

This describes a possible process for completing eGOS4 claims in i-Clarity. It is broken down into five parts.

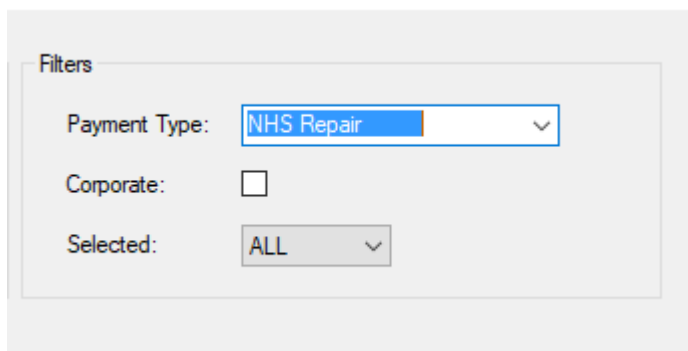
- Part 1: The dispense or sale
- Part 2: The initial patient signature
- Part 3: The repair information
- Part 4: The patient receive signature
- Part 5: Supplier signature and submission

Please note before submitting your first eGOS4 claim on i-Clarity you will need to update the PCSE schemas in your system.

Open the maintenance module. On the first tab – Passwords/Backup, click the button ‘Update Claim Schemas’

Part 1: The dispense or sale

GOS 4 claims are tracked through i-Clarity on the deferred payments module using the payment type ‘NHS Repair’



Filters

Payment Type: NHS Repair

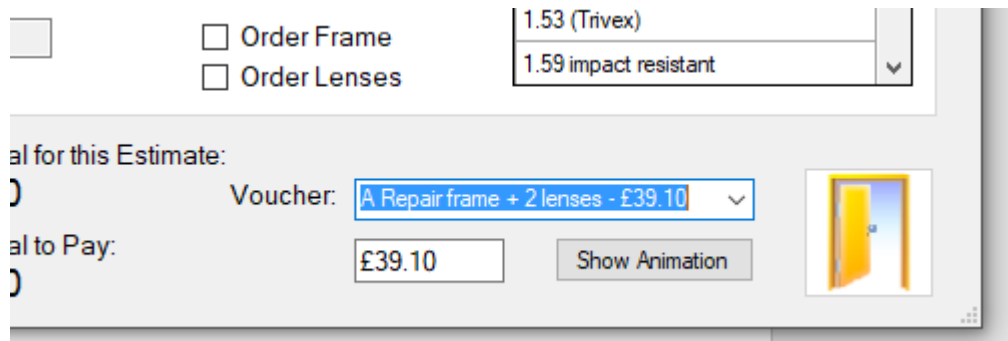
Corporate:

Selected: ALL

Therefore, your replacement pair or repair should have an **NHS repair** payment type used against it for the electronic claim and payment to link.

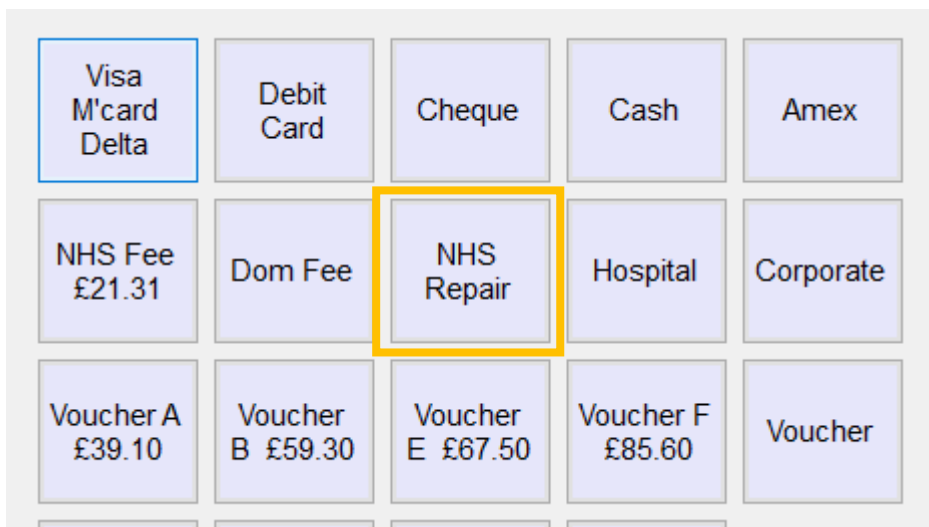
You can do this in the following ways.

