

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 NHS wig or fabric support charges or has had NHS wig or fabric support 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.

## WHAT CAN YOU CLAIM FOR?

### 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.

Use this form to claim back the cost of **NHS Wigs or Fabric Supports**. You may also have to submit an HC1 claim form (see part 4).

**If you have paid an NHS prescription charge** you must use the prescription receipt form FP57 to claim a refund. Ask for that receipt form when you pay - **you can't get one later**. It tells you what to do.

**If you have paid for other NHS charges** you must use the claim form for the charge you have paid. There is a separate form for each type of charge (HC5(D) for dental charges, HC5(O) for optical costs, and HC5(T) for NHS travel costs).

## YOUR CLAIM CANNOT BE ACCEPTED...

- If your capital (value of total savings) on the date you paid was more than the limit (unless you are named on or entitled to an NHS Tax Credit Exemption Certificate). This is £16,000 (or £23,250 for people living permanently in a care home).
- For any non NHS treatment.

## 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 an illness 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 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.

## MORE REFUND INFORMATION

More refund details can be found in leaflet HC11 "Help with Health Costs" available from any Jobcentre Plus office or NHS hospital. Some pharmacists, dentists, opticians or doctors may also have them.

The leaflet is also available on line at: [www.dh.gov.uk/helpwithhealthcosts](http://www.dh.gov.uk/helpwithhealthcosts). 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 0845 850 1166.



## Part 4

## PATIENTS INCOME WHEN THE CHARGE WAS PAID

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

<b>Group 1</b>	<input checked="" type="checkbox"/>	I have a War pension <input type="text" value="No."/> and I am being treated for my accepted disablement Send this form to: Service Personnel and Veterans Agency, Norcross, Blackpool FY5 3WP.
----------------	-------------------------------------	--

<b>Group 2</b>	<input checked="" type="checkbox"/>	My name was on an NHS certificate HC2 or HC3 <input type="text" value="No."/> The person holding the certificate was: <input type="text"/> Send this form to: NHS Business Services Authority, Sandyford House, Newcastle-upon-Tyne NE2 1BF.
----------------	-------------------------------------	--

<b>Group 3</b>	<input checked="" type="checkbox"/>	I was getting one of these benefits/credits listed below.
	<input checked="" type="checkbox"/>	I am the partner or a dependant child/young person of somebody who was getting one of these benefits/credits.
		The person getting the benefit/credit was: <input type="text"/>
		If this person was not the patient, please tell us either <input type="text" value="/ /"/> or <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> their date of birth their National Insurance number:
	<input checked="" type="checkbox"/>	Income Support – send this form to your local Jobcentre Plus office
	<input checked="" type="checkbox"/>	Income-based Jobseeker’s Allowance – send this form to your local Jobcentre Plus office
	<input checked="" type="checkbox"/>	Income-related Employment and Support Allowance – send this form to your local Jobcentre Plus office
	<input checked="" type="checkbox"/>	Pension Credit Guarantee Credit – send this form to the Pension Centre who dealt with your claim (Pension Credit Savings Credit does not count)
	<input checked="" type="checkbox"/>	Named on or entitled to an NHS Tax Credit Exemption Certificate <input type="text" value="No."/> Send this form to NHS Business Services Authority, Sandyford Hose, Newcastle-upon-Tyne NE2 1BF

<b>Group 4</b>	<input checked="" type="checkbox"/>	I am not in groups 1 to 3, but wish to claim a refund for wig or fabric support charges paid. Send this form to NHS Business Services Authority, Sandyford House, Newcastle-upon-Tyne NE2 1BF. You will also need to fill in an HC1 claim form which is normally available from a Jobcentre Plus office or NHS hospital, your doctor, dentist or optician may have one too. If you are unable to obtain a form you can get one by calling 0845 850 1166 or visiting <a href="http://www.nhsbsa.nhs.uk/healthcosts">www.nhsbsa.nhs.uk/healthcosts</a> .
----------------	-------------------------------------	---

## 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 and Local Authorities for the purpose of verification.

I also consent to the disclosure of information on this form to the Counter Fraud and Security Management Service, 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.

This is my claim for a refund of the charges listed in Part 2	
<b>4A</b>	Signature: <input type="text"/> Date: / /

If you are signing for yourself

This is a claim on behalf of the person named in Part 1 for a refund of the charges listed in Part 2	
<b>4B</b>	Signature: <input type="text"/> Date: / /
Name: (in capitals) <input type="text"/>	
Address: <input type="text"/>	
Postcode: <input type="text"/>	

If you are signing for somebody else

**Part 5 FOR OFFICIAL USE ONLY**

**TO**

Please send this form to the hospital named in Part 3.

**FROM** NHS Business Services Authority or one of the bodies listed in Part 4:

For use by the bodies listed in Part 4

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

a full refund of NHS wigs or fabric supports

a refund of the difference between £  and the charge for NHS wigs or fabric supports

The actual amount(s) paid is(are) shown on the attached receipt(s)

I confirm that this claim has been accepted outside the 3 months time limit.

Please pay the appropriate amount to the patient named in part 1 of this form.

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

<b>NOTES</b>	<b>TEAM</b>	<b>LOCATION</b>	<b>REFERENCE NUMBER</b>
--------------	-------------	-----------------	-------------------------