



Document Title: Ophthalmic Claim System User Manual

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Project Closure Report & Version Control

Version	Date	Author	Change Description
0.90	24/07/2013	MM	First draft.
0.91	04/08/2013	MM	Changed OCS website address. Amended registration & log-in guide with new screenshots. Added section for if password has been forgotten.
0.92	20/09/2013	MM	Added OCSPR form section.
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0.94	16/10/2013	MM	Added section 6 i) on using Find function to search for claims. Removed section 9) Help & Support - to be updated and circulated as separate sheet when visiting practices. Added Cross References to allow links to sections on Contents page.
0.95	09/12/2013	MM	Amended section 6 i) to include new Find Claim function. Added Delete Claim section 6 j).
0.96	10/03/2013	MM	Removed references to protected workspace function
0.97	15/04/2014	MM	Updated screenshots of new OCSPR (V1.3) form
0.98	25/06/2014	MM	Updated to reflect new website address log-in

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* **Note** - if using the digital copy of this user manual, click on the page numbers to be taken to the relevant page.

1. Cryptocard Keyfob



On implementing the Ophthalmic Claim System (OCS), you will be issued with a Cryptocard keyfob token (shown above). The *OCS User Agreement* outlines the terms and conditions of use:

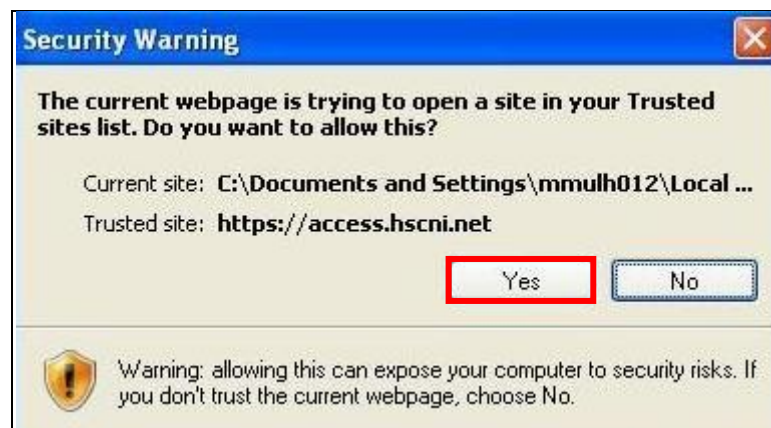
1. The keyfob token is the property of BSO which reserves the right to request its return at any time.
2. The keyfob token should be used solely by staff within your practice and is not to be used by any other person for any other purpose.
3. The keyfob token will be returned in the same working condition as it was received. It should be used only in accordance with the OCS User Manual.
4. The keyfob token should be kept in a safe place and should be protected from liquids and extreme heat and cold. Any loss of or damage to the token must be reported to BSO immediately and I understand I may be held liable for any resultant costs (currently £45 per token but this may be subject to increase).
5. If my practice closes, changes ownership or ceases using OCS for any reason, it is my responsibility to inform BSO immediately and ensure the safe return of the keyfob token to BSO.

How to Use the Cryptocard Keyfob

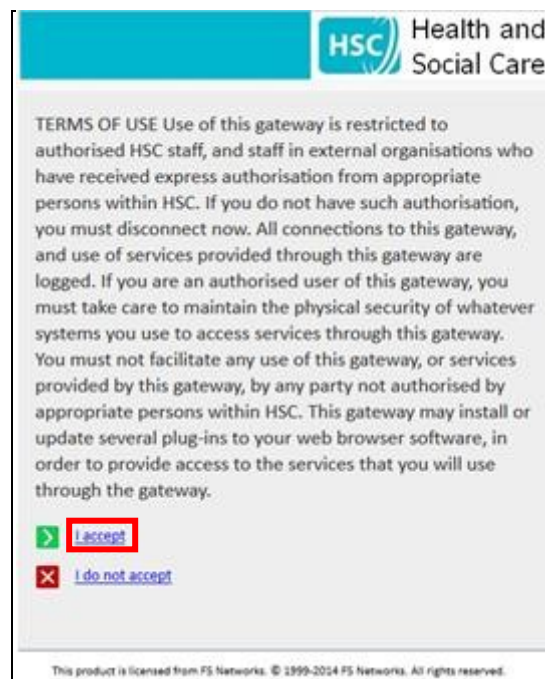
Press the grey button on the keyfob (to the right of the screen) to display a single-use passcode on-screen. This passcode should be entered on the OCS webpage when required during initial registration and again every time you log-in to access OCS. Each time, a unique single-use password will be generated.

2. Logging into OCS

- a) Open Windows Internet Explorer. Type OCS website address into the address bar and press **Enter**. If you wish, you may want to add this address to your favourites list or create a desktop shortcut to enable quicker access to OCS.
- b) A security warning may appear, either in your browser window or through your computer firewall. Click **Yes** to allow the OCS website permission to open.



- c) The following screen will appear explaining the terms of use. Click **I agree** to proceed.



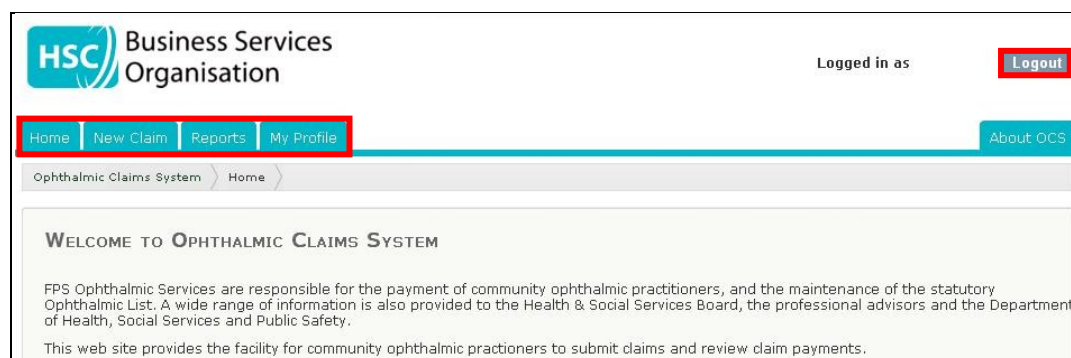
- d) Enter your **Username** (this is your premises code). The **Passcode** is a 10 digit code, which is comprised of your **4 digit PIN number** followed by the **6 digit code** generated by the keyfob token. Your 4 digit PIN will remain the same every time you log-in but a new 6 digit code will be generated for each log-in session. Click **Login**.

A screenshot of the 'Secure Logon HSCNI Partners' login form. The form has a blue header with the HSC logo and 'Health and Social Care' text. Below the header, the title 'Secure Logon HSCNI Partners' is displayed. There are two input fields: 'Username' and 'Passcode', both with red rectangular highlights. Below the 'Passcode' field is a 'Logon' button, also with a red rectangular highlight.

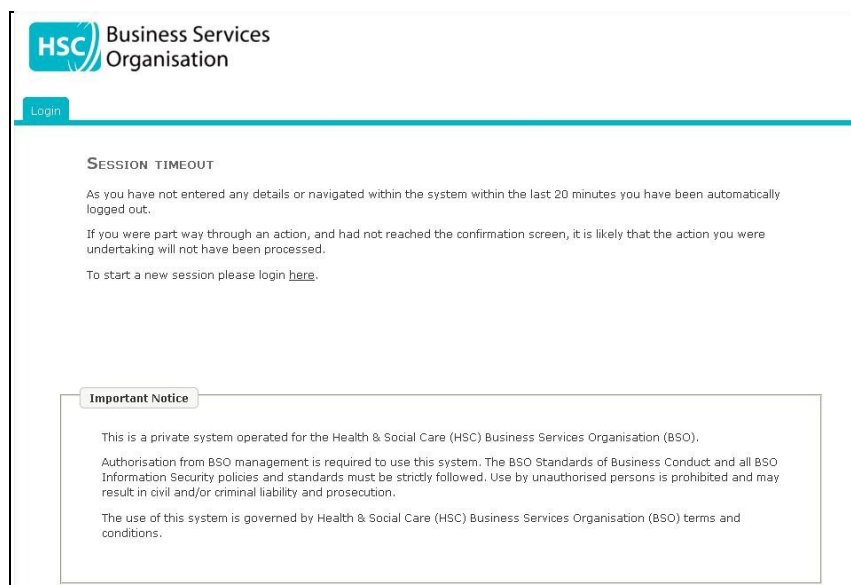
- e) The main OCS log-in screen will appear. Your premises code will be shown. Enter your **Password**. Click **Login**.

A screenshot of the main OCS log-in screen. It contains a message: 'You have successfully logged into the HSC(NI) Business Services Organisation network. By proceeding you have agreed to be bound by the terms and conditions of use set out by HSC(NI) Business Services Organisation. Please enter password to gain access to Ophthalmic Claims and Reporting System.' Below this, there is a 'Premises Code' label and a 'Password *' label. The password input field has a red rectangular highlight. To the right of the password field is a link that says 'I forgot my password'. At the bottom left, there are 'Login' and 'Cancel' buttons, with the 'Login' button having a red rectangular highlight.

- f) You will now be logged in and the welcome screen will appear. Links to important information will be shown on the welcome screen. The bar along the top of the screen will allow you to navigate between different menus on OCS.

A screenshot of the Ophthalmic Claims System welcome screen. The top header features the HSC logo and 'Business Services Organisation' text. On the right, it says 'Logged in as' followed by a 'Logout' button. Below the header is a navigation bar with links: 'Home', 'New Claim', 'Reports', 'My Profile', and 'About OCS'. The 'Home', 'New Claim', 'Reports', and 'My Profile' links are highlighted with a red rectangular box. Below the navigation bar, the main content area starts with 'WELCOME TO OPHTHALMIC CLAIMS SYSTEM'. It then provides information about FPS Ophthalmic Services and their responsibilities, and mentions that the website provides a facility for community ophthalmic practitioners to submit claims and review claim payments.