1. Complete a dispense and select a repair option from the voucher drop down on the dispense.



When you confirm the dispense and close, an automatic payment of type **NHS repair** will have been used against the sale.

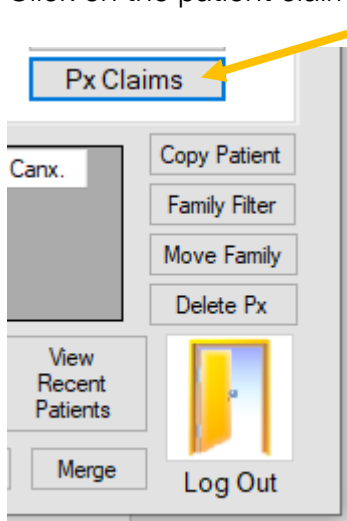
2. Complete a dispense without assigning a repair option from the voucher drop down, after confirming the dispense and clicking close the patient account will open. Enter a payment against the sale using the payment type **NHS Repair**.



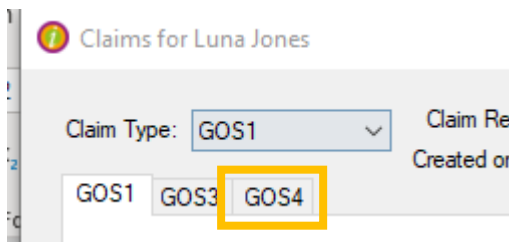
3. Create a sale for the repair on the patient account and then use the **NHS Repair** payment type button as above to add a payment against this sale

Part 2: The initial patient signature

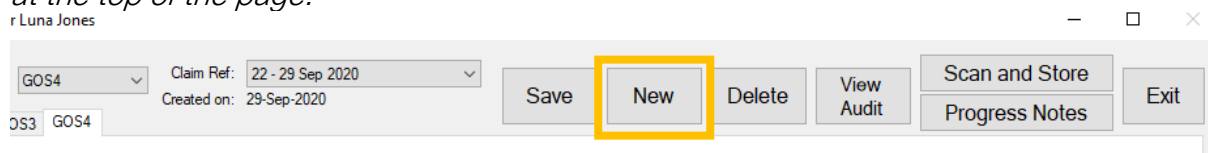
Click on the patient claims button



Then click on the GOS4 tab at the top left of the claim page



New claims are coloured green, if you need to start a new claim click on the new button at the top of the page.



The patient name, date of birth and address will be pulled through from the main patient record to the claim.

GOS1 GOS3 GOS4

Claim reference:

Title:

Forename:

Surname:

DOB: (Age 10)

Previous surname:

Address line 1:

Address line 2:

Address line 3:

Address line 4:

Address line 5:

Postcode:

NHS number:

NI number:

I am the: Patient Parent Carer or guardian

PARENT / CARER / GUARDIAN

Forename:

Surname:

Address line 1:

Address line 2:

Address line 3:

Postcode:

Sig. Date:

Income support Universal credit PCG
 JSA ESA Tax Credit Evidence Seen

BENEFIT RECIPIENT
 (Only complete this section if different from patient)

Forename:

Surname:

NI Number:

DOB:

Patient is aged under 16 years
 Patient has been prescribed complex lenses
 Patient is a prisoner on leave
 Patient is aged 16 to 18 and in full-time education
 Patient is aged under 18 and in local authority care

College or prison name:

College or prison town:

HC cert. type:

HC cert. number:

HC3 cert. reduction:

Repair or replace:

