

Part 3 Other Treatment Section:

For every Childsmile claim completed within 12 months of being registered Annual fee code (4101/ 4102 dependant on Scottish Index of Multiple Deprivation (SIMD) of the patient's postcode) needs to be completed. Note: an annual fee code is needed to ensure Childsmile payment.

In order to qualify for the annual fee, dentists must record the preventative activity of tooth brushing instruction and dietary advice:

- **New patients** - Preventative activity within 12 months of being registered with the dentist, and within each 12 month period thereafter.
- **Existing patients** - Preventative activity within 12 months of 1 October 2011, and within each 12 month period thereafter.

The two preventative activities will be zero value codes.

Use only the following Childsmile codes and please remember to enter 01 (for frequency) after each of the Childsmile codes:

Form completion for a child's visit aged 0 - 2 years 11 months (inclusive)

The diagram shows a tablet on the left displaying a form, with a blue circle containing the number '3' highlighting a specific section. A line connects this circle to a larger, detailed view of the form on the right. The form is titled 'Deciduous' and 'Dentists use only'. It contains several rows of checkboxes and input fields. The 'Dentists use only' section has two columns labeled '£' and 'P'. The '£' column has the number '5' and the 'P' column has '00'. The 'Other Treatment' section has a 'Free Replacements Tick Box A' and a column labeled 'A'. The 'Referrals' section has a 'No. of claims' field with the number '4600'. The 'TOTAL' field at the bottom right has the number '5 0 0'.

The following codes can be used for SIMD 1 - 3:

- 4101 01 Annual fee code
- 4103 01 Tooth brushing instruction by the dentist
- 4104 01 Tooth brushing instruction by dental care professional
- 4105 01 Dietary advice by the dentist
- 4106 01 Dietary advice by dental care professional

The following codes can be used for SIMD 4 - 5:

- 4102 01 Annual fee code
- 4103 01 Tooth brushing instruction by the dentist
- 4104 01 Tooth brushing instruction by dental care professional
- 4105 01 Dietary advice by the dentist
- 4106 01 Dietary advice by dental care professional

Form completion for a child's visit aged 3 - 5 years 11 months (inclusive)

The following codes can be used:

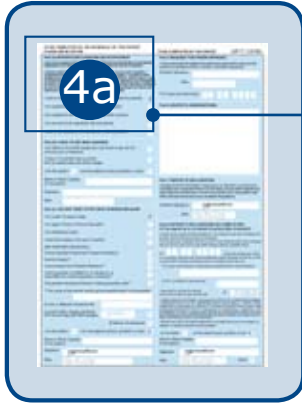
- 4111 01 Annual fee code (SIMD 1 - 3 only)
- 4107 01 Tooth brushing instruction by the dentist (SIMD 1 - 5)
- 4108 01 Tooth brushing instruction by dental care professional (SIMD 1 - 5)
- 4109 01 Dietary advice by the dentist (SIMD 1 - 5)
- 4110 01 Dietary advice by dental care professional (SIMD 1 - 5)

Back of the form

Part 4a Patients declaration on acceptance

To ensure the GP17 form is processed correctly the parent, guardian or carer must select:

Either:
'I wish to be registered/continue to be registered with this dentist'
(we would expect this category to be crossed).



TO BE COMPLETED BY, OR ON BEHALF OF, THE PATIENT
PLEASE USE BLACK INK

Part 4a PATIENTS DECLARATION ON ACCEPTANCE

I wish to be treated by this dentist under the NHS (General Dental Service) (Scotland) Regulations and will attend the Scottish Dental Reference Service if required.

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. I confirm proper entitlement to exemption or remission. To enable the NHS to check I have a valid exemption/remission and for the purposes of prevention, detection and investigation of crime, I consent to the disclosure of relevant information from this form, including to and by the NHS Business Services Authority, the Department for Work and Pensions, HM Revenue & Customs and Local Authorities.

I wish to be registered/continue to be registered with this dentist

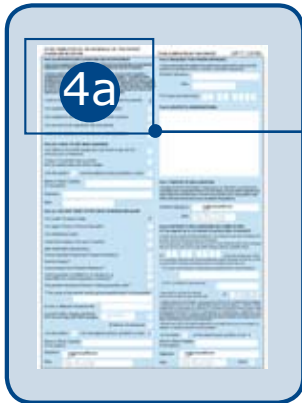
I am registered with another dentist at this practice

I am registered with another dentist at another practice

I do not wish to be registered with any dentist

I wish to be treated by this dentist as a referred patient

Or:
'I am registered with another dentist at this practice'
(if there is an active registration at the practice and another dentist is providing the care).



