

Annotations:

- Must be completed (points to Serial No, Surname, Forename, D.O.B., Address)
- As of 11 June 14 this must be completed (points to Health & Care No, National Insurance No)
- One of these must be completed.* (points to boxes 1-4 in Part 2)
- If relevant these must be completed (points to 'Remarks' section)
- Must be completed (points to 'Exemption Category' checkboxes)
- Must be completed (points to 'Evidence not seen' checkbox)
- Must be completed if a domiciliary visit is claimed (points to 'Domiciliary Sight Test' section)
- Must be completed (points to 'Prescriber's Signature' section)
- Must be completed (points to 'Name, Address, Premises Code...' field)
- Must be completed if a domiciliary visit is claimed (points to 'Address at which test was carried out...' field)
- Must be completed (points to 'Premises Code' field)

Claims will be automatically rejected if the following are not completed.

- Part 1 – Surname, Forename, DOB, Address –
- Part 2 – Date of Test, OO/OMP Code, Prescriber Signature, Name and Address and Premises Code
- Part 2 – Box 1 – 4
- Part B/C - Patient Signature

* In the case of 4 (patient referred to GP), one of the other boxes should also be ticked (1-3) as appropriate.

Claims will be automatically rejected if the following are not completed.

- Part 1 – Surname, Forename, DOB, Address
- Part 2 – Date of Sight Test, Single Vision AND MultiFocal are both empty, Value Code, Personal Code, Prescriber Signature, Name and Address and Premises Code
- Part 2 – If SPH/CYL contains the word 'PLANO'
- Part 3 - Item B must be populated.
- Part 3 - If HC3 exemption selected then there must be an amount in Part 3, Item C.
- Part 3 – If Item G is ticked then the Registered Signature/date must be completed.
- Part 3 – Date of Supply, Premises Code, Supplier Signature, Name and address of Supplier
- Part B/C - Patient Signature