Last eye exam date: First test Unknown

	Sph	Cyl	Axis	D Prism	Add	N Prism
R	Bal					
L	Bal					

Voucher type: Specs Type:

Complex Prism controlled BFs
 Small Special facial characteristics

0 tints 0 prisms

Lens/CLs:	Right	Left	Both	Value
Frame: Front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£0.00
0 sides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£0.00
Whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£0.00
Complex:				£0.00
Tint:				£0.00
Small:				£0.00
Prism:				£0.00
Voucher value plus supplements:				£0.00
Parts plus supplements:				£0.00
Retail cost:				£0.00
Px contribution:				£0.00
Total claim:				£0.00

Sig. forename:

Sig. surname:

Supplier sig. date:

Double check the patient eligibility reason is selected.

The screenshot shows a GOS4 Claims form with a yellow box highlighting the 'BENEFIT RECIPIENT' section. The form includes fields for patient details, eligibility reasons, and a table of values.

BENEFIT RECIPIENT (Only complete this section if different from patient)

Income support Universal credit PCG
 JSA ESA Tax Credit Evidence Seen

Forename:
 Surname:
 NI Number:
 DOB:

Patient is aged under 16 years
 Patient has been prescribed complex lenses
 Patient is a prisoner on leave
 Patient is aged 16 to 18 and in full-time education
 Patient is aged under 18 and in local authority care

College or prison name:
 College or prison town:
 HC cert. type:
 HC cert. number:
 HC3 cert. reduction:

Repair or replace:
 Last eye exam date: First test Unknown

	Sph	Cyl	Axis	D Prism	Add	N Prism
R	Bal /					
L	Bal /					

Voucher type: Specs Type:
 Complex Prism controlled BFs
 Small Special facial characteristics
 0 tints 0 prisms

	Value
Lens/CLs: Right <input type="checkbox"/> Left <input type="checkbox"/> Both <input type="checkbox"/>	£0.00
Frame: Front <input type="checkbox"/> 0 sides <input type="text"/> Whole <input type="checkbox"/>	£0.00
Complex:	£0.00
Tint:	£0.00
Small:	£0.00
Prism:	£0.00
Voucher value plus supplements:	£0.00
Parts plus supplements:	£0.00
Retail cost:	£0.00
Px contribution:	£0.00
Total claim:	£0.00

I am the: Patient Parent Carer or guardian

PARENT / CARER / GUARDIAN
 Forename:
 Surname:
 Address line 1:
 Address line 2:
 Address line 3:
 Postcode:

Sig. Date:

If the patient is under 16 then the 'Patient is aged under 16' will be automatically ticked. The automatic selection of any other reason relies on the NHS reason selection on the main record being completed.

Select if the spectacles are being Repaired or Replaced.

A screenshot of a software interface with a green background. The 'Repair or replace' dropdown menu is highlighted with a yellow box and is currently set to '[SELECT]'. Other visible fields include 'HC cert. type: N/A', 'HC cert. number:', 'HC3 cert. reduction: £0.00', and 'Last eye exam date:'. There are also checkboxes for 'First test' and 'Unknown'.

Once you have selected repair or replace a box will appear for an explanation reason.

A screenshot showing a dialog box titled 'Explanation for Repair or Replacement' overlaid on the form. The dialog box contains a large text input area and a 'Hide' button at the bottom right. The 'Repair or replace' dropdown in the background is now set to 'Replaced'.

Once you have completed the explanation click the Hide button.

A screenshot showing the 'Explanation for Repair or Replacement' dialog box with the text 'Lost at School' entered. Two yellow arrows point from the right side of the page to the text and the 'Hide' button.

The last eye exam date will be automatically completed automatically by i-Clarity where possible. This field can be completed or edited manually if required.

A screenshot of the 'Last eye exam date' field containing the date '05/05/2020'. A yellow arrow points from the right side of the page to the date field. There are also checkboxes for 'First test' and 'Unknown'.

The most recent spectacle prescription on the patient record will be entered onto the claim automatically.

