HC5(O) Refund claim form: optical costs

Please read this page before filling in this form - it will help you make this claim correctly.
Use a separate form for each person who has paid optical charges or has had optical charges paid for them.
Part 4 tells you where to send the completed form. Before you do this, you must sign and date the declaration.

NOTE

The information on this form may be disclosed in confidence to other public bodies as appropriate for the purposes of checking entitlement and preventing or detecting fraud. False information may lead to prosecution or legal action.

WHAT CAN YOU CLAIM FOR?

Use this form to claim back the cost of a **sight test, glasses or contact lenses** on low income grounds. For glasses and contact lenses, the maximum refund anyone can have is the voucher value that matches their prescription. You may also have to fill in an HC1 claim form for the NHS Low Income Scheme (see part 4).

If you paid for a repair or replacement because your glasses/contact lenses were lost or damaged, NHS England has to agree that the loss or damage was because of illness before you can get a refund. Send a note with this form to tell us how the loss or damage happened. An explanation is not required if you are claiming in respect of children under 16 and / or looked after children.

If you wish to claim a refund of glasses or contact lenses, for a reason other than because you have a low income, please complete the relevant parts of this form and provide an explanation of the reason you are seeking a refund. Send your receipts and optical prescription with this form to Primary Care Support England at the address on page 4. Ask at your optical practice for the address or look at www.nhs.uk/service-search.

Your claim cannot be accepted if you have already used an NHS optical voucher towards the cost of your glasses or contact lenses - unless it was only a 'complex lens' voucher.

HOW TO CLAIM FOR SOMEBODY ELSE

If you are filling in this form for someone who is physically incapable of doing so, ask them to tell you what to fill in for them. They should then sign or make their mark in Part 4A.

If however, you are filling in the form for someone with learning difficulties or a condition that prevents them from managing their own affairs, you are responsible for making sure the information is correct. You should sign the form yourself in Part 4B.

TIME LIMIT FOR CLAIMING

- You must ensure that this claim form is received by the relevant office identified in Part 4 **within 3 months** of the date that you paid any charges.
- If you make the claim after 3 months, the NHS Business Services Authority has to decide if there is a good reason for it being late before it can be accepted. In this case, please send a written explanation with your claim to NHS Business Services Authority, Help with Health Costs, Bridge House, 152 Pilgrim Street, Newcastle upon Tyne NE1 6SN.

MORE REFUND INFORMATION

More refund details can be found in leaflet HC11 "Help with Health Costs" available to download at: www.nhs.uk/healthcosts. If you have any queries or need help filling in this form you can speak to an advisor at the NHS Business Services Authority on 0300 330 1343.

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Part 1 PATIENT'S DETAILS

Please use this part of the form to tell us about the patient: this may be you or the person on whose behalf you are making the claim.

Surname:

Other names:

Title (Mr/Mrs/Miss/Ms/Other):

Date of birth: / / National Insurance No:

Address:

Postcode:

Email address:

Telephone number including dialling code:
This must be the number of the person signing at part 4

Part 2 DETAILS OF OPTICAL CHARGES PAID

NOTE **Please send us original receipts and, if you are claiming a refund of glasses or contact lenses, your optical prescription. We cannot deal with your claim without them.**

I wish to claim a refund of:

£ for a sight test – tell us the date of the sight test / /

£ for glasses or contact lenses

Send us your optical prescription, we cannot deal with your claim without it – and please note:

- your claim cannot be accepted if you have already used a voucher to help with the purchase of your glasses or contact lenses - unless it was only for 'complex lenses'.
- have you already used your optical voucher? Please tick the box yes or no YES NO
- the maximum refund anyone can have is the voucher value that matches their prescription. This is not always the full amount paid for glasses. Voucher values are in the leaflet HC12 which you can get by calling 0300 123 0849 or visiting www.nhs.uk/healthcosts. Your optician, dentist or doctor may also have one.
- if you are claiming for a repair or replacement, you can only get a refund if the loss or damage was because of illness. Attach a separate piece of paper to this form giving the patient's name and address, and tell us how the loss or damage happened.

Part 3 OTHER INFORMATION WE NEED

Name, address and telephone number of optical practice *in full* please.

Name:

Address:

Postcode: Telephone number: ( )

Part 4 REASON FOR CLAIM

Tick whichever box below applied **when the charge(s) was (were) paid** and give the information we ask for.

Group 1 ☐ I have a War pension No. and I am being treated for my accepted disablement

Send this form to: Service Personnel and Veterans Agency, Norcross, Blackpool FY5 3WP.

