

**SUPPLY OF WIGS AND FABRIC SUPPORTS TO NHS OUTPATIENTS**  
**Declaration of exemption with undertaking to pay charge**

YOU MUST COMPLETE PARTS A and E.  
 Complete parts B, C, and D as appropriate. Please also read the notes overleaf.

**PART A PATIENT'S DETAILS** (in capital letters please)

SURNAME: <Surname> (Mr/Mrs/Miss/Ms/Other): <Title>  
 FIRST NAMES: <Forenames> Date of Birth: <D O B>  
 ADDRESS: <Address>, <Town> Postcode: <Post code>

**PART B** I AM:  the patient  the patient's representative

The patient: *(Please tick one box only. Also you should show proof of entitlement to help with health costs.)*

- 1  is under 16 years of age
- 2  is 16, 17 or 18 years of age and in full time education
- 3  has a valid War Pension Exemption certificate N .....  
and the items prescribed are for the accepted disablement
- 4  is named on a valid HC2 NHS low income scheme certificate
- 5  is named on a valid HC3 Certificate for help with health costs
- 6  \* is included in an award of Income Support or income-related Employment and Support Allowance
- 7  \* is included in an award of Pension Credit **guarantee** credit
- 8  \* is included in an award of income based Jobseeker's Allowance
- 9  \* is included in a tax credit award and has a valid NHS Tax Credit Exemption Certificate

\* for these - print the name of the person who gets the benefit or credit.

\* Name ..... Date of Birth ...../...../..... NI no: .....

**PART C** **The hospital may ask you to complete this part if the patient has to pay and, for example, they have to order the wig or fabric support specially.**

I will pay the charge due of £ .....

SIGNED ..... DATE ...../...../.....

**PART D** **Number of Items Received** ..... **I have paid the sum of £** .....

SIGNED ..... DATE ...../...../.....

**PART E** **Declaration**

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption. To enable the NHS to check I have a valid exemption and to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information from this form to and by the NHS Business Services Authority, the Department for Work and Pensions and Local Authorities.

SIGNED ..... DATE ...../...../.....

**If you are not the patient named in Part A - give your name and address here:**

**PART F** Name and address of Hospital or Clinic and 6 Figure Code No.

**REVERSE - NOTES FOR GUIDANCE**

1. Unless you (the patient) are in one of the groups in Part B overleaf or you are included in an award in groups 6-9, a charge is payable for **each** item prescribed.

2. **People who do not have to pay**

2.1. Patients who are in one (or more) of the groups in Part B overleaf (except those with an HC3, see 3.2 below). You, or your representative, should put a tick in the first box in Part B that applies to you, read the declaration and complete and sign Part E. You should show proof of why you don't have to pay, such as a benefit award notice. The proof must be valid on the day you claim exemption from charges. If you cannot show proof, you can still get your items free if you complete Part B and complete and sign Part E. But the NHS is more likely to check your entitlement later if you do not show proof.

2.2. People included in an award of Pension Credit **guarantee credit** (paid on its own or with savings credit) are entitled to help with health costs. For entitlement checks, you can show your award notice, this shows if you are included in an award of PCGC. You can fold up the letter to show just **item 5** so as not to reveal personal information.

3. **Exemption from charges**

3.1. To find out more about NHS charges get:

- **leaflet HC11 'Help with health costs'** which is available from Jobcentre Plus offices and NHS hospitals. You can also ring 0854 610 1112 to get a copy, or go to: [www.dh.gov.uk/helpwithhealthcosts](http://www.dh.gov.uk/helpwithhealthcosts).

3.2. **Partial Help with Health Costs.** If you are named on a **HC3** certificate for partial help you may be entitled to some help with the cost of your NHS wig or fabric support. The HC3 will tell you the maximum you have to pay. Ask the person who supplies you and show them your HC3.

3.3. **Penalty charges.** If you are found to have made a wrongful claim for free or reduced charged items, you will face penalty charges and may be prosecuted under powers introduced by the Health Act 1999. Routine checks are carried out on exemption claims including some where proof may have been shown. You may be contacted in the course of such checks.

3.4 **Refund of charges.** If you think you might be entitled to a refund, ask at the place of treatment for a receipt that shows you paid an NHS charge and for a HC5(W) refund claim form - the form tells you what to do.

If you are under 16 or under 19 receiving full-time education and you pay because, for example, you do not have evidence of your age or educational status, take (or send with a letter) your receipt and proof of your age to the department who supplied the wig or fabric support. They will be able to advise you about how to get the refund.

4. **Help with the cost of travel to hospital for NHS treatment**

4.1. People in one of the groups 6-9 listed overleaf in Part B or named on an HC2 charges certificate (or HC3 for partial help) may get help with their travel costs. Ask at the place of treatment and show proof that you are getting one of these benefits. If you are not in these groups you may be able to get help - leaflet HC11 '*Help with health costs*' tells you more about applying for an NHS Low Income Scheme exemption.