- **Home** will return you to the welcome screen.
 - **New Claim** will enable you to make a payment or pre-approval claim.
 - **Reports** will enable you to view a monthly payment forecast, view payment summaries for previous months, view individual forms successfully submitted for payment, and check the status of pre-approval or notification requests.
 - **My Profile** will enable you to change your details or password as necessary.
 - Don't forget to click **Logout** to safely end the session when all claims have been submitted.
- g) If you do not enter any details or navigate within the system for 20 minutes or more, the session will automatically log you out and you will see the session timeout screen. This timeout provides an extra level of data security by preventing unauthorised access to your account. If OCS times out, you may lose any data or forms you were working on. It is important to ensure that all activity on OCS is submitted promptly to avoid loss of work.



3. My Profile

When logged into OCS, click **My Profile** on the menu bar on the top of the screen.



3.1 Updating My Details

- a) **My Details** will be shown onscreen. If you wish to change your forename, surname, e-mail address or OO/OMP Code, click on **Edit**.

A screenshot of the 'My Profile' page. The title 'MY PROFILE' is at the top left. Below it is a tab labeled 'My Details'. The form contains several input fields: 'Premises Code', 'Practice/Business Name', 'Surname *', 'Forename *', 'Contact Email Address *', 'OO/OMP Code *', 'Address Line 1', 'Address Line 2', 'Address Line 3', and 'Post Code'. At the bottom of this section are two buttons: 'Edit' (highlighted with a red box) and 'Cancel'. Below the 'My Details' section is another tab labeled 'My Password'. This section contains three input fields: 'Old Password *', 'New Password *', and 'Retype New Password *'. At the bottom of this section are two buttons: 'Change Password' and 'Cancel'.

- b) This edit screen will appear. Enter the new **Forename**, **Surname**, **Contact Email Address** or **OO/OMP Code** as required. The OO/OMP code must include the three digits and omit the letter. Click **Save Changes** to continue.

MY PROFILE

My Details

Premises Code

Practice/Business Name

Surname *

Forename *

Contact Email Address *

OO/OMP Code *

Address Line 1

Address Line 2

Address Line 3

Post Code

Save Changes

- c) The new details will be shown. Check the information is correct. Click **Please click here to continue** to finish and return to the main OCS welcome screen.

MY PROFILE

My Details

Premises Code

Practice/Business Name

Surname *

Forename *

Contact Email Address *

OO/OMP Code *

Address Line 1

Address Line 2

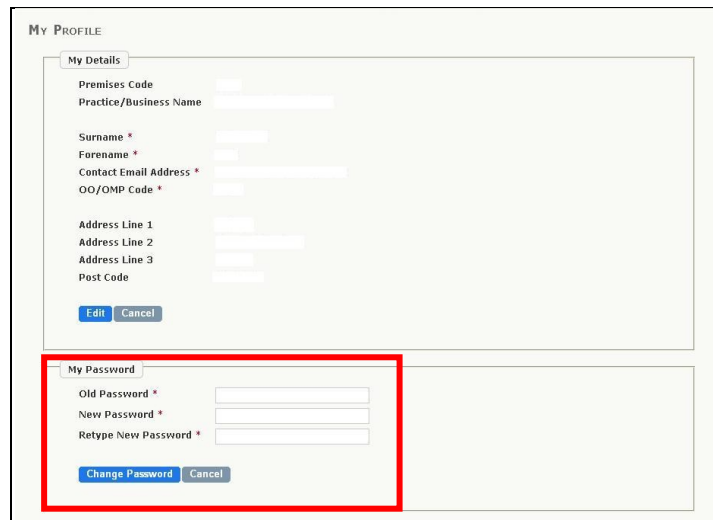
Address Line 3

Post Code

Profile updated successfully [Please click here to continue.](#)

3.2 Changing Your Password

- a) Click on **My Profile**. Scroll down to the **My Password** section.



The screenshot shows the 'My PROFILE' page. Under the 'My Details' tab, there are fields for Premises Code, Practice/Business Name, Surname, Forename, Contact Email Address, OO/OMP Code, Address Line 1, Address Line 2, Address Line 3, and Post Code. Below these is an 'Edit' button and a 'Cancel' button. The 'My Password' section is highlighted with a red box and contains fields for Old Password, New Password, and Retype New Password, followed by 'Change Password' and 'Cancel' buttons.

- b) To change your password, enter your existing password in the **Old Password** field. Enter the new password in the **New Password** field and again in the **Retype New Password** field. Your password should be at least eight characters long and contain at least one capital letter, one small letter, one number and one symbol for maximum security. When you have entered your new password, click **Change Password** to continue.



This screenshot shows the 'My Password' section with three input fields: 'Old Password', 'New Password', and 'Retype New Password'. Each field has a red asterisk indicating it is required. The 'Change Password' button is highlighted with a red box, and a 'Cancel' button is also visible.

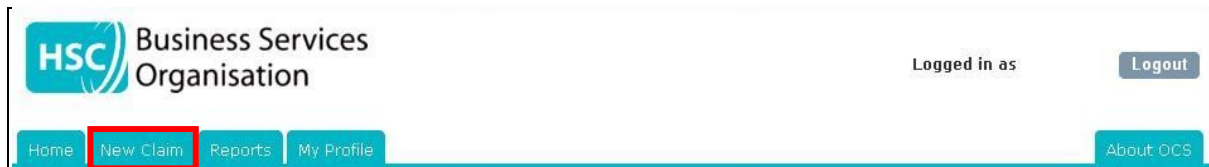
- c) A message will be displayed confirming the password has been successfully changed. Click the **Please click here to continue** message to return to the OCS main welcome page.



The screenshot shows the 'My Password' section after a successful password change. It displays the three input fields (Old Password, New Password, Retype New Password) which are now disabled. Below them is a message: 'Password changed successfully' followed by a link 'Please click here to continue.' which is highlighted with a red box.

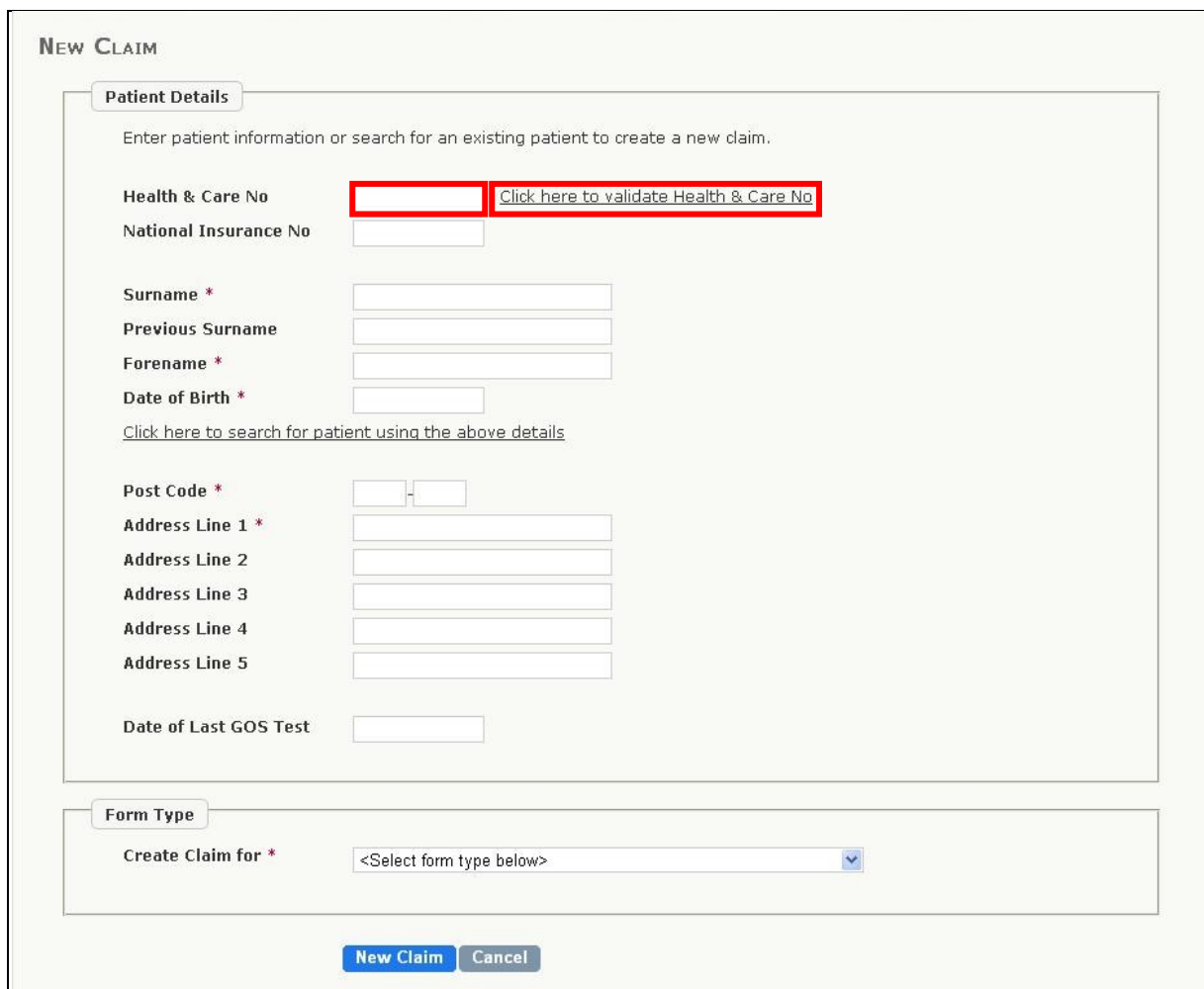
4. New Claims

When logged into OCS, click **New Claim** on the menu bar on the top of the screen.



4.1 Searching for the Patient using Health & Care Number

- a) The New Claim screen will be displayed. Enter the patient's ten-digit **Health & Care Number** in the first field. Click "**Click here to validate Health & Care No**".

