DATE TO: 03/07/2019 Clear Search Search

Reference No.	Organisation Number	Organisation Name	Statement Title	Statement Date	Total from NHS	Total Net Amount
578	TP20A	HOGG OPTICIAN 002A	Ophthalmic28Jun1911	28/06/2019	£50.00	£50.00
567	TP20A	HOGG OPTICIAN 002A	Ophthalmic28Jun1910	28/06/2019	£281.81	£281.81
553	TP20A	HOGG OPTICIAN 002A	Ophthalmic28Jun1906	28/06/2019	£99.10	£99.10
545	TP20A	HOGG OPTICIAN 002A	Ophthalmic28Jun1904	28/06/2019	£789.01	£789.01
537	TP20A	HOGG OPTICIAN 002A	Ophthalmic27Jun1901	27/06/2019	£620.45	£620.45
531	TP20A	HOGG OPTICIAN 002A	Ophthalmic24Jun1907	24/06/2019	£30.00	£30.00
528	TP20A	HOGG OPTICIAN 002A	Ophthalmic24Jun1906	24/06/2019	£291.68	£291.68

Displaying 1-7 of 7 items

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

HOME OPTHALMIC HELP

Home » Statement » Statement Detail

### Ophthalmic Payments

Payment Date: 05/08/2019 Contractor ID: TP20A Total Paid: £281.81

Statement: June - HOGG OPTICIAN 002A

Ref. no: 567

Expand All Collapse All Print/Download

Description	No. of forms	Amount
GOS1 - Application for an NHS funded sight test	(2)	£42.62
GOS3 - NHS Optical voucher and Patient's Statement	(2)	£135.60
GOS4 - NHS optical repair/replacement voucher application	(2)	£57.40
GOS5 - Help with the cost of a private sight test	(2)	£49.87
Levies		-£3.68

**Total Amount Paid £281.81**

Back



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

Home > Statement > Statement Detail

### Ophthalmic Payments

Payment Date: 05/08/2019 Contractor ID: TP20A Total Paid: £789.01

Statement: June - HOGG OPTICIAN 002A  
Ref. no: 545

Expand All Collapse All Print/Download

Description	No. of forms	Amount			
GOS1 - Application for an NHS funded sight test	(6)	£327.86			
GOS1 - Claims					
Your Reference	Claim ID	Patient's Name	Point of Service Date	Amount Submitted	Amount to be Paid
	ADA11355	GOS1 Performer	27/06/2019	£21.31	£21.31
ABC-123-293940000001	ADA11370	Jone Matthews	27/06/2019	£21.31	£21.31
ABC-123-200330000001	ADA11371	Andrew Strauss	27/06/2019	£21.31	£21.31
ABC-123-243330000001	ADA11396	Johny iooo	27/06/2019	£21.31	£21.31
	ADA11442	GOS1 Hogg66	28/06/2019	£21.31	£21.31
ABC-123-244430000001	ADA11453	Matthew Hall	28/06/2019	£21.31	£21.31

Displaying 1-6 of 6 items

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 or download as a PDF or CSV.

HOME OPTHALMIC HELP

Home > Statement > Statement Detail

### Ophthalmic Payments

Payment Date: 05/08/2019 Contractor ID: TP20A Total Paid: £789.01

Statement: June - HOGG OPTICIAN 002A  
Ref. no: 545

Expand All Collapse All Print/Download

HOME OPTHALMIC HELP

Home > Statement > Statement Detail

### Ophthalmic Payments

Payment Date: 05/08/2019 Total Paid: £789.01

Statement: June - HOGG OPTICIAN 002A  
Ref. no: 545

Expand All Collapse All Print/Download

Show Payments

Collapsed  Expanded

Print Download PDF Download 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

**NHS Claim Search Screen**

CONTRACTOR'S NAME: England Optho Practice 1  
 PERFORMER'S NAME: Please Select  
 PATIENT'S SURNAME: smith

CLAIM NUMBER: Claim Number  
 CLAIM TYPE: GOS3  
 CLAIM STATUS: Please select

SEARCH BY DATE FROM: dd/mm/yyyy  
 SEARCH BY DATE TO: dd/mm/yyyy

**Search**

Claim Type	Contractor's name	Status	Total Net Amount	Date Submitted	Action
GOS3	England Optho Practice 1	Accepted For Payment	£ 120.90	01/10/2019	Open
GOS3	England Optho Practice 1	Accepted For Payment	£ 25.00	30/09/2019	Open
GOS3	England Optho Practice 1	Draft			Open <span style="float: right;">Cancel Claim</span>
GOS3	England Optho Practice 1	Cancelled			Open

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

**NHS Claim Search**

CONTRACTOR'S NAME: England Optho Practice 1  
 CLAIM NUMBER: Claim Number  
 SEARCH BY DATE FROM: dd/mm/yyyy

**Claim Cancellation Verification**

Are you sure you wish to cancel this claim?

**Confirm** **Cancel**

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

Home » Ophthalmic » Claims

CONTRACTOR'S NAME: England Optho Practice 1  
 CONTRACTOR'S NUMBER: kw005  
 PATIENT'S NAME: K smith

ADDRESS: 10, High Street, Kidlington, OX5 2DH  
 CLAIM TYPE: GOS3  
 CLAIM CANCELLATION REASON: Please select

**Submit** **Close**

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

HOME OPTHALMIC HELP

Home » Ophthalmic » Claims

**Claim Cancellation Confirmation**

Your claim has been successfully cancelled.

**Close**

CONTRACTOR'S NAME: England Optho Practice 1  
 CONTRACTOR'S NUMBER: kw005  
 PATIENT'S NAME: K smith

ADDRESS: 10, High Street, Kidlington, OX5 2DH  
 CLAIM TYPE: GOS3  
 CLAIM CANCELLATION REASON: Claim raised in error

**Submit** **Close**