

Part 1 PATIENT INFORMATION

SURNAME S M I T H - J O N E S

FORENAME J U L I E - A N N

D.O.B. 1 9 7 8 SEX M X

PATIENT IDENTIFIER Serial or CHI number

PREVIOUS SURNAME If changed from last visit

ADDRESS

BLOCK CAPITALS

POSTCODE Enter at all times

Use BLACK INK & BLOCK CAPITALS

- **Surname** - when entering a double-barrelled name the system reads the last part of the surname.
- **Forename** - when entering a double-barrelled name the system reads the first part of the forename.
- **Date of birth** – the full year of birth must be entered and the date of birth must not match the acceptance date.
- **Sex** - please enter M or F or a cross.
- **Patient Identifier** – serial number is not for practice use unless: two patients have identical details within Scotland. One patient is issued with a serial number which is entered on GP17 every time the form is submitted. This prevents patients records jumping back and forward [stops showing the patient as transferred]. Where possible include the CHI number to help with patient matching as this will help prevent duplicate registrations.
- **Previous Surname** - this is completed when there has been a change of name from the last visit. For example marriage, deed poll etc. When registering new patients confirm whether they have changed their name since their last visit to an NHS dentist, if so include the previous surname. This is entered on **one** occasion only.
- **Address** - Enter full address in block capitals.
- **Postcode** - PSD encourage you to enter the patient's full postcode as this is linked to the deprived area enhancement payments.

Part 2 DENTIST'S INFORMATION
DENTIST'S NAME AND ADDRESS (STAMP)

Dentist stamp – system reads the bar code first then the list number.

Date of Registration/Acceptance for Treatment **Must be completed with every submission of form**

Date of Completion of Treatment **Must be completed when treatment is undertaken**

Dentist Stamp

- Bar code and List number - the system reads the bar code before the list number.
- An information pack provided by your Primary Care Trust/Health Board (PCT/HB) includes a request form for a stamp.
- The form is completed and sent to PSD.
- PSD send the form to the stamp company, the stamp will be issued within 10-14 working days.
- It is the responsibility of the dentist that the stamp is clearly visible to allow us to make prompt payment of claims.
- Information on replacing ink cartridges is enclosed in your information pack.

Date of Registration/Acceptance

- The full date of registration or acceptance must be completed with every form submission.

Date of Completion of treatment

- Only complete when treatment is undertaken.
- Never complete when registration only.

Treatment on Referral	Cross box, complete 4600 and Part 4a	<input checked="" type="checkbox"/>
I claim payment under item 41B (Special Needs)	Support with observations	<input checked="" type="checkbox"/>
I do not wish to extend the patient's period of registration	No longer in use	<input checked="" type="checkbox"/>

Treatment on Referral

- If the dentist who is responsible for the patients care does not have the expertise or facilities to carry out the necessary treatment, for example if a patient requires surgical extractions or sedation, they would refer the patient to a practitioner who has the required skill.

Number of referral entered at pre-coded part

- This is calculated by the acceptance and completion dates.
- Part or whole - anything from a day to 3 months (1 referral).
- Over 3 months less than 6 months (2 referrals and so on).
- Complete the referral box, number of referrals and Part 4 of the form.

Special Needs item 41B

- Up until October 2005 this was payable to patients under 18 years of age only, as of the 1st October 2005 this is now payable to all patients with special needs.
- This fee is payable to dentists when they need to spend additional time with patients or the patient has severe physical disabilities or learning difficulties.
- Always support the claim with observations.

I do not wish to extend the patient's period of registration

- Since introduction of Non-Time Limited Registration on 1 April 2010 this is no longer in use, if this box is ticked it will cause a rejection.
- If you want to withdraw a patient, this must be done through the PCT/HB using a GP200 form.

Part 3 PATIENT CHARTING AND DETAILS OF CLAIM

		8		7		6		E		D		C		B		A		A		B		C		D		E		6		7		8	
		B		7		6		E		D		C		B		A		A		B		C		D		E		6		7		8	
		B		7		6		E		D		C		B		A		A		B		C		D		E		6		7		8	
Examination	Radiographs/Models	Scaling	Fillings	Deciduous	Deciduous	Dentists use only																											
1A 0101	2A1 0201	10A 1001	1401	4401	4403	E	p																										
1B 0111	2A4 0204	10B 1011	1402	4402	4404																												
1C 0121	2B 0211	10C 1021	1403	Other Treatment (Free Replacements Tick Box A)		A																											
Dentures	Crowns	1022	1404																														
F/F 2730	1700	Endodontic	1421																														
F/- 2731	1716	1501	1420																														
-/F 2732	1721	1502	1422																														
P/- 2733	1732	1503	1423																														
-/P 2735	1734	1504	1426																														
2801	1782	Miscellaneous	1431																														
2802	Veneers	3611	Extractions																														
2771	1600	3631	2101																														
2772	1601	3701	2121	Referral (No. of claims)	4600																												
2738	Radiographs Available	Models Available	Trauma	TOTAL £																													

Part 3: Treatment details (for example, filling details). Charting required if claiming for bridges, dentures, item 10c or Prior Approval.