The screenshot displays the 'NEW CLAIM' form. The 'Patient Details' tab is selected. Below the tab is a text prompt: 'Enter patient information or search for an existing patient to create a new claim.' The form contains several input fields: 'Health & Care No' (with a red box around it and a link 'Click here to validate Health & Care No' next to it), 'National Insurance No', 'Surname *', 'Previous Surname', 'Forename *', 'Date of Birth *', 'Post Code *', 'Address Line 1 *', 'Address Line 2', 'Address Line 3', 'Address Line 4', 'Address Line 5', and 'Date of Last GOS Test'. A link 'Click here to search for patient using the above details' is also present. Below the patient details section is the 'Form Type' section, which includes a dropdown menu labeled 'Create Claim for *' with the text '<Select form type below>'. At the bottom of the form are two buttons: 'New Claim' (highlighted) and 'Cancel'.

- b) If a valid Health and Care Number has been entered, the patient details will be populated on screen. You can now move to step 4.3 to make a claim.

NEW CLAIM

Patient Details

Enter patient information or search for an existing patient to create a new claim.

Health & Care No [Click here to validate Health & Care No](#)

National Insurance No

Surname *

Previous Surname

Forename *

Date of Birth *

[Click here to search for patient using the above details](#)

Post Code *

Address Line 1 *

Address Line 2

Address Line 3

Address Line 4

Address Line 5

Date of Last GOS Test

Form Type

Create Claim for *

[New Claim](#) [Cancel](#)

4.2 Searching for a Patient using Name and Date of Birth

- a) If the patient's details cannot be found using the HCN, input the patient's **Surname**, **Forename** and **Date of Birth** (in the format **DD/MM/YYYY**) and click "**Click here to search for patient using the above details**". Please note the patient's name must match their record exactly e.g. any apostrophes or hyphens must be entered if applicable.

NEW CLAIM

Patient Details

Enter patient information or search for an existing patient to create a new claim.

Health & Care No [Click here to validate Health & Care No](#)

National Insurance No

Surname *

Previous Surname

Forename *

Date of Birth *

[Click here to search for patient using the above details](#)

Post Code *

Address Line 1 *

Address Line 2

Address Line 3

Address Line 4

Address Line 5

Date of Last GOS Test

Form Type

Create Claim for *

[New Claim](#) [Cancel](#)

- b) Click on the **drop-down arrow** menu to view all matching patients. Click on the patient's name to populate their details on the claim. Occasionally, there may be two or more patients with the exact same name and date-of-birth shown. In these cases, use the address to determine the correct patient and click on their record to load their details. When the patient's details have been populated, proceed to step 4.3.

NEW CLAIM

Patient Details

Enter patient information or search for an existing patient to create a new claim.

Health & Care No [Click here to validate Health & Care No](#)

National Insurance No

Surname *

Previous Surname

Forename *

Date of Birth *

[Click here to search for patient using the above details](#)

Choose Patient (1 found)

Post Code *

Address Line 1 *

Address Line 2

Address Line 3

Address Line 4

Address Line 5

Date of Last GOS Test

Form Type

Create Claim for *

New Claim **Cancel**

4.3 Selecting a Claim Type

- a) Enter the **Date of Last GOS Test** for the patient if known (in the format **DD/MM/YYYY**).

Date of Last GOS Test

Form Type

Create Claim for *

New Claim **Cancel**

b) Click on the drop down menu **Create Claim for** to show the three types of claim:

1. GOS(NI)ST – Sight Test
2. GOS(NI)V – Voucher
3. GOS(NI)R – Repair or Replacement

Click on the correct type of claim to select it.

Date of Last GOS Test 01/02/2013

Form Type

Create Claim for *

<Select form type below>
<Select form type below>
1 - GOS(NI)ST-Sight Test
2 - GOS(NI)V - Voucher
3 - GOS(NI)R - Repr/Repl

New Claim Cancel

c) After selecting a claim type, click **New Claim** to begin filling out the claim.

Form Type

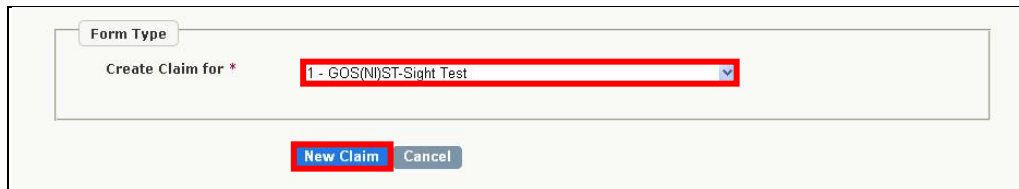
Create Claim for *

1 - GOS(NI)ST-Sight Test

New Claim Cancel

4.4 Sight Test Claims

- a) Follow the instructions in part 5.1 to find the patient's details and select **1 – GOS(NI)ST Sight Test** in the drop down menu. Click **New Claim**.



Form Type

Create Claim for * **1 - GOS(NI)ST-Sight Test**

New Claim Cancel

- b) Check the patient details displayed in Part 1 are correct.



SIGHT TEST GOS(NI)ST

Part 1 - Patient Details

Claim ID

Serial No

Health & Care No

National Insurance No

Surname

Previous Surname

Forename

Date of Birth

Post Code

Address Line 1

Address Line 2

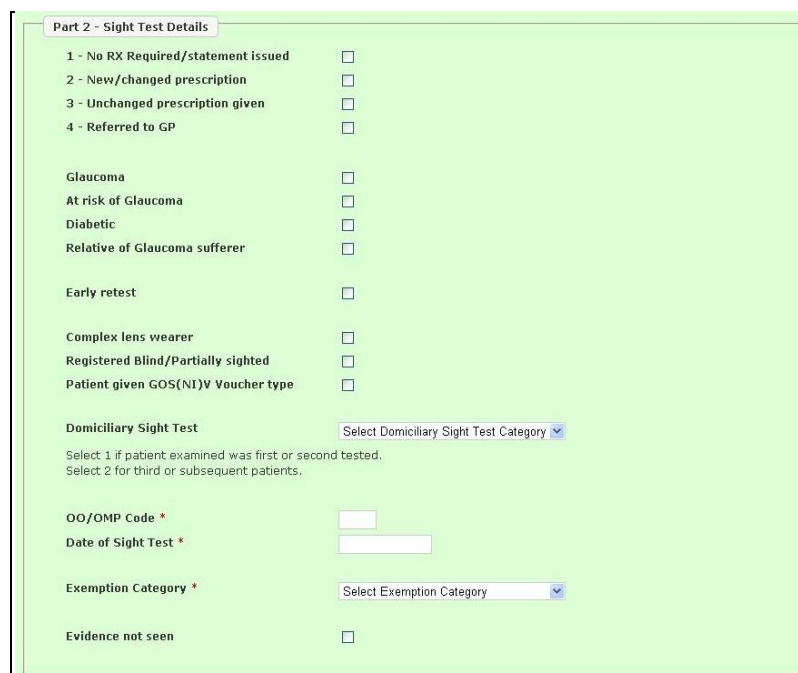
Address Line 3

Address Line 4

Address Line 5

Date of Last GOS Test

- c) Scroll down to Part 2, which displays the Sight Test details.



Part 2 - Sight Test Details

1 - No RX Required/statement issued ☐

2 - New/changed prescription ☐

3 - Unchanged prescription given ☐

4 - Referred to GP ☐

Glaucoma ☐

At risk of Glaucoma ☐

Diabetic ☐

Relative of Glaucoma sufferer ☐

Early retest ☐

Complex lens wearer ☐

Registered Blind/Partially sighted ☐

Patient given GOS(NI)V Voucher type ☐

Domiciliary Sight Test **Select Domiciliary Sight Test Category**

Select 1 if patient examined was first or second tested.
Select 2 for third or subsequent patients.

OO/OMP Code *

Date of Sight Test *

Exemption Category * **Select Exemption Category**

Evidence not seen ☐

d) Select a Sight Test outcome category by clicking the relevant box or boxes. At least one selection must be made from Options 1, 2 or 3. Option 4 – Referred to GP may also be selected if applicable.

Part 2 - Sight Test Details	
1 - No RX Required/statement issued	<input type="checkbox"/>
2 - New/changed prescription	<input type="checkbox"/>
3 - Unchanged prescription given	<input type="checkbox"/>
4 - Referred to GP	<input type="checkbox"/>

e) Select a medical exemption category, if applicable.

Glaucoma	<input type="checkbox"/>
At risk of Glaucoma	<input type="checkbox"/>
Diabetic	<input type="checkbox"/>
Relative of Glaucoma sufferer	<input type="checkbox"/>

f) If a medical condition is selected, the following box will appear which requires you to input the **Name and Address of GP Practice / Hospital Consultant** who can confirm the patient's condition.

Name and address of GP Practice/Hospital Consultant *	<div style="border: 2px solid red; height: 60px; width: 100%;"></div>
---	---

g) If applying for an **Early retest** claim, this box should be ticked and the **Explanation for early retest** should be entered. If the sight test is within three months from the previous test, the claim should be submitted for pre-approval from BSO. If the early retest is over the three month period, the claim can be submitted for payment without pre-approval.

Early retest	<input checked="" type="checkbox"/>
Explanation for Early retest *	<div style="border: 2px solid red; height: 60px;"></div>

h) Tick any of the exemption categories which apply.

Complex lens wearer	<input type="checkbox"/>
Registered Blind/Partially sighted	<input type="checkbox"/>
Patient given GOS(NI)V Voucher type	<input type="checkbox"/>

i) If the **Patient given GOS(NI)V Voucher type** box is ticked, enter the **Voucher Code** in the box that appears.

Complex lens wearer	<input type="checkbox"/>
Registered Blind/Partially sighted	<input type="checkbox"/>
Patient given GOS(NI)V Voucher type	<input checked="" type="checkbox"/>
Voucher Code *	<div style="border: 2px solid red; width: 50px; height: 20px;"></div>

j) Before carrying out a domiciliary sight test, a notification code must be obtained from BSO at least 48 hours prior to the test. Fill in the domiciliary section and request a code. After getting the domiciliary code and carrying out the test, open the claim and fill out the remaining sections to submit the claim for payment.