Group 2 ☐ My name was on an NHS certificate HC2 or HC3 No.

The person holding the certificate was:

Forename: Surname: Date of birth: / /

☐ I am named on or entitled to an NHS Tax Credit Exemption Certificate. (If you do not have a certificate, send in a copy of your award notice) No.

Send this form to: NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle Upon Tyne NE1 6SN.

Group 3 ☐ I was getting one of the benefits / credits listed below.

☐ I am the partner or a dependant child / young person under 20 years of age of someone who was getting one of these benefits / credits. Date of birth: / /

The person getting the benefit / credit was:

If this person was not the patient, please tell us either / / their date of birth or their National Insurance number:

☐ Universal Credit and for the last complete assessment period before the charge was due there were no earnings or net earnings of £435 or less (£935 if you had a child element or had limited capability for work). Check the limit at www.nhs.uk/healthcosts. If your treatment was during your first Universal Credit assessment period you qualify for a refund if, once your claim to Universal Credit is decided, you met the earnings conditions during that assessment period - send this form to your local Jobcentre Plus office.

☐ Income Support – send this form to your local Jobcentre Plus office

☐ Income-based Jobseeker's Allowance – send this form to your local Jobcentre Plus office

☐ Income-related Employment and Support Allowance – send this form to your local Jobcentre Plus office

☐ Pension Credit Guarantee Credit – send this form to the Pension Centre who dealt with your claim

If you receive or are included in an award of any of the benefits listed in Group 3 you can claim a refund. If you get one of these benefits alongside another benefit you will still be able to claim. Contribution based benefits paid on their own do not count. Check your benefit/credit before you sign. For more information see www.nhs.uk/healthcosts.

Group 4 ☐ I am not in groups 1 to 3, but wish to claim a refund of optical charges I paid because I am on a low income.

You need to fill in an HC1 form to apply to the NHS Low Income Scheme. You can get a form by calling 0300 123 0849 or visiting www.nhsbsa.nhs.uk/healthcosts. Send this form with the HC1 form to NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle upon Tyne NE16SN.

DECLARATION AND SIGNATURE

WARNING **False information may lead to civil or criminal action.**
If you are signing for somebody else, you will be responsible for the information provided.

I declare that the information given on this form and the supporting documents are correct and complete and I understand that if I knowingly provide false information, I may be liable to prosecution and/or civil proceedings.

I consent to the disclosure of relevant information on this form to and by HM Revenue and Customs, Local Authorities, the Department for Work and Pensions and my optician for the purpose of verification.

I also consent to the disclosure of information on this form to the NHS Protect, a division of the NHS Business Services Authority, for the purpose of the prevention, detection, investigation and prosecution of fraud and any other unlawful activity affecting the NHS.

If you are signing for yourself

This is my claim for a refund of optical charges listed in Part 2

4A Signature: Date: / /

If you are signing for somebody else

This is a claim on behalf of the person named in Part 1 for a refund of the optical charges listed in Part 2

4B Signature: Date: / /

Name: (in capitals)

Address:

Postcode:

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Part 5 — For Official Use only

Part A (For Jobcentre Plus Office and the Pension Centre only)

I confirm that the person named on this form is included in an award of the benefit / credit, or is entitled to a certificate as indicated in Part 4, on the date indicated in Part 2. (Now please complete the signature box below and send to the address in Part C.)

Part B (For NHSBSA only)

I confirm that the person named in Part 1 of this form is entitled to:

- ✓ ☐ the amount paid for a sight test.
- ✓ ☐ the optical voucher value plus any supplements appropriate to the prescription attached.

I confirm that the person named in Part 1 of this form does hold a valid HC3 and is entitled to a refund of the difference between:

- ✓ ☐ £ _____ and the lower of the NHS sight test fee or the actual amount paid for a private sight test.
- ✓ ☐ £ _____ and the optical voucher value plus any supplements appropriate to the prescription attached.
- ✓ ☐ I confirm that this claim has been accepted outside the 3 months time limit.

The actual amount(s) paid is (are) shown on the attached receipt(s).
(Now please complete the signature box below and send to the address in Part C).

Signature:	Date: / /
Name: (in capitals)	AUTHORISATION STAMP
OFFICE ADDRESS STAMP	

Part C: Please send this form to Primary Care Support England, PO Box 350, Darlington, DL1 9QN.

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Payment of £ _____ made to patient named in Part 1 of this form on / /

NOTES

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