

# HC5(W) Refund claim form: NHS wigs and fabric supports

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.

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.nhsbsa.nhs.uk/low-income-scheme](http://www.nhsbsa.nhs.uk/low-income-scheme). 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

Daytime phone number

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

## Part 2 - Details of NHS wig or fabric support charges paid

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

I wish to claim a refund of  £  for NHS Wig or Fabric Support

Paid on:   /   /

**I wish any refund to be paid into the following account:**

Name(s) of account holder(s)

Full name of bank, building society or other account provider

Sort code of the bank, building society or other account provider.

  

Account number

     

If a building society account, the building society roll or reference number

           

Some building society accounts use a roll or reference number. If you are not sure if the account has a roll or reference number, ask the building society.

**Incorrect account details will delay any refund you are entitled to.**

## 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

Telephone number

Address

  
  
  

Postcode

## Part 4 - Reason for claim

Tick whichever box below applied when the wigs/fabric supports costs were paid and give the information we ask for.

### Group 1

- ☐ I receive a War Pension payment or an Armed Forces Compensation Scheme payment and I am being treated for my accepted disablement. No.

**Send this form to: Service Personnel and Veterans Agency, Norcross, Blackpool FY5 3WP.**

### Group 2

- ☐ My name was on an NHS certificate HC2 or HC3 No.

The person holding the certificate was:

Forename:  Surname:  Date of birth  /  /

### Group 3

- ☐ I was getting one of the benefits/credits listed below (please tick which benefit/credit applies).
- ☐ I am the partner or a dependant child/young person under 20 years of age of someone who was getting one of these benefits/credits.
- Date of birth  /  /  The person getting the benefit/credit was:
- If this person was not the patient, please tell us either their date of birth or their National Insurance number:
- Date of birth  /  /  National Insurance number
- ☐ **Universal Credit** and for the last complete assessment period before the wig or fabric support costs were paid 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.nhsbsa.nhs.uk/check-if-youre-eligible-help](http://www.nhsbsa.nhs.uk/check-if-youre-eligible-help). 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. You also qualify for a refund if you met the qualifying criteria during the Universal Credit assessment period during which the wig or fabric support charge was incurred. Send this form to your local Jobcentre Plus office.
- ☐ **Income Support** – send this form to your local Jobcentre Plus office
- ☐ **Income-based Jobseeker's Allowance** – send this form to your local Jobcentre Plus office
- ☐ **Income-related Employment and Support Allowance** – send this form to your local Jobcentre Plus office
- ☐ **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 before you sign. For more information see [www.nhsbsa.nhs.uk/check](http://www.nhsbsa.nhs.uk/check).

### Group 4

- ☐ 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 can apply for the NHS Low Income Scheme by visiting [www.nhsbsa.nhs.uk/nhs-low-income-scheme](http://www.nhsbsa.nhs.uk/nhs-low-income-scheme) or filling in a HC1 form. You can get a form by visiting [www.nhsbsa.nhs.uk/healthcosts](http://www.nhsbsa.nhs.uk/healthcosts) or by calling 0300 123 0849. If applying with a paper form, send this document 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 NHS Counter Fraud Authority for the purpose of the prevention, detection, investigation and prosecution of fraud and any other unlawful activity affecting the NHS.

**How we use your information:** The NHS Business Services Authority will use the information that you have provided to process your claim for a refund of necessary NHS costs. We match the information provided against any claims you make of being exempt from NHS charges. We will not transfer your personal data outside the United Kingdom or the European Economic Area. We manage the information you provide as required by Data Protection law. This includes the General Data Protection Regulations (GDPR). Your Personal data will be deleted from our systems and files no later than 24 months after the date of expiry of the certificate or assessment. Further details are available at [www.nhsbsa.nhs.uk/yourinformation](http://www.nhsbsa.nhs.uk/yourinformation)

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

**4A** Signature  Date  /  /

**This is a claim on behalf of the person named in Part 1 for a refund of the charges listed in Part 2**

**4B** Signature  Date  /  /

Name (in capitals)

Telephone number

Address

  
  

Postcode

**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(s) indicated in Part 2.

**Step 2** I confirm that the patient 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)

Office address  
stamp

Authorisation 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 NHS England payment services on behalf of the ICB.**

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

 /  / 

Notes