1. Click the **Domiciliary Sight Test** drop down menu and select option 1 or 2.
2. If it was a substitution, click the box for **This is a substitution**.
3. It is mandatory to state why the domiciliary visit was made in the **Remarks** box.
4. Fill in the **Address at which test was carried out (if different from address of claimant)** if applicable.
5. Enter the **Date and Time of Domiciliary visit**.
6. Click **Request Notification Code** if a domiciliary notification code is required.

Domiciliary Sight Test	<input type="text"/>	<input type="button" value="v"/>
Select 1 if patient examined was first or second tested. Select 2 for third or subsequent patients.		
This is a substitution	<input type="checkbox"/>	
Remarks * (State why domiciliary visit was made)	<input type="text"/>	
Address at which test was carried out (if different from the address of claimant)	<input type="text"/>	
Date and Time of Domiciliary Visit *	<input type="text"/>	<input type="text"/>
Domiciliary Notification Code	<input type="button" value="Request Notification Code"/>	

k) Ensure this section is completed.

1. Enter the **OO/OMP Code** (including the 3 digits only).
2. Enter the **Date of Sight Test** either by typing it in (format **DD/MM/YYYY**) or by clicking in the field and using the calendar menu to select the year, month then day.
3. Click on the drop down menu and choose an **Exemption Category** (this may be set already based on above menu selections).
4. Tick **Evidence not seen** if applicable.

OO/OMP Code *	<input type="text"/>
Date of Sight Test *	<input type="text"/>
Exemption Category *	Select Exemption Category <input type="button" value="v"/>
Evidence not seen	<input type="checkbox"/>

l) When certain exemption categories are selected, the option **I am the partner of someone who is getting the benefit I have ticked** will appear, and should be ticked if applicable.

I am the partner of someone who is getting the benefit I have ticked	<input type="checkbox"/>
Evidence not seen	<input type="checkbox"/>

m) The practice details will be displayed. Click the tick box to confirm you have read the declaration.

Declaration	
Claimant Name, Address (whom payment will be made)	<input type="text"/>
Premises Code	<input type="text"/>
<input type="checkbox"/> * I declare that the information I have given on this form is, to the best of my knowledge, correct and complete and I understand that if it is not, action may be taken against me. For the purpose of verification of this claim, I consent to the disclosure of relevant information. I claim payment of the agreed GOS fees.	

n) To submit the Sight Test claim now, click **Submit for Payment** or **Submit for Pre-approval** (if necessary).

Click here to create a Sight Test GOS(NI)ST form using the same patient information		
Click here to create a Voucher GOS(NI)V form using the same patient information		
Click here to create a Repair/Replace GOS(NI)R form using the same patient information		
Submit for Payment	Submit for Pre-approval	Cancel

o) If the Sight Test claim was submitted for payment, a message confirming this will appear onscreen along with the **Claim ID**. The claim will then appear in the **Report** section of OCS where it can be viewed at any time. Click **Create New Claim** if you wish to submit another claim.

✓ Sight Test Form 1702 has been submitted successfully for payment.
Create New Claim

p) If the Sight Test claim is being submitted for pre-approval, please enter the **Reason for pre-approval** in the box that appears. Click **Confirm submission for Pre-approval**.

[Click here to create a Sight Test GOS\(NI\)ST form using the same patient information](#)
[Click here to create a Voucher GOS\(NI\)V form using the same patient information](#)
[Click here to create a Repair/Replace GOS\(NI\)R form using the same patient information](#)

Reason for pre-approval *

Confirm submission for Pre-approval Cancel

q) A confirmation message for the pre-approval will appear with the claim ID number. You will be informed of the outcome via e-mail.

✓ Request for Pre-approval for claim 1712 submitted. Once approved you will be notified by email.

Create New Claim

r) To create a claim for a Voucher or Repair/Replacement form using the same patient information, click the relevant link.

[Click here to create a Sight Test GOS\(NI\)ST form using the same patient information](#)
[Click here to create a Voucher GOS\(NI\)V form using the same patient information](#)
[Click here to create a Repair/Replace GOS\(NI\)R form using the same patient information](#)

Submit for Payment Submit for Pre-approval Cancel

s) A confirmation message will appear with the claim ID number for the new claim for a Voucher or Repair / Replacement. The claim record can then be viewed through the **Reports** section of OCS for completion and submission.

[Click here to create a Sight Test GOS\(NI\)ST form using the same patient information](#)
[Click here to create a Voucher GOS\(NI\)V form using the same patient information](#)
[Click here to create a Repair/Replace GOS\(NI\)R form using the same patient information](#)

✓ A new Repair/Replace GOS(NI)R claim record 1711 has been created.

Submit for Payment Submit for Pre-approval Cancel

4.5 Voucher Claim

- a) Follow the instructions in part 5.1 to find the patient's details and select **2 – GOS(NI)V – Voucher** in the drop down menu. Click **New Claim**.

Form Type

Create Claim for * 2 - GOS(NI)V - Voucher

New Claim Cancel

- b) Check the patient details displayed in Part 1 are correct.

VOUCHER GOS(NI)V

Part 1 - Patient Details

Claim ID
Serial No

Health & Care No
National Insurance No

Surname
Previous Surname
Forename
Date of Birth

Post Code
Address Line 1
Address Line 2
Address Line 3
Address Line 4
Address Line 5

Date of Last GOS Test

- c) Part 2 displays the Voucher details.

Part 2 - Voucher Details

Reason for issue *

	Sph	Cyl	Axis	Prism	Base	V/A
Distance Right	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Distance Left	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reading Right	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reading Left	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	L	R
Single Vision	<input type="text"/>	<input type="text"/>
Prism Single	<input type="text"/>	<input type="text"/>
Tints	<input type="text"/>	<input type="text"/>
Complex Lens	<input type="text"/>	<input type="text"/>
Contact Lenses	<input type="text"/>	<input type="text"/>
Multifocal/Bifocal	<input type="text"/>	<input type="text"/>

Voucher Code

OO/OMP Code *

Date of Sight Test *

Exemption Category * Select Exemption Category

Evidence not seen ☐

d) Click the drop down menu to select a reason for the Voucher claim.

e) Enter the prescription details:

- The drop down menus for **Spherical** and **Cylindrical** can be used to enter a plus or minus sign and a value must be typed in the adjacent box (between 0 and 2600) in a multiple of 25.
- A value must be entered in the **Axis** field.
- A value can be entered in the **Prism** value if applicable.
- The drop down menu in the **Base** field can be used to select a category if applicable.
- A value can be entered in the **V/A (Visual Acuity)** field if applicable.

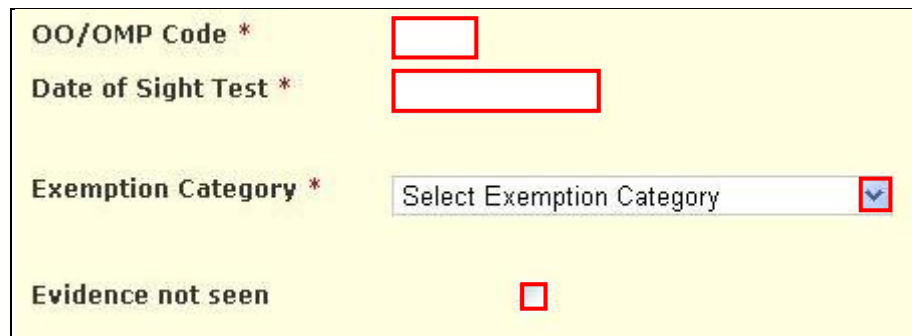
	Sph		Cyl		Axis	Prism	Base	V/A	
Distance Right	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Clear"/>
Distance Left	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Clear"/>
Reading Right	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Clear"/>
Reading Left	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Clear"/>

f) Click the drop down menus to select numbers for each category as required.

	L	R
Single Vision	<input type="text"/>	<input type="text"/>
Prism Single	<input type="text"/>	<input type="text"/>
Tints	<input type="text"/>	<input type="text"/>
Complex Lens	<input type="text"/>	<input type="text"/>
Contact Lenses	<input type="text"/>	<input type="text"/>
Multifocal/Bifocal	<input type="text"/>	<input type="text"/>

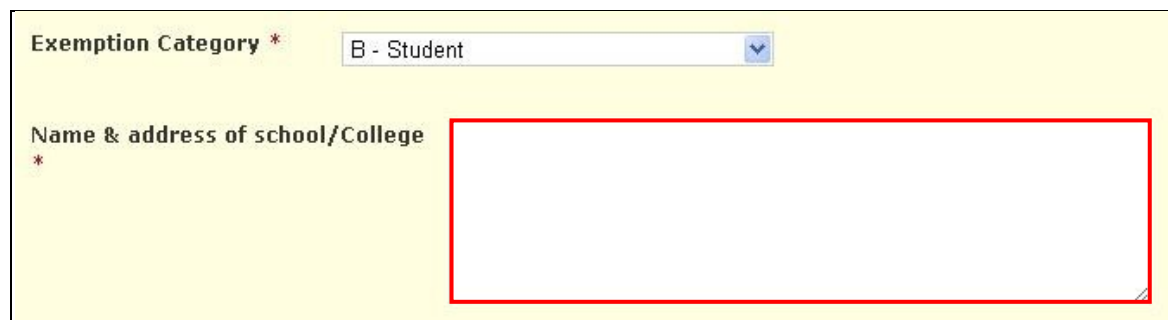
g) Ensure this section is completed:

- Enter the **OO/OMP Code** (including the 3 digits only).
- Enter the **Date of Sight Test** either by typing it in (format **DD/MM/YYYY**) or by clicking in the field and using the calendar menu.
- Click on the drop down menu to choose an **Exemption Category**.
- Tick **Evidence not seen** if applicable.



