

Please read this page before filling in this form - it will help you make this claim correctly. Use a separate form for each person who has paid NHS wig or fabric support charges or has had NHS wig or fabric support charges paid for them. **Part 4** tells you where to send the completed form. Before you do this, you must sign and date the declaration.

NOTE

The information on this form may be disclosed in confidence to other public bodies as appropriate for the purposes of checking entitlement and preventing or detecting fraud. False information may lead to prosecution or legal action.

WHAT CAN YOU CLAIM FOR?

Use this form to claim back the cost of **NHS Wigs or Fabric Supports**. You may also have to fill in an HC1 claim form for the NHS Low Income Scheme (see part 4). Your claim cannot be accepted for any non-NHS treatment.

If you have paid an NHS prescription charge you must use the prescription receipt form FP57 to claim a refund. Ask for that receipt form when you pay - **you can't get one later**. It tells you what to do.

If you have paid for other NHS charges you must use the claim form for the charge you have paid. There is a separate form for each type of charge (HC5(D) for dental charges, HC5(O) for optical costs, and HC5(T) for NHS travel costs).

If you wish to claim a refund for a wig or fabric support for a reason other than those described in **Part 4**, please complete this form and provide an explanation of the reason you are seeking a refund. Send your receipts with this form to the organisation named in **Part 3**.

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 a condition that prevents them from managing their own affairs, you are responsible for making sure the information is correct. You should sign the form yourself in **Part 4B**.

TIME LIMIT FOR CLAIMING

- You must ensure that this form is received by the relevant office identified in **Part 4** **within 3 months** of the date that you paid any charges.
- 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. In this case, please send a written explanation with your claim to NHS Business Services Authority, Help with Health Costs, Bridge House, 152 Pilgrim Street, Newcastle upon Tyne NE1 6SN.

MORE REFUND INFORMATION

More refund details can be found in leaflet HC11 "Help with Health Costs" available to download at: www.nhs.uk/healthcosts. If you have any queries or need help filling in this form you can speak to an advisor at the NHS Business Services Authority on 0300 330 1343.

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: _____

Other names: _____

Title (Mr/Mrs/Miss/Ms/Other): _____

Date of birth: / / National Insurance No: _____

Address: _____

Postcode: _____

Email address: _____

Telephone number including dialling code: () _____

This must be the number of the person signing at part 4

Part 2 DETAILS OF NHS WIG OR FABRIC SUPPORT CHARGES PAID

NOTE Please send us original receipts. We cannot deal with your claim without these receipts.

I wish to claim a refund of:	
£ <input type="text"/>	for NHS Wig or Fabric Support
	Paid on: <input type="text"/> / <input type="text"/> / <input type="text"/>

Part 3 OTHER INFORMATION WE NEED

Name, address and telephone number of the organisation who arranged for you to have a wig or fabric support. Note: Your refund application cannot be processed without this information. Please check your referral letter, or contact the organisation who referred you.

Name: _____

Address: _____

Postcode: _____ Telephone number: () _____

Part 4

REASON FOR CLAIM

Tick whichever box below applied **when the charge(s) was (were) paid** and give the information we ask for:

Group 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I have a War pension No. <input type="text"/>	and I am being treated for my accepted disablement
Send this form to: Service Personnel and Veterans Agency, Norcross, Blackpool FY5 3WP.				

Group 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	My name was on an NHS certificate HC2 or HC3 No. <input type="text"/>	
The person holding the certificate was:				
		Forename: <input type="text"/>	Surname: <input type="text"/>	Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I am named on or entitled to an NHS Tax Credit Exemption Certificate. (If you do not have a certificate, send in a copy of your award notice). No. <input type="text"/>	
Send this form to: NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle Upon Tyne NE1 6SN.				

Group 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I was getting one of the benefits/credits listed below.	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I am the partner or a dependant child/young person under 20 years of age Date of birth <input type="text"/>	
of someone who was getting one of these benefits/credits.				
The person getting the benefit/credit was: <input type="text"/>				
If this person was not the patient, please tell us either <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
their date of birth their National Insurance number:				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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). Check the limit at www.nhs.uk/healthcosts . 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 met the earnings conditions during that assessment period - send this form to your local Jobcentre Plus office	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Income Support – send this form to your local Jobcentre Plus office	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Income-based Jobseeker’s Allowance – send this form to your local Jobcentre Plus office	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Income-related Employment and Support Allowance – send this form to your local Jobcentre Plus office	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pension Credit Guarantee Credit – send this form to the Pension Centre who dealt with your claim	
If you receive or are included in an award of any of the benefits listed in Group 3 you can claim a refund. If you get one of these benefits alongside another benefit you will still be able to claim. Contribution based benefits paid on their own do not count. Check your benefit/credit before you sign. For more information see www.nhs.uk/healthcosts .				

Group 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I am not in groups 1 to 3, but wish to claim a refund of charges I paid for a wig or fabric support because I am on a low income.	
You will need to fill in an HC1 form to apply to the NHS Low Income Scheme. You can get a form by calling 0300 123 0849 or visiting www.nhsbsa.nhs.uk/healthcosts . Send this form with the HC1 form to NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle Upon Tyne NE1 6SN.				

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 given on this form and the supporting documents are correct and complete and I understand that if I knowingly provide false information, I may be liable to prosecution and/or civil proceedings.
I consent to the disclosure of relevant information on this form to and by HM Revenue and Customs, Local Authorities and the Department for Work and Pensions for the purpose of verification.
I also consent to the disclosure of information on this form to the NHS Protect, a division of the NHS Business Services Authority, for the purpose of the prevention, detection, investigation and prosecution of fraud and any other unlawful activity affecting the NHS.

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

If you are signing for yourself	4A	Signature: <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
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This is a claim on behalf of the person named in Part 1 for a refund of the charges listed in Part 2

If you are signing for somebody else	4B	Signature: <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
Name: (in capitals) <input type="text"/>			
Address: <input type="text"/>			
Postcode: <input type="text"/>			

Part 5 FOR OFFICIAL USE ONLY BY JOBCENTRE PLUS OFFICES, THE PENSIONS CENTRE AND THE NHS BUSINESS SERVICES AUTHORITY

Step 1: I confirm that the person named on this form is included in an award of the benefit / credit, or is entitled to a certificate as indicated in Part 4, on the date indicated in Part 2.

Step 2: I confirm that the person named in Part 1 of this form is entitled to:

a full refund of NHS wigs or fabric supports.

a refund of the difference between £ and the charge for NHS wig or fabric support (NHSBSA only).

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

Signature:

Date: / /

Name:
(in capitals)

AUTHORISATION STAMP

OFFICE ADDRESS STAMP

I confirm that this claim has been accepted outside the 3 months time limit (NHSBSA only).

Step 3: Please send this form to the organisation named in Part 3.
TO

FOR OFFICIAL USE ONLY BY THE ORGANISATION NAMED IN PART 3

Payment of £ made to patient named in Part 1 of this form on / /

NOTES