



Printer Registration

NHSBSA Use Only

FP17  
01/04/2011  
Revision 6



Patient's NHS No.

Part 1 Provider name, address and location number

Part 2 Patient Information - complete in CAPITALS and Black ink

Surname

First Forename

House number or name

Street

City or Town

County

Postcode

Previous surname if changed since last visit

Title  Sex  M  or  F  Date of Birth

Performer number same as provider  Performer number

Part 3 Incomplete Treatment and Treatment Dates

Incomplete treatment Band for ACTUAL treatment provided  1  2  3

Date of acceptance Day   Month   Year   Completion same as Acceptance Date  1

Completion or last visit Day   Month   Year

Part 4 Exemptions and Remissions

Patient under 18  1  Full remission - HC2 cert.  2  Partial remission - HC3 cert.  3  Expectant mother  4  Nursing mother  5

Aged 18 in full-time education  6  Income support  7  NHS tax credit exemption  8  Income-based jobseekers allowance  9  Pension credit guarantee credit  D

Prisoner  J  Income-related employment and support allowance  N  Evidence of Exemption or Remission not seen  E

Patient charge collected £

Part 5 Treatment Category

Band 1  1  Band 2  2  Band 3  3  Urgent treatment  4  Regulation 11 replacement appliance  5

Prescription only  6  Denture repairs  7  Bridge repairs  8  Arrest of bleeding  9  Removal of sutures  A

Part 5a Clinical Data Set

Scale & polish  1  Fluoride varnish  2  Fissure sealants  3  No. of teeth  Radiograph(s) taken  4  Enter No.

Endodontic treatment  5  No. of teeth  Permanent fillings & Sealant restorations  6  No. of teeth  Extractions  7  No. of teeth  Crown(s) provided  8  No. of teeth

Upper denture - Acrylic  9  No. of teeth  Lower denture - Acrylic  A  No. of teeth  Upper denture - Metal  B  No. of teeth  Lower denture - Metal  C  No. of teeth

Veneer(s) applied  D  No. of teeth  Inlay(s)  E  No. of teeth  Bridge(s) fitted  F  No. of units  Referral for advanced mandatory services  G

Examination  H  Antibiotic items prescribed  J  No. of items  Other treatment  K  Best practice prevention according to Delivering Better Oral Health offered  L

Part 6 Other Services

Treatment on referral  1  Free repair/replacement  2  Further treatment within 2 months  3  Domiciliary services  4  Sedation services  5

Part 7 NICE Guidance

I have given preventative advice and recommended a recall interval, taking into account NICE guidance, that I regard as appropriate to the patient's current oral health.

No. of Months

M   M   M   £

Part 8 NHSBSA Use Only

Part 9 Declaration

All the necessary care and treatment that the patient is willing to undergo will be provided.

All the currently necessary care and treatment that the patient is willing to undergo has been carried out.

I declare that I am properly entitled to practise under the current dental regulations and 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. For the purpose of verification of this and the prevention and detection of fraud and incorrectness, I consent to the disclosure of relevant information from this form to and by the NHS Business Services Authority.

Signature  Date



**PATIENT DECLARATION (This side of the form must be completed by, or on behalf of, the patient)**

**PATIENT DECLARATION (TO BE COMPLETED FOR ALL PATIENTS)**

I would like the dental provider named overleaf, or their representative, to examine me under the NHS and to give me any necessary care and treatment that I am willing to undergo within NHS arrangements.

**I agree to pay the statutory charges for the NHS dental services I receive, unless I have completed a valid claim for free or reduced cost NHS dental services overleaf, and that I may have to pay the FULL amount prior to treatment.**

I agree, if necessary, to be examined and/or to have my dental records examined by the NHS Business Services Authority or other authorised body.

I declare that the information I give on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me.

To enable the NHS to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information to and by the NHS Business Services Authority, Primary Care Trusts, Department of Work & Pensions, HM Revenue & Customs and local authorities.

If you are signing for the patient give details below:

Name (in CAPITALS)

Relationship to patient

Signature

Date

**What is your ethnic group?**

Please choose **ONE** selection from this list to indicate your ethnic group:

Patient declined  L

White British	1 <input type="checkbox"/>	White Irish	2 <input type="checkbox"/>	Other White background	3 <input type="checkbox"/>	White & Black Caribbean	4 <input type="checkbox"/>	White and Black African	5 <input type="checkbox"/>	White and Asian	6 <input type="checkbox"/>	Other mixed background	7 <input type="checkbox"/>	Asian or Asian British Indian	8 <input type="checkbox"/>
Asian or Asian British Pakistani	9 <input type="checkbox"/>	Asian or Asian British Bangladeshi	0 <input type="checkbox"/>	Other Asian background	D <input type="checkbox"/>	Black or Black British Caribbean	F <input type="checkbox"/>	Black or Black British African	G <input type="checkbox"/>	Other Black background	H <input type="checkbox"/>	Chinese	J <input type="checkbox"/>	Any other ethnic group	K <input type="checkbox"/>

**CLAIM FOR FREE OR REDUCED COST NHS DENTAL SERVICES**

**YOU MUST READ THIS FORM BEFORE YOU SIGN IT. ONLY SIGN IT IF IT IS CORRECT.**

The patient is responsible for the accuracy of this claim, NOT the dental practice.

If you are not certain that you are entitled to receive free or reduced cost NHS dental services you **MUST** pay at the dental practice. If you subsequently confirm that you were entitled to free or reduced cost dental services, you can claim a refund. If you have applied for a qualifying benefit or exemption certificate but have not received it yet, you must pay and claim a refund when/if you do receive it.

Routine checks are carried out on claims including claims where evidence of entitlement is shown to the dental practice. If you are found to have wrongly claimed free or reduced cost NHS dental services, you will have to pay a penalty charge of up to £100. You will not have an opportunity to pay for the services first to avoid the penalty.

**a) I am entitled to free NHS dental services because on the first day of treatment:**

I am under 18 years of age.

I am 18 years of age and in full time education

I am pregnant } NHS Maternity Exemption certificate/card no.

I had a baby in the last 12 months } Date baby due/born

I am currently in prison or a young offender's institution

**b) I am entitled to free NHS dental services because during the course of treatment I, or my partner, receive:**

**Income Support** (Incapacity benefit and Disability Living Allowance does not count) }

**Income-based Jobseeker's Allowance** (Contribution-based does NOT count) } Date of Birth

**Income-related Employment & Support Allowance** (Contribution-related does NOT count) }

**Pension Credit Guarantee Credit** (Savings Credit on its own does NOT count)

These are the **ONLY** benefits that entitle you to free NHS dental services. Other benefits such as Council Tax Benefit, Housing Benefit, receipt of State/Private Pension, NHS Prescription Charge Medical Exemption Certificate or any other benefit does not count.

**c) I am entitled to free NHS dental services because I am named on one of the following certificates that is valid during the course of treatment:**

**HC2 Certificate**

**NHS Tax Credit Exemption Certificate (Card)**

(You are not automatically entitled because you receive Tax Credits; there are qualifying conditions. If you qualify you will be sent an exemption certificate/card)

**d) I am entitled to reduced cost NHS dental services because :**

I am named on a HC3 certificate that is valid during the course of treatment which limits the amount I have to pay to £

I confirm that the information I have given above is correct and complete and that I am entitled to free or reduced cost NHS dental services as above. I understand that I will have to pay a penalty charge of up to £100 if it is not correct and I am not entitled.

If you are signing for the patient give details below:

Name (in CAPITALS)

Relationship to patient

Signature

Date