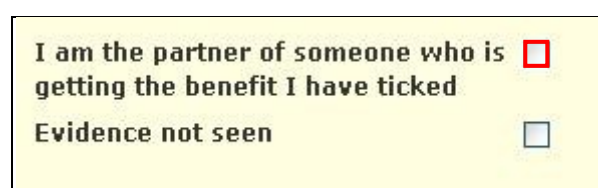
A screenshot of a form section with a yellow background. It contains four fields: 'OO/OMP Code *' with a small text input box, 'Date of Sight Test *' with a date picker box, 'Exemption Category *' with a dropdown menu showing 'Select Exemption Category', and 'Evidence not seen' with an unchecked checkbox.

h) If the Student **Exemption Category** is selected, an additional field will appear. The **Name and Address of School or College** should be input in this field.



A screenshot of a form section with a yellow background. It shows the 'Exemption Category *' dropdown menu set to 'B - Student'. Below it, the 'Name & address of school/College *' label is followed by a large, empty text area for input.

i) When certain exemption categories are selected, the option **I am the partner of someone who is getting the benefit I have ticked** will appear, and should be ticked if applicable.



A screenshot of a form section with a yellow background. It contains two lines of text: 'I am the partner of someone who is getting the benefit I have ticked' with an unchecked checkbox, and 'Evidence not seen' with an unchecked checkbox.

j) Complete Part 3:

- Enter the **Date of Supply** either by typing it in (format **DD/MM/YYYY**) or by clicking in the field and using the calendar menu.
- Enter the **Retail Price** and **Sum patient assessed to pay on form HC3** as applicable. The system will calculate the other values as necessary.
- Click **I claim Small Glasses Supplement** if applicable.
- If prescribed and dispensed by the same practitioner, tick the **Prescribed and Dispensed** box. If prescribed and dispensed by different practitioners, enter the **Name and Address of Prescriber** in the box.

k) The practice details will be displayed. Click the tick box to confirm you have read the declaration.

- l) To submit the Voucher claim now, click **Submit for Payment** or **Submit for Pre-approval** (if necessary).

[Click here to create a Voucher GOS\(NI\)V form using the same patient information](#)
[Click here to create a Sight Test GOS\(NI\)ST form using the same patient information](#)
[Click here to create a Repair/Replace GOS\(NI\)R form using the same patient information](#)

Submit for Payment

Submit for Pre-approval

Cancel

- m) If the Voucher claim was submitted for payment, a message confirming this will appear onscreen along with the claim ID. The claim will then appear in the **Report** section of OCS where it can be viewed at any time. Click **Create New Claim** if you wish to submit another claim.

✓ Voucher 1717 has been submitted successfully for payment.

Create New Claim

- n) If the Voucher claim is being submitted for pre-approval, please enter the **Reason for pre-approval** in the box that appears. Click **Confirm submission for Pre-approval**.

[Click here to create a Voucher GOS\(NI\)V form using the same patient information](#)
[Click here to create a Sight Test GOS\(NI\)ST form using the same patient information](#)
[Click here to create a Repair/Replace GOS\(NI\)R form using the same patient information](#)

Reason for pre-approval *

Confirm submission for Pre-approval

Cancel

- o) A confirmation message for the pre-approval will appear with the **Claim ID** number. You will be informed of the outcome via e-mail.

✓ Request for Pre-approval for claim 1716 submitted. Once approved you will be notified by email.

Create New Claim

- p) To create a claim for a Sight Test or Repair/Replacement form using the same patient information, click the relevant link.

[Click here to create a Voucher GOS\(NI\)V form using the same patient information](#)

[Click here to create a Sight Test GOS\(NI\)ST form using the same patient information](#)

[Click here to create a Repair/Replace GOS\(NI\)R form using the same patient information](#)

[Submit for Payment](#) [Submit for Pre-approval](#) [Cancel](#)

- q) A confirmation message will appear with the claim ID number for the new claim record for a Sight Test or Repair / Replacement. The claim record can then be viewed through the **Reports** section of OCS for completion and submission.

[Click here to create a Voucher GOS\(NI\)V form using the same patient information](#)

[Click here to create a Sight Test GOS\(NI\)ST form using the same patient information](#)

[Click here to create a Repair/Replace GOS\(NI\)R form using the same patient information](#)

✓ A new Repair/Replace GOS(NI)R claim record 1715 has been created.

[Submit for Payment](#) [Submit for Pre-approval](#) [Cancel](#)

4.6 Repair or Replacement Claim

- a) Follow the instructions in part 5.1 to find the patient's details and select **3 – GOS(NI) R Repr/Repl** in the drop down menu. Click **New Claim**.

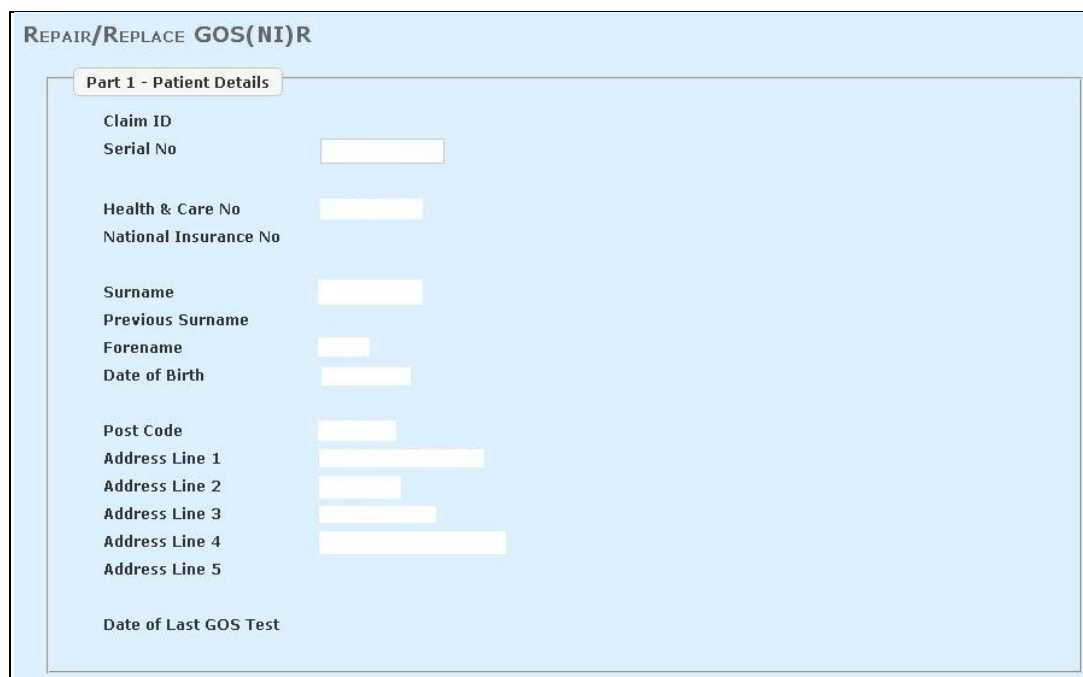


Form Type

Create Claim for * 3 - GOS(NI)R - Repr/Repl

New Claim Cancel

- b) Check the patient details displayed in Part 1 are correct.



REPAIR/REPLACE GOS(NI)R

Part 1 - Patient Details

Claim ID

Serial No

Health & Care No

National Insurance No

Surname

Previous Surname

Forename

Date of Birth

Post Code

Address Line 1

Address Line 2

Address Line 3

Address Line 4

Address Line 5

Date of Last GOS Test

c) Part 2 displays the Repair/Replace claim details.

Part 2 - Repair/Replace Details

Repair/Replace *

Nature of Repair/Replace*

	Sph	Cyl	Axis	Prism	Base	V/A	
Distance Right	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Clear"/>
Distance Left	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Clear"/>
Reading Right	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Clear"/>
Reading Left	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Clear"/>

	L	R
Single Vision	<input type="text"/>	<input type="text"/>
Prism Single	<input type="text"/>	<input type="text"/>
Tints	<input type="text"/>	<input type="text"/>
Complex Lens	<input type="text"/>	<input type="text"/>
Contact Lenses	<input type="text"/>	<input type="text"/>
Multifocal/Bifocal	<input type="text"/>	<input type="text"/>

New/Repair Frame ☐

New/Repair Front ☐

New/Repair Side

Voucher Code

Exemption Category *

Evidence not seen ☐

d) Click the drop down menu to specify either a **Repair** or a **Replacement** claim.

Part 2 - Repair/Replace Details

Repair/Replace *

Nature of Repair/Replace*

e) Enter an explanation in the **Nature of Repair/Replace** field.

Part 2 - Repair/Replace Details

Repair/Replace *

Nature of Repair/Replace*

- f) If the lens needs to be repaired or for all replacements, please enter the prescription details:
- The drop down menus for **Spherical** and **Cylindrical** can be used to enter a plus or minus sign and a value must be typed in the adjacent box (between 0 and 2600) in a multiple of 25.
 - A value must be entered in the **Axis** field.
 - A value can be entered in the **Prism** value if applicable.
 - The drop down menu in the **Base** field can be used to select a category if applicable.
 - A value can be entered in the **V/A (Visual Acuity)** field if applicable.

	Sph	Cyl	Axis	Prism	Base	V/A	
Distance Right	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	Clear
Distance Left	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	Clear
Reading Right	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	Clear
Reading Left	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	Clear

- g) Click the drop down menus to select numbers for each category as required.

	L	R
Single Vision	<input type="text" value="v"/>	<input type="text" value="v"/>
Prism Single	<input type="text" value="v"/>	<input type="text" value="v"/>
Tints	<input type="text" value="v"/>	<input type="text" value="v"/>
Complex Lens	<input type="text" value="v"/>	<input type="text" value="v"/>
Contact Lenses	<input type="text" value="v"/>	<input type="text" value="v"/>
Multifocal/Bifocal	<input type="text" value="v"/>	<input type="text" value="v"/>

- h) For a repair, tick the boxes relevant for the parts which need to be repaired. For a replacement, tick **New Frame** if applicable.