A screenshot of a prescription table with columns for Sph, Cyl, Axis, D Prism, Add, and N Prism. The right eye (R) has a spherical prescription of -0.50 and an add of +0.00. The left eye (L) has a spherical prescription of -0.50 and an add of +0.00. Below the table are buttons for 'Update Rx', 'Transpose', and 'Link Payment'.

To add the initial patient signature.

Click on the add patient signature under the patient details column.

PARENT / CARER / GUARDIAN

Forename:

Surname:

Address line 1:

Address line 2:

Address line 3:

Postcode:

Sig. Date:

This will enter today's date in the signature date field and will open the signature box for the patient to sign in.

Surname: Jones (Only complete this section if different from patient)

DOB: 04-Apr-2010 (Age 10)

Previous surname:

Address line 1: Callowside

Address line 2:

Address line 3:

Address line 4:

Address line 5:

Postcode: HR2 0HX

NHS number:

NI number:

I am the: Patient Parent Carer or guardian

Copy from GOS1

PARENT / CARER / GUARDIAN

Forename:

Surname:

Address line 1:

Address line 2:

Address line 3:

Postcode:

I confirm there is no insurance warranty or after sales service covering my lost or damaged glasses or contact lenses. I declare that the information I have given on this form is correct and complete. I understand and accept that if I withhold information or provide false or misleading information, I may be liable to prosecution and/or civil proceedings. I confirm I am entitled to an NHS optical repair/replacement voucher and I consent to the disclosure of relevant information for the purpose of checking this and in relation to the prevention and detection of fraud. I agree to repay the voucher value if I am later found not to be entitled to it.

Sig. Date: 29-Sep-2020

Once the patient has signed in the black out lined box click the save button under the signature box.

PARENT / CARER / GUARDIAN

Forename:

Surname:

Address line 1:

Address line 2:

Address line 3:

Postcode:

Sig. Date:

Complete the parent/carer/guardian name and address if required.

If applicable you can now, click the exit button at the top of the page to close the claim page.

Part 3: The repair information

The repair information is in the 3rd column on the claim

The screenshot shows the 'BENEFIT RECIPIENT' section of the eGOS4 Claims system. It includes fields for patient details (Claim reference: 23, Title: Mrs, Forename: Luna, Surname: Jones, DOB: 04-Apr-2010), address, and NHS/NI numbers. There are checkboxes for various benefits (Income support, Universal credit, PCG, JSA, ESA, Tax Credit, Evidence Seen) and a 'BENEFIT RECIPIENT' section for those different from the patient. A table on the right shows the voucher breakdown with columns for 'Value' and 'Total claim'.

	Value
Lens/CLs: Right <input type="checkbox"/> Left <input type="checkbox"/> Both <input type="checkbox"/>	£0.00
Frame: Front <input type="checkbox"/> 0 sides <input type="checkbox"/> Whole <input type="checkbox"/>	£0.00
Complex:	£0.00
Tint:	£0.00
Small:	£0.00
Prism:	£0.00
Voucher value plus supplements:	£0.00
Parts plus supplements:	£0.00
Retail cost:	£0.00
Px contribution:	£0.00
Total claim:	£0.00

Enter the voucher type e.g. A

Select the Specs Type from the drop down e.g. Distance

Tick any supplement options that apply.

If there are tints or prisms required select the quantity from the drop down.

The annotated screenshot shows the voucher breakdown section with yellow arrows pointing to the 'Voucher type' field (set to 'A'), the 'Specs Type' dropdown (set to 'Distance'), the '0 tints' and '0 prisms' dropdowns, and the 'Value' column of the table.

Next complete the values of the repair.

Lens/CLs: Right <input type="checkbox"/> Left <input type="checkbox"/> Both <input type="checkbox"/>	Value
Frame: Front <input type="checkbox"/> 0 sides <input type="checkbox"/> Whole <input type="checkbox"/>	£0.00
Complex:	£0.00
Tint:	£0.00
Small:	£0.00
Prism:	£0.00
Voucher value plus supplements:	£0.00
Parts plus supplements:	£0.00
Retail cost:	£0.00
Px contribution:	£0.00
Total claim:	£0.00

Tick the applicable lens boxes and enter the amount being claimed for lenses.

