



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

<input type="checkbox"/> I am under 18 years of age.	
<input type="checkbox"/> I am 18 years of age <u>and</u> in full time education	Enter Name of college or university
<input type="checkbox"/> I am pregnant	} NHS Maternity Exemption certificate/card no.
<input type="checkbox"/> I had a baby in the last 12 months	} Date baby due/born <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> 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:

<input type="checkbox"/> Income Support (Incapacity benefit and Disability Living Allowance does not count)	
<input type="checkbox"/> Income-based Jobseeker's Allowance (Contribution-based does NOT count)	} Print name of person receiving benefit
<input type="checkbox"/> Income-related Employment & Support Allowance (Contribution-related does NOT count)	} Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Pension Credit Guarantee Credit (Savings Credit on its own does NOT count)	} Enter National Insurance Number

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:

<input type="checkbox"/> HC2 Certificate	Enter Certificate Number
<input type="checkbox"/> NHS Tax Credit Exemption Certificate (Card)	Enter Certificate/card Number

(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 :

<input type="checkbox"/> I am named on a HC3 certificate that is valid during the course of treatment which limits the amount I have to pay to £	Enter Certificate Number
--	--------------------------

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