Repair

Repair Frame	<input type="checkbox"/>
Repair Front	<input type="checkbox"/>
Repair Side	<input type="text" value="v"/>
Voucher Code	<input type="text" value="A"/>

Replacement

New Frame	<input type="checkbox"/>
New Front	<input type="checkbox"/>
New Side	<input type="text" value="v"/>
Voucher Code	<input type="text" value="A"/>

- i) Click the drop down menu to select an **Exemption Category**. Tick **Evidence Not Seen** if applicable.

A screenshot of a form section with a light blue background. At the top, the text "Exemption Category *" is followed by a dropdown menu containing the text "Select Exemption Category". A red square highlights the dropdown arrow. Below this, the text "Evidence not seen" is followed by an unchecked checkbox, which is also highlighted with a red square.

- j) If the Student **Exemption Category** is selected, an additional field will appear. The **Name and Address of School or College** should be input in this field.

A screenshot of the form section after selecting "B - Student" in the dropdown menu. The dropdown is now populated with "B - Student" and has a red square highlighting the arrow. Below it, the text "Name & address of school/College *" is followed by a large, empty rectangular text input field, which is outlined with a red border.

- k) When certain exemption categories are selected, the option **I am the partner of someone who is getting the benefit I have ticked** will appear, and should be ticked if applicable. More boxes will appear. The **His/Her name and address is** and **His/Her National Insurance No** fields must be completed.

A screenshot of the form section after selecting a category that triggers the partner information fields. The text "I am the partner of someone who is getting the benefit I have ticked" is followed by a checked checkbox, highlighted with a red square. Below this, the text "His/Her name and address is: *" is followed by a large, empty rectangular text input field, outlined with a red border. Further down, the text "Enter name and address of partner" is followed by the text "His/Her National Insurance No: *" and a small, empty rectangular text input field, also outlined with a red border. Below this, the text "Enter his/her National Insurance No" is followed by the text "Evidence not seen" and an unchecked checkbox.

l) Complete Part 3:

Part 3

Date of Supply *

a. Retail price (enter if less or the same as voucher value) £

b. Voucher value £

c. Sum patient assessed to pay on form HC3 £

d. Amount claimed a or b whichever is the lesser minus c £

I claim Small Glasses Supplement ☐

In full-time attendance at school ☐

- Enter the **Date of Supply** either by typing it in (format **DD/MM/YYYY**) or by clicking in the field and using the calendar menu.
- Enter the **Retail Price** if applicable.
- Enter the **Sum patient assessed to pay on form HC3** if applicable. A declaration and tick box will appear. Tick this to accept the declaration.

c. Sum patient assessed to pay on form HC3 £

☐ * The patient or the patient's partner holds SSA HC3 full help certificate
Please accept the Declaration.

- Tick **I claim Small Glasses Supplement** or **In full-time attendance at school** boxes as applicable.

m) The practice details will be displayed. Click the tick box to confirm you have read the declaration.

Declaration

Claimant Name, Address
(whom payment will be made)

Premises Code

☐ * I declare that the information I have given on this form is, to the best of my knowledge, correct and complete and I understand that if it is not, action may be taken against me. For the purpose of verification of this claim, I consent to the disclosure of relevant information. I claim payment of the agreed GOS fees.

- n) To submit the Repair/Replacement claim now, click **Submit for Payment** or **Submit for Pre-approval** (if necessary).

[Click here to create a Repair/Replace GOS\(NI\)R form using the same patient information](#)
[Click here to create a Sight Test GOS\(NI\)ST form using the same patient information](#)
[Click here to create a Voucher GOS\(NI\)V form using the same patient information](#)

Submit for Payment **Submit for Pre-approval** Cancel

- o) If the Repair/Replacement claim was submitted for payment, a message confirming this will appear onscreen along with the claim ID. The claim will then appear in the **Report** section of OCS where it can be viewed at any time. Click **Create New Claim** if you wish to submit another claim.

✓ Repair / Replace form 1721 has been submitted successfully for payment.

Create New Claim

- p) If the Repair/Replacement claim is being submitted for pre-approval, please enter the **Reason for pre-approval** in the box that appears. Click **Confirm submission for Pre-approval**.

Reason for pre-approval *

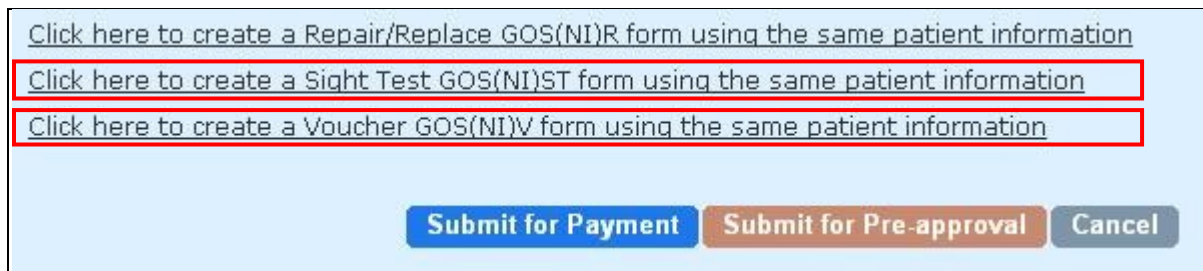
Confirm submission for Pre-approval Cancel

- q) A confirmation message for the pre-approval will appear with the claim ID number. You will be informed of the outcome via e-mail.

✓ Request for Pre-approval for claim 1723 submitted. Once approved you will be notified by email.

Create New Claim

- r) To create a claim for a Sight Test or Voucher form using the same patient information, click the relevant link.



Click here to create a Repair/Replace GOS(NI)R form using the same patient information

Click here to create a Sight Test GOS(NI)ST form using the same patient information

Click here to create a Voucher GOS(NI)V form using the same patient information

Submit for Payment Submit for Pre-approval Cancel

- s) A confirmation message will appear with the claim ID number for the claim record for a Sight Test or Voucher. The claim record can then be viewed through the **Reports** section of OCS for completion and submission.

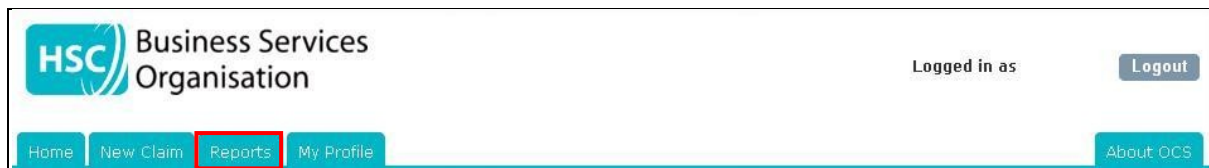


✓ A new Sight Test GOS(NI)ST claim record 1719 has been created.

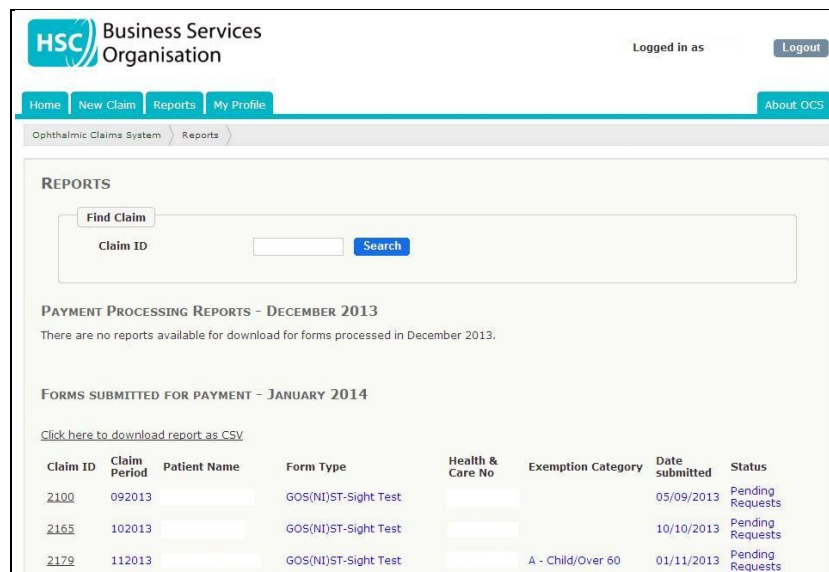
Submit for Payment Submit for Pre-approval Cancel

5. Reports

- a) When logged into OCS, click **Reports** on the menu bar on the top of the screen.



- b) The main reports summary screen will appear.

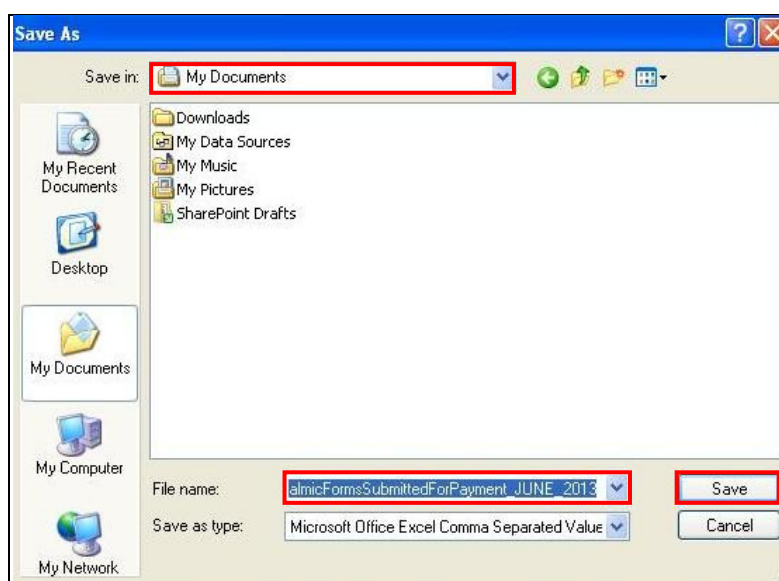


5.1 Viewing Reports

- a) The first section shows **Payment Processing Reports** for the payment made the previous month. There is a summary report, a full payment report and individual reports for each type of payment. If you wish to download a report, click on the required file.