Part 3: Pre-coded part. This generates payment.

Patient charting and details of claim

- Please make sure that all teeth including extracted teeth are charted on every GP17.
- Enter the surfaces and materials of fillings.
- Charting is required if claiming for bridges, dentures, item 10c or Prior Approval.
- If only one box is present this means fewer than 10 claims are possible.
- Other treatments carried out may be covered under discretionary fees or free replacement.
- Radiographs available box is to be completed if they are available and are required by the regulations for children and adults but are not claimed. If they are being claimed for the adult, this box does not need to be crossed.
- Dentist use only box is to list all claim fees.
- The total box must be added up correctly.

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

This part of the form should be completed by the patient.

Part 4a Patients declaration on acceptance

This part of the form should be completed by the patient in conjunction with practice staff.

- If you want the patient registered or to continue with registration (the full range of treatment can be claimed), please cross '**I wish to be registered/continue to be registered with this dentist**'.
- On occasions where the dentist who is responsible for the patient's care is unavailable, please cross '**I am registered with another dentist at this practice**' if they need to be seen during this time. This allows you to claim the full range of treatment but this does not transfer the patient's registration.
- The '**I do not wish to be registered with any dentist**' box is crossed when the patient does not wish to be registered with a dentist or has not been referred. For example, a patient is on holiday and needs emergency relief of pain. Only items 47 – 60 can be claimed in these circumstances.
- '**I wish to be treated by this dentist as a referred patient**', this box is crossed when patients have been referred; if this box has been crossed the system will automatically check at Part 2 of the form to see if a cross has been entered in the '**Treatment on Referral**' box.

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

This is completed by patients who are liable to pay for treatment.

Part 4b I have to pay NHS charges

This is completed by patients who are liable to pay for treatment.

- The HC3 certificate - this is for partial help, the patient is responsible to pay for the amount stated on the certificate. The patient must sign and date part 4b.
- If the patient is liable to pay for the full amount of their treatment they must sign and date part 4b.
- Please detail the name of the signatory if they are not the patient.

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

I am under 18 years of age

I am aged 18 and in full time education

I am expecting a baby

I have had a baby in the last 12 months

/MY PARTNER RECEIVE(S)

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**

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

Evidence not produced

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

Name in Block Capitals (if not patient)

Signature

Date

Exemption

Remission

This information is captured for Counter Fraud Services.

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

- There are 4 exemption categories;
 - I am under 18 years of age**
 - I am aged 18 and in full time education**
 - I am expecting a baby**
 - I have had a baby in the last 12 months**
- There are 5 remission categories;
 - /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 ****
 - /my partner receive(s) Pension Credit guarantee credit ****

Patients need to indicate why they are either exempt or remitted from paying treatment:

- Enter the name of the person receiving the benefit (if not the patient).
- Enter the date of birth of the person receiving the benefit.
- This is information for the Counter Fraud Service.
- **Evidence not produced** - This is part of the point of treatment checks. Dentists are expected to carry out a check for these patients who have indicated that they are exempt or remitted from charges.
- Dentists are reimbursed with a fee of 12p for this check.

Additional Information - HC3 (Partial help) & HC2 (Full help)

When patient applies for help with payment to dental treatment they complete a HC1 form. This is sent to the benefits agency who will determine whether to pay partial or full amount of the treatment. If partial this will be an HC3, which is indicated at Part 4b, if full help this will be an HC2 Part 4c of the form.

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

Date

Dentist must sign and date at all times.

Part 7 Dentist's Declaration

- Dentist's Declaration must be signed at all times by the dentist.
- The dentist signs the form when claiming for treatment, they are committing to the treatment claimed on the front of the form.

Part 8 PATIENTS DECLARATION ON COMPLETION
(To be signed by or on behalf of patient after treatment)

I confirm that I have had all the treatment I am willing to have and will attend the Scottish Dental Reference Service if required.
If you previously completed Part 4b but your circumstances have since changed and you do not now have to pay NHS charges please complete below:

On -- when the charge was made, I or my partner received one of the benefits/tax credits indicated at Part 4c or had a current NHS charges certificate which is indicated at part 4b or 4c.

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

D.O.B. or National Insurance No.

I have paid or will pay the dentist (if you do not have to pay enter 00.00) £

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 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 will pay the cost of the dental treatment if I am later found not to be entitled. In addition, a statutory penalty may be payable.

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

Name in Block Capitals (if not patient)

Signature

Date PFTR

If patient's circumstances change.

Patient signs after treatment has been completed.

Patient failed to return.

Part 8 Patient's Declaration on completion

(To be signed by or on behalf of the patient once treatment has been completed.)

- If they are a paying or a partial paying patient, the value of the payment made must be entered here.
- If they are not liable to pay, enter zeroes.
- Sign and date.

If a patients circumstances change

'On the date when the change has been made...' patient receiving benefits or tax credits

- Patient that has signed Part 4b should enter the date their circumstances changed.
- At Part 4c indicate which benefit/tax credit they/their partner are receiving. (No signature is required on Part 4c).
- Sign and date.

Patient failed to return (PFTR)

- Cross box if the patient failed to return.
- Enter completion date - last missed appointment.