Tick the applicable frame boxes and or select the quantity of sides being replaced from the drop down. Then enter the amount being claimed for the frame.

Lens/CLs: Right <input type="checkbox"/> Left <input type="checkbox"/> Both <input checked="" type="checkbox"/>	Value
Frame: Front <input type="checkbox"/> 0 sides <input type="checkbox"/> Whole <input checked="" type="checkbox"/>	23.10
	14.00

If applicable enter the amount being claimed for any supplements.

Complex:	£0.00
Tint:	£0.00
Small:	£0.00
Prism:	£0.00

If completing a replacement, ensure the voucher value plus supplements field is completed.

Prism:	£0.00
Voucher value plus supplements:	£0.00
Parts plus supplements:	£0.00

If completing a repair, ensure the parts plus supplements field is completed.

Parts plus supplements:	£0.00
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Then click on the link payment button.

Exam date: First test Unknown

Sig. forename:

Sig. surname:

Supplier sig. date:

Cyl	Axis	D Prism	Add	N Prism
<input type="text"/>	<input type="text"/>	<input type="text" value=""/>	<input type="text" value="+0.00"/>	<input type="text" value=""/>
<input type="text"/>	<input type="text"/>	<input type="text" value=""/>	<input type="text" value="+0.00"/>	<input type="text" value=""/>

This will open new box called unlinked payments, it will show any sale dates that have an NHS repair payment used against them and the amount of the NHS repair payment.

Unlinked Payments

Payment	Link
24 Sep 2020 / £39.10	<input type="checkbox"/>

This will enter the sale amount into the sale amount into the retail cost field and the NHS repair payment amount into the total claim field.

Retail cost:	<input type="text" value="£50.00"/>
Px contribution:	<input type="text" value="£0.00"/>
Total claim:	<input type="text" value="£39.10"/>

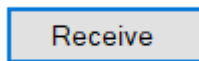
If there is a patient contribution, then amend the values as applicable.

Click the save button at the top of the page and then if applicable click the exit button to close the Claims page.

Part 4: The patient receive signature

When the patient collected the repaired spectacles, open the claims module and navigate to the GOS4 tab.

Click on the Receive button.



This will open a new box with space for the patient/parent/guardian signature and also parent/guardian name (and address is applicable)

The signature date field will automatically be completed with today's date.



Once completed, click the save button at the bottom of the box

If applicable you can now, click the exit button to close the claim page.

Part 5: Supplier signature and submission

To add a supplier signature to the claim, click on the authorise signature box

Sig. forename:

Sig. surname:

Supplier sig. date:

This will open a password pop up box.

Enter your i-Clarity password.

This will enter your name into the supplier signature name fields and today's date into the supplier signature date field and open a signature box.

I claim the payment shown above under the NHS (Optical Charges and Payments) Regulations 1997. I declare that the information given on this form is correct and complete and that this is the original form as signed by the respective patient, or other person as appropriate. I understand and accept that if I withhold information or provide false or misleading information, disciplinary action may be taken against me and I may be liable to prosecution and/or civil proceedings. I consent to the disclosure of relevant information for the purpose of verification of this claim and in relation to the prevention and detection of fraud.

Sig. forename:

Sig. surname: Gibson

Supplier sig. date: 29-Sep-2020

Cyl Axis D Prism Add N Prism

£0.00
£0.00
£0.00
£0.00
£0.00
£0.00
£0.00
£0.00
£0.00

Enter your signature in the black outlined box and click the save button at the bottom left of the box.

If validation error box has disappeared, you can now double check your claims information has been completed correctly and click on the submit button to submit the claim to the PCSE website.

If the validation errors button is still visible you can click on this box to see a list of items that still need to be completed on this claim.