

Completion of form guidance

FP170



Part 1

Printer Registration

NHSBSA Use Only

Patient's NHS No.

Part 1 Provider name, address and location number

Performer number same as provider ☐ **Performer number**

Patient's NHS No.

Enter the 10 digit NHS number, this is an optional field.

Provider Name Address and Contract Number

Enter the name address and contract number of the provider using the stamp that has been provided. This is required on every form.

Performer number same as provider

Put a cross in this box if the 6 digit performer number for this course of treatment is the same as the 6 digit provider number.

Performer number

Enter the 6 digit number of the performer responsible for this course of treatment.

Either the performer number or a cross in the 'Performer number same as Provider' box must be present on every form.

Part 2

Patient Surname - Enter the patient's surname up to 14 alpha characters. This is required on every form.

First Forename - Enter the patient's forename up to 14 alpha characters. This is required on every form.

House Number followed by street - Enter the patient's house number and street. This is required on every form.

City or Town - Enter the city or town of the patient's address.

County - Enter the county of the patient's address.

Postcode - Enter the patient's postcode.

Previous Surname - Enter the previous surname if the patient's surname has changed since their last course of treatment was submitted.

Title - Enter the patient's title. For example: Mr, Mrs, Miss.

NHS **FP170** **01/04/2008** **Revision 1**

Part 2 Patient Information - complete in CAPITALS and Black ink

Surname

First Forename

House number followed by Street

City or Town

County **Postcode**

Previous surname if changed since last visit

Title **Sex** **M** ☐ **or** **F** ☐ **Date of Birth** **DDMMYYYY**

Sex – Sex of patient, cross M for Male or F for Female. This is required on every form.

Date of Birth – Enter the patient's date of birth using 8 numerics. This is required on every form. For example, 6 May 1990 is 06051990.

Part 3

Part 3 Exemptions and remissions

Patient under 18	1	<input type="checkbox"/>	Full remission - HC2 cert.	2	<input type="checkbox"/>	Partial remission - HC3 cert.	3	<input type="checkbox"/>	Expectant mother	4	<input type="checkbox"/>	Nursing mother	5	<input type="checkbox"/>
Aged 18 in full-time education	6	<input type="checkbox"/>	Income support	7	<input type="checkbox"/>	NHS tax credit exemption	8	<input type="checkbox"/>	Jobseekers allowance (IB)	9	<input type="checkbox"/>	Pension credit guarantee credit	D	<input type="checkbox"/>
Prisoner	J	<input type="checkbox"/>	Evidence of Exemption or Remission not seen						E	<input type="checkbox"/>	Patient charge collected	£		

Patient Under 18 – Cross this box if patient is under 18

Full Remission – HC2 cert. – Cross this box if patient is named on an HC2 certificate

Partial remission – HC3 cert. – Cross this box if patient is named on an HC3 certificate

Expectant Mother – Cross this box if the patient is pregnant

Nursing Mother – Cross this box if the patient had a baby in the last 12 months

Aged 18 in full time education – Cross this box if the patient is aged 18 and under 19 and in full time education

Income Support – Cross this box if the patient or patient's partner receives Income Support

NHS Tax Credit Exemption – Cross this box if the patient

is named on a NHS Tax Credit Exemption Certificate

Jobseekers Allowance – Cross this box if the patient or patient's partner receives Income-based Jobseekers Allowance

Pension Credit Guarantee Credit – Cross this box if the patient or patient's partner receives Pension Credit Guarantee Credit

Prisoner – Cross this box if the patient is in prison or a young offenders institution

Evidence of Exemption or Remission not seen – It is a contractual requirement to request evidence of exemption, however cross this box if evidence is not seen that the patient is entitled to exemption or remission.

Patient Charge Collected – Enter any NHS patient charge that has been collected for this course of treatment.

Part 4

Part 4 Orthodontic Data Set - Treatment Proposed/Treatment Provided

Radiograph(s)	Enter No.	1	<input type="checkbox"/>	Removable upper appliance	2	<input type="checkbox"/>	Removable lower appliance	3	<input type="checkbox"/>	Fixed upper appliance	4	<input type="checkbox"/>	Fixed lower appliance	5	<input type="checkbox"/>			
Functional appliance	6	<input type="checkbox"/>	Retainer upper	7	<input type="checkbox"/>	Retainer lower	8	<input type="checkbox"/>	Extractions	9	<table border="1"> <tr> <td>Upper Right</td> <td>Upper Left</td> </tr> <tr> <td>Lower Right</td> <td>Lower Left</td> </tr> </table>				Upper Right	Upper Left	Lower Right	Lower Left
Upper Right	Upper Left																	
Lower Right	Lower Left																	

Radiographs – Enter the number of radiographs proposed /obtained.

Removable Upper Appliance – Cross this box if a removable upper appliance is proposed/provided.

Removable Lower Appliance – Cross this box if a removable lower appliance is proposed/provided.

Fixed Upper Appliance – Cross this box if a fixed upper appliance is proposed/provided.

Fixed Lower Appliance – Cross this box if a fixed lower appliance is proposed/provided.

Functional Appliance – Cross this box if a functional appliance is proposed/provided.

Retainer Upper – Cross this box if an upper retainer is proposed/provided.

Retainer Lower – Cross this box if a lower retainer is proposed/provided.

Extractions – Enter the tooth notation(s) for extractions proposed/performed.

'Treatment Proposed' refers to anticipated treatment and should be included on the first form submitted when the first appliance is fitted. 'Treatment Provided' should be a record of the totality of treatment actually provided and included on the completion of treatment form.

Part 5

To be completed on assessment or at the fitting of the first appliance. Parts 1,2, (3 if appropriate), 4 and 8 must also be completed.

