

GOS 4 Pre Authorisation Template

Please complete the following:
ODS Code <i>(if unknown, please leave blank and we will assist you in locating it):</i>
Trading Name:
Practice Address:
Practice Postcode:
Patient Practice ID/Ref <i>(Please do not include Patient Name):</i>
Patient DOB:
Eligibility for GOS*:
Was the original voucher issued from the Hospital Eye Service? YES/NO:
Date the patient made you aware of this claim:
Vision of spectacles/lenses being claimed i.e., NV/DV:
Have the spectacles been repaired/replaced before seeking approval on this occasion YES/NO:
Name of person completing the Application:
Medical Exemption/Condition:
Causal link – How does the Medical Exemption/Condition have a direct link to the Loss/Breakage**:

**Please state the benefit the patient is in receipt of, please note (PIP) is not recognised as eligibility.*

***To help process your GOS 4 voucher and for it to be authorised, the cause of the repair and replacement must be linked to an underlying medical condition. Specifically, we need to understand the circumstances of how the loss or breakage happened and how the loss or breakage directly links to the specified medical condition.*

Example: Patient suffers from epilepsy; they had an epileptic fit which resulted in them breaking their glasses.

Request form can also be downloaded from our website <https://www.nhsbsa.nhs.uk/what-we-do/ophthalmic-provider-assurance>

Please return your completed request form to NHSBSA via email at nhsbsa.paos@nhs.net. A member of our team will respond to you between the hours of 8am – 4.30pm, Monday – Friday.