

Claim a refund of optical costs HC5(O)

What you need to know

Use this form to claim a refund of sight test, glasses, or contact lenses charges you have paid in England.

Find out how to claim a refund of optical costs paid in Wales or Scotland at www.nhsbsa.nhs.uk/furtherhelp

For glasses and contact lenses, the maximum refund you can claim is based on your optical prescription, this is called your 'optical voucher'. Read more about NHS voucher values on the NHS website:

www.nhs.uk/nhs-services/opticians/nhs-voucher-values-for-glasses-and-lenses

If glasses or contact lenses were lost or broken due to a medical condition, you may be able to claim a refund of the replacement or repair costs. Send a note with this application form to tell us how the loss or damage occurred.

Use a separate form for each refund claim.

The information on this form may be securely shared with other public bodies to detect fraud and error. Providing false information can lead to prosecution or legal action.

Deadline for claiming

If you are claiming a sight test refund, this form must be received within **three months** of the sight test date.

If you are claiming a refund of glasses or contact lenses costs, this form must be received within three months of the date the charges were paid.

Claims received after three months can only be accepted in exceptional circumstances. Not knowing you were exempt is not considered an exceptional circumstance. If you are submitting a late claim, include an explanation for the delay with your completed form.

Claiming for someone else

If you are filling in this form for someone who is physically unable to do so, they should tell you what to fill in for them. They should then sign or make their mark in **Part 5A**.

If 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 5B**.

Help and support

You can check if you are eligible for help with your health costs in future at www.nhsbsa.nhs.uk/check. More information about refunds can be found online at www.nhsbsa.nhs.uk/HC5 or by calling 0300 330 1343.

For office use only.

Our reference	<input type="text"/>	Check completed	<input type="checkbox"/>	Accepted late	<input type="checkbox"/>
<input type="checkbox"/> Sight test	<input type="checkbox"/> Optical voucher				
<input type="checkbox"/> Full refund	<input type="checkbox"/> Partial refund	£	<input type="text"/>	.	<input type="text"/>

Part 1 - Patient's details

The patient is the person who received the optical care.

Surname

Forename(s)

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

Sex: Male Female

Date of birth / /

NHS number

National Insurance number

Address

Postcode

Contact details

In case we need to contact you about this claim.

Name (if different from patient)

Email address

Telephone number

Part 2 - Details of optical charges paid

Charges paid:

£ for a sight test Date of sight test / /

£ for glasses or contact lenses

You must send copies of your receipts with your application. If you are claiming costs of glasses or contact lenses, you must also include your optical prescription.

A refund cannot be claimed if you have already used an NHS voucher to help with the cost of your glasses or contact lenses, unless it was only for 'complex lenses'. Read more about complex lenses on the NHS website: www.nhs.uk/nhs-services/opticians/free-nhs-eye-tests-and-optical-vouchers

Name, address and telephone number of the opticians:

Name

Telephone number

Address

Postcode

Part 3 - Bank details

I wish any refund to be paid into the following account:

Name(s) of account holder(s)

Full name of bank, building society or other account provider

Sort code of the bank, building society or other account provider

Account number

If a building society account, the building society roll or reference number

Some building society accounts use a roll or reference number. If you are not sure if the account has a roll or reference number, ask the building society.

Incorrect account details will delay any refund you are entitled to.

Part 4 - Reason for claim

Tick the box that applied when the optical charge (or final instalment) was paid.

Group 1

- I was receiving a War Pension payment or an Armed Forces Compensation Scheme payment and was being treated for my accepted disablement. No.

**Send this form with original receipt(s) to:
The Treatment Group, Veterans UK, Norcross, Thornton Cleveleys, FY5 3WP.**

Group 2

- I was named on an HC2 or HC3 certificate (help with health costs). No.

**Send this form by email to hc5refundquery@nhsbsa.nhs.uk or by post to:
NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle upon Tyne, NE1 6SN.**

Group 3

I was getting one of the benefits listed below. This includes if you are the partner or are under 20 years old and a dependant of someone who was getting one of these benefits.

If the person named on the benefit is different to the patient named in Part 1, tell us their:

Name

Date of birth / / National Insurance number

- Universal Credit and you met the criteria. Check Universal Credit eligibility criteria at www.nhsbsa.nhs.uk/uc
You were eligible if you were receiving Universal Credit and for the last complete assessment period before the charge was paid your total take-home pay was £435 or less (£935 or less if you had a child element or limited capability for work).
If your treatment was during your first Universal Credit assessment period, you qualify for a refund if you met the eligibility criteria during that assessment period. You also qualify if you met the eligibility criteria during the Universal Credit assessment period when the optical charge was incurred or the date of the sight test.
- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- Pension Credit Guarantee Credit

**Send this form by email to hc5refundquery@nhsbsa.nhs.uk or by post to:
NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle upon Tyne, NE1 6SN.**

Group 4

- I am not in groups 1 to 3, but wish to claim a refund because I am on a low income.

You may be able to apply for the NHS Low Income Scheme online at www.nhsbsa.nhs.uk/hc1 or by filling in a paper HC1 form. You can request a paper HC1 online or by calling 0300 123 0849.

If you apply online, provide your reference number:

Send this form by email to hc5refundquery@nhsbsa.nhs.uk

If you apply by post, send this form with the HC1 to:
NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle upon Tyne NE1 6SN.

Part 5 - Declaration and signature

Providing false information may lead to prosecution or legal action. If you are signing for somebody else, you are responsible for the information provided.

I confirm that the information on this form is correct and complete. I understand that knowingly providing false information may lead to to prosecution and/or civil proceedings.

I consent to the NHS Business Services Authority sharing relevant information on this form to and by HM Revenue and Customs, Local Authorities and the Department for Work and Pensions to verify my claim.

I consent to the disclosure of information on this form with NHS Counter Fraud Authority for preventing, detecting, investigating and prosecuting fraud.

How we use your information: The NHS Business Services Authority will use the information provided to process your refund claim. We will not transfer your personal data outside the United Kingdom or European Economic Area. We manage the information you provide as required by Data Protection law. Further details are available at www.nhsbsa.nhs.uk/yourinformation

5A This is my claim for a refund of the optical costs listed in Part 2

Signature

Date

D	D	/	M	M	/	Y	Y	Y	Y
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5B This is a claim on behalf of the person named in Part 1 for a refund of the optical costs listed in Part 2

Signature

Date

D	D	/	M	M	/	Y	Y	Y	Y
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Name (in capitals)

Relation to patient

Address

Postcode
