

**AUTHORISATION TO CLAIM EXPENSES TOWARDS THE COST OF
PRESCRIPTION SPECTACLES/CONTACT LENSES THROUGH
HR FORM 1108**

Protect Medical once completed

All Parts of this form MUST be completed

HEAD OF HOUSEHOLD DETAILS

Title		Surname		Staff Number	
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Full Unit Address (Including BFPO No.)	
E-mail Address	
Tel No.	

PATIENT DETAILS (*Head of House / *Spouse / *Child)

Surname		Forename		DOB	
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REASON FOR CLAIM: *Prescription Spectacles / *Prescription Contact Lenses.

I declare that the charges being claimed are as a direct result of visiting the following

Optician Facility: _____ on (date): _____

DETAILS OF CLAIM (Please refer to notes on completion 1 - 3)

Cost claimed relates to **one** prescription charge.

Cost claimed: _____ (a copy of the prescription, invoice and receipt **must** be attached)

Signed: _____ Name: _____ Date: _____

* Delete as applicable

NOTES ON COMPLETION

1. This form is to be used to claim expenses incurred by eligible UKBCs/Contractor's and their dependants based in BFG, SHAPE, Ramstein and Brunssum towards the cost of prescription spectacles or contact lenses up to a maximum value of £70.00 (equivalent Euro rate calculated at the FFR at the time of expenditure). To confirm eligibility please refer to guidance notes located in the HC12 NHS (England) Quick Guide Leaflet (1 Apr 16) available to view online at:

http://www.nhsbsa.nhs.uk/Documents/HealthCosts/HC12_April_2016.pdf

2. This excludes prescription spectacles required for Display Screen Equipment (DSE).

Failure to provide the relevant documentation may result in your claim being delayed or declined.

3. When claiming expenses for prescription spectacles/contact lenses the following documentation is mandatory:
 - ✓ A copy of the sight test prescription
 - ✓ A copy of the invoice
 - ✓ A copy of the credit card receipt or a stamped and signed receipt from the optician if paid by cash
 - ✓ Copy of HR form 1108 Rev (12/15) Miscellaneous Personal Payment (complete sections 1 & 3 for UKBCs)
 - ✓ Copy of HR form 1108 Rev (12/15) Miscellaneous Personal Payment (complete sections 2 & 3 for Contractors)

Once complete all documentation is to be forwarded electronically to:

DII: DPHC(BFG)-HQ-Billing-Clk
Civilian: DPHCBFG-HQ-Billing-Clk@mod.uk

Alternatively you can send them by post to the following address:

Billing Administrator	or	Billing Administrator
HQ BFG Health Service		HQ BFG Health Service
Lake House		Lake House
Catterick Barracks		Catterick Kaserne
Bielefeld		Detmolder Str 440
BFPO 39		33605 Bielefeld
		Germany

Following approval by the Budget Manager your claim will be forwarded to Defence Business Services (DBS) by post for payment.

If you have any questions regarding the completion of this form please contact the Billing Administrator, HQ BFG Health Service on:

(Mil) 94881 2785 or **(Civ)**: 0049 (0)521 9254 2785