TO BE COMPLETED BY, OR ON BEHALF OF, THE PATIENT
PLEASE USE BLACK INK

Part 4a PATIENTS DECLARATION ON ACCEPTANCE

I wish to be treated by this dentist under the NHS (General Dental Service) (Scotland) Regulations and will attend the Scottish Dental Reference Service if required.

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. I confirm proper entitlement to exemption or remission. To enable the NHS to check I have a valid exemption/remission and for the purposes of prevention, detection and investigation of crime, I consent to the disclosure of relevant information from this form, including to and by the NHS Business Services Authority, the Department for Work and Pensions, HM Revenue & Customs and Local Authorities.

I wish to be registered/continue to be registered with this dentist

I am registered with another dentist at this practice

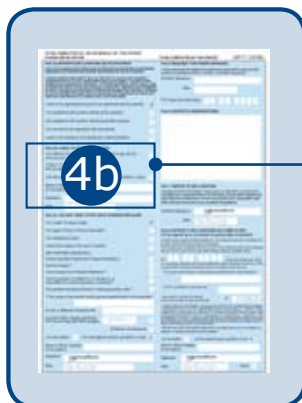
I am registered with another dentist at another practice

I do not wish to be registered with any dentist

I wish to be treated by this dentist as a referred patient

Part 4b I have to pay NHS charges

The parent, guardian or carer should not complete this section.



Part 4b I HAVE TO PAY NHS CHARGES

I am liable for the NHS charge and may have to pay the full amount prior to treatment

I have or my partner has a current HC3 for partial help with NHS charges

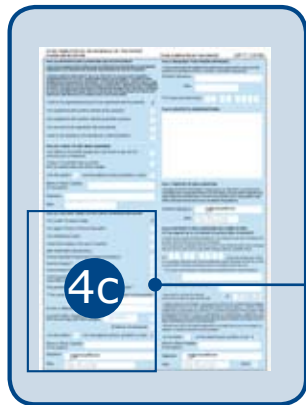
I am the patient I am the patient's parent, guardian or carer

Name in Block Capitals (if not patient)

Signature

Date

Part 4c I do not have to pay NHS charges because



Part 4c I DO NOT HAVE TO PAY NHS CHARGES BECAUSE

I am under 18 years of age **i**

I am aged 18 and in full time education

I am expecting a baby

I have had a baby in the last 12 months

I/MY PARTNER RECEIVE(S)

Income Related Employment Support Allowance

Income Support**

Income-based Job Seekers Allowance**

I am/my partner is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate**

I/my partner receive(s) Pension Credit guarantee credit**

**The name of the person receiving the benefit/credit if not the patient

D.O.B. or National Insurance No.

A current NHS charges certificate HC2 for full help with NHS charges HC2 Number

Evidence not produced

I am the patient I am the patient's parent, guardian or carer **ii**

Name in Block Capitals (if not patient)

Signature *signature* **iii**

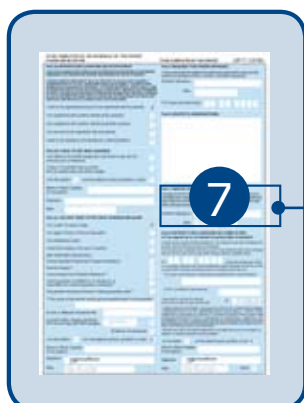
Date 05/10/2011

- i** The parent, guardian or carer must check the box "I am under 18 years of age"
- ii** Check the box "I am the patient's parent, guardian or carer"
- iii** The signature section must be signed and dated by the parent, guardian or carer.

Part 7 Dentists declaration

The Dentist's Signature must be completed – signed and dated by the Dentist.

This will normally be signed by the nominated dentist for appointments delivered by a Dental Care Professional (DCP). In the instance that a Childsmile appointment has been delivered by a dentist (principal or associate) the dentist concerned must sign and date.



Part 7 DENTIST'S DECLARATION

I declare that the information I have given on this form is correct and complete and I understand that if it is not action may be taken against me I claim payment of fees due to me for work carried out in accordance with NHS (General Dental Services) (Scotland) Regulations.

Dentist's Signature *signature*

Date 05/10/2011

