

Please read this page before filling in this form – it will help you make this claim correctly.
 Use a separate form for each type of charge you have paid (for example one for dental charges and another for glasses) or each person who has paid health costs or has had health costs 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 to other public bodies 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 any of the following health costs on low-income grounds:

- **NHS dental treatment**
- **glasses or contact lenses:** if you paid for a repair or replacement because your glasses/contact lenses were lost or damaged, your local NHS Board 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.
- **travel to receive NHS hospital treatment:** if you need help with travel costs and you are:
 - under 16 – your parent(s) should fill in this form – *it is their income that counts*
 - aged 16 or over – fill in the form yourself

If you wish to claim a refund of NHS dental charges for a reason other than because you have a low income, please send your receipts and proof of your exemption with a covering letter to Practitioner Services, NHS National Services Scotland, Gyle Square, 1 South Gyle Crescent, Edinburgh EH12 9EB.

If you wish to claim a refund of glasses or contact lenses, for a reason other than because you have a low income, please send your receipts and optical prescription to Practitioner Services, NHS National Services Scotland, Gyle Square, 1 South Gyle Crescent, Edinburgh EH12 9EB.

YOUR CLAIM CANNOT BE ACCEPTED...

- If your capital 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 except for glasses or contact lenses.
- For glasses or contact lenses 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 an illness that prevents them from managing their own affairs, you are responsible and you must sign this form in **Part 4B**.

TIME LIMIT FOR CLAIMING

If you have paid any of the health costs above, the offices in **Part 4** must get this claim form *within 3 months* of the date that you paid. 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. Please send a written explanation with your claim.

MORE REFUND INFORMATION

More details can be found in leaflet HCS2 *A Quick Guide to Help with Health Costs* available from GP surgeries, community pharmacies, Jobcentre Plus offices or hospital reception areas. Some dental practices and opticians may also have them. HCS2 and a further guide HCS1 *Are You Entitled to Help with Health Costs?* are available online at www.gov.scot. If you have any queries or need help filling in the form you can speak to an adviser on 0300 330 1343.

HC1 REF.	HC5 REF.
TEAM	LOCATION
NOTES / AMENDED LOCATION	
DATE TIME	DATE TIME
TEL.1	TEL.2
OFFICIAL USE BOX	

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: *Mr/Mrs/Miss/Ms/other* _____ Date of birth: / /

 National Insurance (NI) no: _____
 Other names: _____
 Address: _____

 Postcode: _____
 Daytime contact phone number: *including your dialling code* () _____
This must be the phone number of the person signing at Part 4

Part 2

DETAILS OF HEALTH COSTS PAID

NOTE

Please send us original receipts for everything you are claiming (this might include tickets or fuel receipts for travel costs). We cannot deal with your claim without these receipts.

I wish to claim a refund of:

£ _____ for **NHS dental charges**
*If the course of treatment is ongoing, send in this form when it is finished.
 If the treatment is being paid for by instalments, send in this form when payments have finished.*

£ _____ 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 an optical voucher – unless it was only for 'complex lenses'. You are only eligible if you have not already used an optical voucher to help with the purchase of your glasses.
- 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 patients' name and address, and tell us how the loss or damage happened.
- 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 can be found in leaflet HCS2, available from GP surgeries, community pharmacies, Jobcentre Plus offices or hospital reception areas. Some dental practices and opticians may also have them. HCS2 is also available online at www.gov.scot.
- Have you already used your optical voucher? Please tick the box yes or no YES NO

£ _____ for **travel to receive NHS hospital treatment** – give details below
and send us any tickets or fuel receipts.

Date(s) you attended hospital	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
Amount you paid for that visit	£ _____	£ _____	£ _____
If someone had to travel with you as an escort fill in the amount they paid for that visit	£ _____	£ _____	£ _____

If you need space for details of other visits, list them on a separate piece of paper with the dates, amount paid and the patient's name and address, and attach it to this form. If you are not sure of any of the dates, ask the hospital.

Patient's hospital number _____ Department attended _____

Part 3

OTHER INFORMATION WE NEED

Name, address and telephone number of dentist, optician or hospital (*in full please*)

Name: _____

Address: _____

Postcode: _____ Telephone number: () _____

Part 4 PATIENTS INCOME WHEN THE CHARGE OR TRAVEL COSTS WERE PAID

Tick whichever box below applied when the charge or travel costs were paid and give the information we ask for.

Group 1 I have a War pension 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 a valid NHS certificate HC2 or HC3
The person holding the certificate was:
Send this form to: NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle-upon-Tyne NE1 6SN.

If you are 16, 17 or 18 in full-time education, go to Group 4 below.

Group 3 I was getting one of these benefits/credits listed below.
 I am the partner or a dependent child/young person of somebody who was getting one of these benefit/credits.
The person getting the benefit/credit was:
If this person was not the patient, please tell us either or
their date of birth their National Insurance number:

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 (Pension Credit savings credit does not count)
 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). 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 meet the earnings conditions during that assessment period. – Send this form to your local jobcentre Plus office
 Named on or entitled to an NHS Tax Credit Exemption Certificate
Send this form 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 for health costs paid.*
 I am aged 16, 17 or 18 in full-time education and wish to claim a refund for travel costs paid.*
If you have paid for something else, see the note on the front page.

*Send this form to NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle-upon-Tyne NE1 6SN. 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 0131 275 6386.

I am sending a completed HC1 claim form with this form.

Note: Form HC1 is also 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 0131 275 6386.

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 I have given on this form is correct and complete and I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption and for the purpose of checking this. I consent to the disclosure of relevant information, including to, and by, HM Revenue & Customs and Local Authorities.

This is my claim for a refund of the health costs listed in Part 2

If you are signing for yourself

4A Signature: Date: / /

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

If you are signing for somebody else

4B Signature: Date: / /

Name: (in capitals)

Address:

Postcode:

Where possible refund payments will be made directly into your bank account. If you do not have a bank account please tick here and payment will be made by cheque to the address provided in Part 1.

For payment into a bank account please provide details as follows:

Name of Bank	<input type="text"/>
Name on Bank Account	<input type="text"/>
Sort Code <input type="text"/>	Bank Account Number <input type="text"/>

Part 5

FOR OFFICIAL USE ONLY

TO Paying authority/hospital:

Refund of hospital travel costs – if you are a private hospital providing NHS treatment commissioned by:

- an NHS Health Board – *send this form to the NHS Board which commissioned the treatment*

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 dental charges
- the optical voucher value plus any supplements appropriate to the prescription attached
- necessary travel costs paid in any one week on or after / /

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

For NHSBSA use only, where patients hold an HC3 certificate

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

- £ and the NHS dental charges paid
- £ and the optical voucher value plus any supplements appropriate to the prescription attached
- £ and necessary travel costs paid in any one week on or after / /

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 receipts

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

Signature:	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
Name: <i>(in capitals)</i>	AUTHORISATION STAMP
OFFICE ADDRESS STAMP	