- b) The **Save As** screen will appear. Choose a location to save the file in. Change the name of the file if desired. Click **Save**.



- c) The second section shows **Forms Submitted for Payment** for the current month. Each claim is assigned a **Claim ID** number, click this to view a completed claim or to finish and submit an incomplete claim. The **Status** column will tell you the current status of the claim:

- **Valid** indicates a successfully submitted claim
- **Not Completed** indicates a claim that needs to be finished and submitted
- **Exception** indicates a claim that BSO need to review before it is completed
- **Accepted** indicates a claim that has been reviewed by BSO and completed for payment
- **Returned** indicates a claim that has been reviewed by BSO and rejected for payment
- Generally a green font denotes complete claims and red indicates an incomplete or rejected claim (please see **OCS Form Status List** document for more details)
- Select **Click here to download report as CSV** to download a claim report for the current month.

FORMS SUBMITTED FOR PAYMENT - JUNE 2013							
Click here to download report as CSV							
1	2						
Claim ID	Claim Period	Patient Name	Form Type	Health & Care No	Exemption Category	Date submitted	Status
1698	052013		GOS(NI)ST-Sight Test		P - Relative of Glaucoma Sufferer	23/05/2013	Valid
1699	052013		GOS(NI)R - Repr/Repl		B - Student	23/05/2013	Not Completed
1700	052013		GOS(NI)V - Voucher			23/05/2013	Not Completed
1701	052013		GOS(NI)V - Voucher		B - Student	23/05/2013	Valid
1702	052013		GOS(NI)ST-Sight Test		C - ESA	23/05/2013	Valid

- d) The third section shows **Forms Submitted for Pre-Approval or Notification**. The **Status** column will show whether the claim was approved or rejected. An approved claim will also be assigned a reference **Code**. Select **Click here to download report as CSV** to download a pre-approval/notification report for the current month.

FORMS SUBMITTED FOR PRE-APPROVAL OR NOTIFICATION							
Click here to download report as CSV							
Claim ID	Request Type	Patient Name	Form Type	Health & Care No	Date submitted	Status	Code
1716	Preapproval		GOS(NI)V - Voucher		28/05/2013	Approved	1305133312
1723	Preapproval		GOS(NI)R - Repr/Repl		28/05/2013	Approved	5276070002

- e) The fourth section shows **Previous Months** claims summaries. Click on the relevant month if you wish to view more detailed reports.

PREVIOUS MONTHS		
Month/Year	Number of forms	Total Paid
April 2013	94	£1582.64
May 2013	3	£105.60

- f) Clicking on a previous month will bring you to a similar screen for that month's payment. You can download **Payment Processing Reports** or **Forms Submitted for Payment** and view the list of claims on the webpage. Click the page number buttons to move through the list on the webpage.

REPORTS

PAYMENT PROCESSING REPORTS - APRIL 2013

The following reports are available for download for forms processed in April 2013.

[Summary Report - APR13_01.CSV](#)
[Payment Report - APR13_PAYMENT_01.CSV](#)
[Adjustment Report - APR13_ADJUSTMENT_01.CSV](#)
[Exception Report - APR13_EXCEPTION_01.CSV](#)
[Returned Forms - APR13_RETURN_01.CSV](#)
[Sight Test Values - APR13_SIGHT_01.CSV](#)
[Voucher Values - APR13_VOUCHER_01.CSV](#)
[Repair Values - APR13_REPAIRS_01.CSV](#)

FORMS SUBMITTED FOR PAYMENT - APRIL 2013

[Click here to download report as CSV](#)

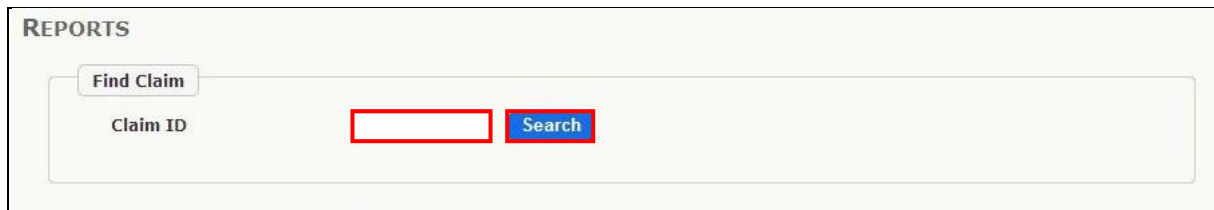
Month/Year	Number of forms	Total paid
April 2013	94	£1582.64

1 2 3 4 5 6

Claim ID	Patient Name	Form Type	Health & Care No	Exemption Category	Date submitted	Status
196		GOS(NI)ST-Sight Test		A - Child/Over 60	25/04/2013	Valid
195		GOS(NI)ST-Sight Test		H - IS	25/04/2013	Valid
190		GOS(NI)ST-Sight Test		C - ESA	25/04/2013	Valid
182		GOS(NI)ST-Sight Test		B - Student	25/04/2013	Valid
144		GOS(NI)ST-Sight Test		A - Child/Over 60	25/04/2013	Valid

5.2 Finding a Specific Claim

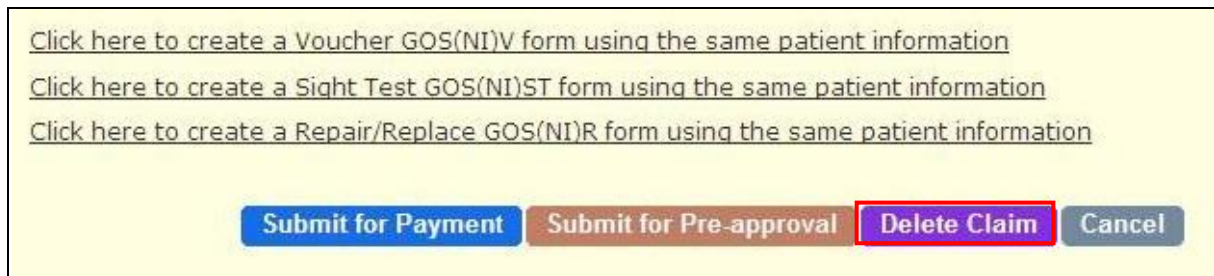
Use the **Find Claim** function at the top of the **Reports** page to find a specific claim. Type the Claim ID in the field and click **Search** to display the claim form.



The screenshot shows a section titled "REPORTS". Below the title is a "Find Claim" button. Underneath, there is a label "Claim ID" followed by a text input field (highlighted with a red border) and a blue "Search" button.

5.3 Deleting a Claim

To delete a form before it has been accepted for payment, open it in Reports by clicking the Claim ID. Scroll to the bottom of the page and click **Delete Claim**.



The screenshot shows the bottom of a form with three links: "Click here to create a Voucher GOS(NI)V form using the same patient information", "Click here to create a Sight Test GOS(NI)ST form using the same patient information", and "Click here to create a Repair/Replace GOS(NI)R form using the same patient information". Below the links are four buttons: "Submit for Payment" (blue), "Submit for Pre-approval" (brown), "Delete Claim" (purple, highlighted with a red border), and "Cancel" (grey).

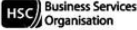
6. OCSRP Forms

The Ophthalmic Claim System Patient Record (OCSRP) form is used to record the details of patients who are exempt from paying Health Service charges and acts as a declaration of their entitlement to Health Service treatment. The form may be folded in half if desired for storage purposes.

Page 1 of OCSRP Form

Claim Record				
Date	Claim ID	Patient Signature		
8	Sight Test Voucher Repair ENS*	Optician Signature		
9	Sight Test Voucher Repair ENS*	Optician Signature		
10	Sight Test Voucher Repair ENS*	Optician Signature		
11	Sight Test Voucher Repair ENS*	Optician Signature		
12	Sight Test Voucher Repair ENS*	Optician Signature		
13	Sight Test Voucher Repair ENS*	Optician Signature		
14	Sight Test Voucher Repair ENS*	Optician Signature		

* ENS = Evidence Not Seen



Providing support to Health and Social Care

Health Service Ophthalmic Form OCSRP

Please fill in Part A and sign Part B, using capital letters throughout. If the patient is under 16 or cannot sign the form, someone else must sign it on their behalf.

PART A – PATIENT INFORMATION & DECLARATION:

Surname	
Forename	
Date of Birth	
Health & Care Number	

- I understand that if I knowingly give information that is false, action may be taken against me.
- I declare that the information I have given is correct and complete to the best of my knowledge.
- I agree to pay the cost of the sight test and/or spectacles if I am found not to qualify for help.
- I apply for a General Ophthalmic Services sight test and/or help with the cost of the spectacles for the reason I have listed in Part B.

There is no insurance, warranty or other after sales care covering these spectacles. I consent to information relating to the General Ophthalmic Services provided to me being made available to other Departments / Agencies for Health and Social Care planning purposes and for the purpose of preventing or detecting fraud.

Signature	_____	Date	__/__/__
-----------	-------	------	----------

- I am the patient. ☒
- OR I am signing on behalf of the patient (give details below). ☒

Name	_____
Relationship to Patient	_____

Optician Declaration - I declare that the information I have given on this form is, to the best of my knowledge, correct and complete and I understand that if it is not, action may be taken against me. For the purposes of verification of this claim, I consent to the disclosure of relevant information. I claim payment of the agreed GOS fees.

Practice Code	_____
---------------	-------

This form is to be retained in the practice unless requested by BSO or other authorised body.

Page 2 of OCSRP Form

PART B – I DO NOT HAVE TO PAY HS CHARGES BECAUSE:				
I am under 16 years of age. <input checked="" type="checkbox"/>				
I am a full time student aged 18 or under <input checked="" type="checkbox"/>				
AND the name and address of the college I attend is: _____				
I am named on a valid HC2 certificate. <input checked="" type="checkbox"/>				
I am named on a valid HC3 certificate for: Part A - Sight Test £ _____ Part B - Voucher £ _____				
I am named on a valid NHS Tax Credit Exemption Certificate. <input checked="" type="checkbox"/>				
<ul style="list-style-type: none">I (or my partner) receive Income Support. <input checked="" type="checkbox"/>I (or my partner) receive income-based Jobseekers Allowance. <input checked="" type="checkbox"/>I (or my partner) receive income-related Employment Support Allowance. <input checked="" type="checkbox"/>I (or my partner) receive Pension Credit Guarantee Credit. <input checked="" type="checkbox"/>				
Name of Benefit Recipient		Date of Birth	National Insurance Number	
_____		__/__/__	_____	
I qualify for a Health Service sight test/eye examination on the following grounds:				
Over 60 years old <input checked="" type="checkbox"/>	* I am at risk of glaucoma <input checked="" type="checkbox"/>	I am registered blind or partially sighted <input checked="" type="checkbox"/>		
* Diabetic <input checked="" type="checkbox"/>	* Aged 40+ and the parent/sister/brother/child of a glaucoma sufferer <input checked="" type="checkbox"/>	I have been prescribed contact lenses as defined for the purpose of the Health Service voucher scheme <input checked="" type="checkbox"/>		
* Glaucoma <input checked="" type="checkbox"/>				
Name and address of GP practice or hospital consultant: _____				
* I give consent to the BSO to contact my GP practice regarding the claims made concerning Diabetes or Glaucoma.				
Patients found to have wrongly claimed exemption from or help with health costs may face a penalty charge and in some cases prosecution. Routine checks are carried out on exemption claims and you may be contacted in the course of these checks.				

Version 1.3
Date: 01/04/2014

Claim Record				
Date	Claim ID	Patient Signature		
1	Sight Test Voucher Repair ENS*	Optician Signature		
2	Sight Test Voucher Repair ENS*	Optician Signature		
3	Sight Test Voucher Repair ENS*	Optician Signature		
4	Sight Test Voucher Repair ENS*	Optician Signature		
5	Sight Test Voucher Repair ENS*	Optician Signature		
6	Sight Test Voucher Repair ENS*	Optician Signature		
7	Sight Test Voucher Repair ENS*	Optician Signature		

* ENS = Evidence Not Seen

Parts A and B of this form must be filled in the first time you treat the patient. Part A must be filled in **by the patient** as it states the reason why they are exempt from paying Health Service charges. The **patient must sign and date** the patient declaration in Part B to confirm the information they have provided is accurate.

The patient and ophthalmic contractor information in Part B should be filled in by the practice. The claim table should be filled in each time the patient receives Health Service treatment.

You should first use OCS to submit a Sight Test, Voucher or Repair claim for the patient. When the claim has been submitted, a confirmation message will appear with the **Claim ID number**.

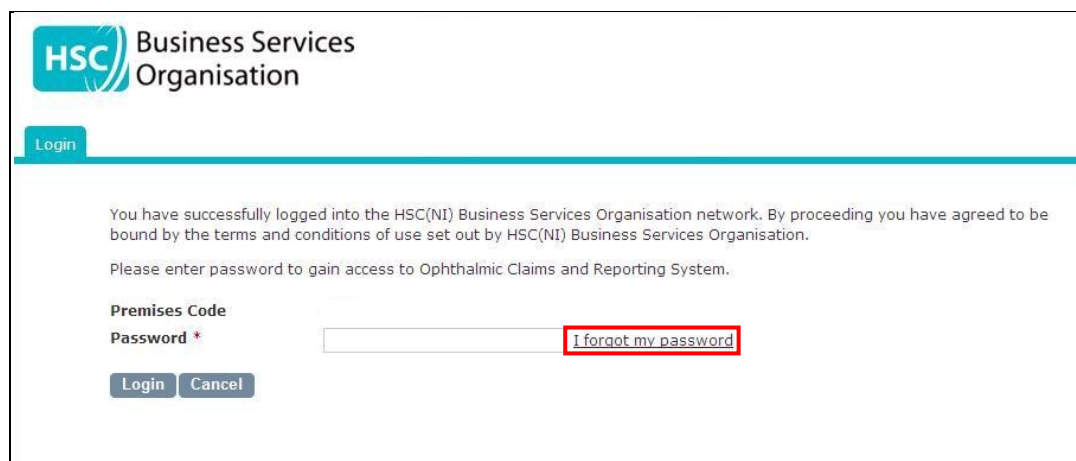


This should be recorded in the claim table on the OCSPR form, and you should tick the relevant box to indicate the type of claim and whether the evidence for the exemption has been seen by your practice. The **patient must sign the claim each time** they receive Health Service treatment. The form should then be retained in practice and used each time the patient is provided with Health Service treatment.

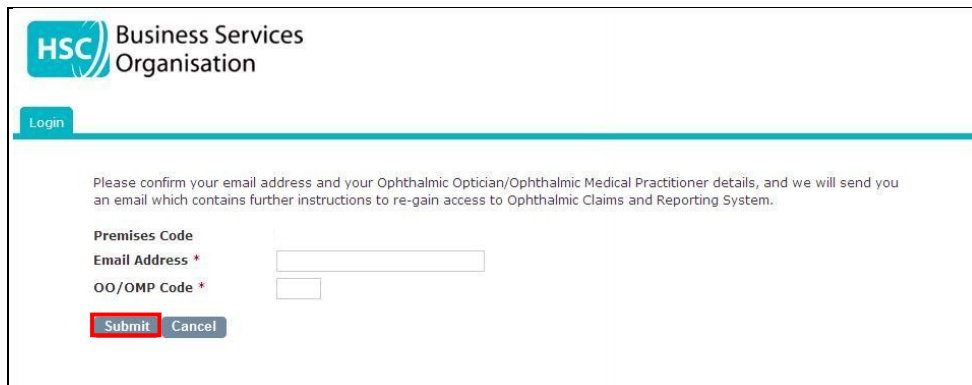
7. Forgotten Password

a) Follow the instructions given in part 2 a) to d).

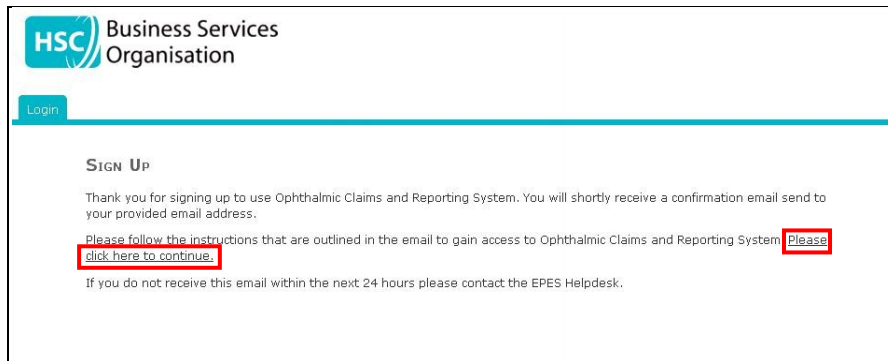
b) Click **I forgot my password**.



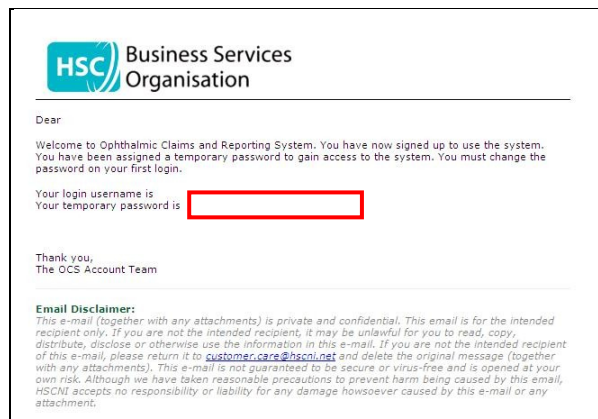
- c) Enter your **Email Address** and **OO/OMP Code**. Click **Submit**.



- d) A message will appear informing you that you will receive a confirmation e-mail to the address you registered with. Click **Please click here to continue** to return to the login page.



- e) Open your e-mail service to receive the e-mail containing your username (premises code) and a **Temporary Password**. Highlight and copy this temporary password. The first time you log in to the system you will be asked to change this password for security purposes.



- f) Enter the **Temporary Password** from the e-mail in the **Password** field. Click **Login**.

You have successfully logged into the HSC(NI) Business Services Organisation network. By proceeding you have agreed to be bound by the terms and conditions of use set out by HSC(NI) Business Services Organisation.

Please enter password to gain access to Ophthalmic Claims and Reporting System.

Premises Code

Password * [I forgot my password](#)

- g) You will be prompted to again enter the **Temporary Password** in the **Old Password** field. Then enter a new password of your choice in the **New Password** field and re-enter it in the **Retype New Password** field. For maximum security, it is advised to use a unique password of at least eight characters which contains a mix of capital letters, small letters, numbers and symbols.

Thank you for signing up to use the Ophthalmic Claims and Reporting System.

Please confirm your login by entering the password provided in the sign up confirmation email, and enter a new password of your choosing to proceed.

Premises Code

Old Password *

New Password *

Retype New Password *

- h) A message will appear, confirming the password change. Click **Please click here to continue** to continue.

Login

Password changed successfully.

[Please click here to continue.](#)

- i) The welcome screen for OCS will appear.

HSC Business Services Organisation

Logged in as

Home New Claim Reports My Profile About OCS

Ophthalmic Claims System Home

WELCOME TO OPHTHALMIC CLAIMS SYSTEM

FPS Ophthalmic Services are responsible for the payment of community ophthalmic practitioners, and the maintenance of the statutory Ophthalmic List. A wide range of information is also provided to the Health & Social Services Board, the professional advisors and the Department of Health, Social Services and Public Safety.

This web site provides the facility for community ophthalmic practitioners to submit claims and review claim payments.