Part 5 Orthodontic Assessment and Treatment Start						Day	Month	Year							
Assessment & review	1	<input type="checkbox"/>	Assess & refuse treatment	2	<input type="checkbox"/>	Assess & appliance fitted	3	<input type="checkbox"/>	Date of Referral	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Enter value 1 - 5			Enter value 1 - 10				Date of Assessment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IOTN	4	<input type="text"/>	Aesthetic component	5	<input type="text"/>	IOTN not applicable	6	<input type="checkbox"/>	Date Appliance Fitted	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Assessment & Review – Cross this box if an assessment has been performed, NHS orthodontic treatment is indicated, but the patient is not ready to start. A date of assessment and IOTN score must be present. If the IOTN score is 3, the Aesthetic Component must also be completed. For a fee paying patient the Band 1 charge is levied.

Assessment & Refuse Treatment – Cross this box if an assessment has been performed but NHS orthodontic treatment is deemed unnecessary or inappropriate. A date of assessment and IOTN score must be present. If the IOTN score is 3, the Aesthetic Component must also be completed. For a fee paying patient the Band 1 charge is levied.

Assessment and Appliance Fitted – Cross this box if an assessment has been performed and an orthodontic appliance has been fitted. A date of assessment, date appliance fitted and IOTN score must be present. If the IOTN score is 3, the Aesthetic Component must also be completed. For a fee paying patient the Band 3 charge

is levied. If a patient commences a course of treatment a second form must be submitted on completion or termination of treatment.

IOTN – Enter the IOTN Dental Health Component. If the value is 3, the Aesthetic Component must also be completed.

Aesthetic component – Enter the IOTN Aesthetic Component.

IOTN not applicable – Cross this box if an IOTN assessment is not possible. For example, transfer cases with fixed appliances in situ.

Date of Referral – Enter the date the referral was received.

Date of Assessment – Enter the date of assessment on all assessment forms.

Date Appliance Fitted – Enter the date the first appliance was fitted for this course of treatment. The Date Appliance Fitted must be on or after the Date Of Assessment.

Part 6

To be completed on completion or termination of orthodontic treatment. Parts 1,2,4 and 8 must also be completed.

Part 6 Orthodontic Completion														
Treatment abandoned -patient failed to return	1	<input type="checkbox"/>	Treatment abandoned -patient requested	2	<input type="checkbox"/>	Treatment discontinued	3	<input type="checkbox"/>	Treatment completed	4	<input type="checkbox"/>	PAR scores calculated	5	<input type="checkbox"/>
		Enter value 1 - 5			Enter value 1 - 10									
IOTN	6	<input type="text"/>	Aesthetic component	7	<input type="text"/>	IOTN not applicable	8	<input type="checkbox"/>	Date of completion or last visit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Repair to appliance fitted by another dentist	9	<input type="checkbox"/>	Regulation 11 replacement appliance	A	<input type="checkbox"/>									

Treatment abandoned – patient failed to return – Cross this box if the active treatment was abandoned because the patient failed to return. A date of last visit and IOTN score or IOTN not applicable must be present.

Treatment abandoned – patient requested – Cross this box if the active treatment has been abandoned at the patient's request. A date of last visit and IOTN score or IOTN not applicable must be present.

Treatment discontinued – Cross this box if the Performer decides active treatment is to be discontinued. A date of last visit and IOTN score or IOTN not applicable must be present.

Treatment completed – Cross this box if the active treatment has been completed. A date of completion and IOTN score at the completion of treatment must be present.

PAR scores calculated – Cross this box if a PAR score has been calculated for this case.

IOTN - Enter the IOTN Dental Health Component.

Aesthetic component – Enter the IOTN Aesthetic Component.

IOTN not applicable – Cross this box if an IOTN assessment is not possible.

Repair to appliance fitted by another dentist – Cross this box if a repair is made to an appliance fitted by another dentist.

Regulation 11 replacement appliance - Cross this box if an orthodontic replacement appliance under Regulation 11 has been provided – Parts 1,2 and the assessment date need to be completed. A patient charge should be entered in part 3 which will be 30% of the band 3 charge per appliance. In all instances a patient charge should be collected from the patient or patient parent or legal guardian irrespective of the exemption / remission status. The patient may apply for a refund directly from the NHSBSA Dental Services Division.

Part 8

Part 8 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

Part 8 Declaration – The declaration must be signed and dated by a qualified dentist on every form. This would normally be the Performer responsible for the course of treatment.

Both declarations should be crossed on every form submitted, with the exception of courses of treatment where the Performer decides to discontinue treatment. In this instance, only the first box is crossed.

Patient declaration

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 below.															
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)					Signature										
Relationship to patient					Date										
What is your ethnic group? - Please choose ONE selection from this list to indicate your ethnic group:															
White British	1	White Irish	2	Other White background	3	White & Black Caribbean	4	White and Black African	5	White and Asian	6	Other mixed background	7	Asian or Asian British Indian	8
Asian or Asian British Pakistani	9	Asian or Asian British Bangladeshi	0	Other Asian background	D	Black or Black British Caribbean	F	Black or Black British African	G	Other Black background	H	Chinese	J	Any other ethnic group	K

All patients must read and sign this section before NHS dental services are provided.

This may be signed and dated contemporaneously by the patient's representative, as long this is someone

who is not connected with the dental practice.

The patient can enter their ethnic group but this is optional.

Claim for free or reduced cost NHS dental services

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.	

The patient must complete this section if they are claiming an exemption or remission. The patient must read the form before they complete it.

The patient must place a cross in a), b), c) or d), depending on the reason they are claiming an exemption or remission and enter the additional information that is required.

Please do not indicate where the patient should complete the form. It is the patient's responsibility to make this claim. Please ask them to read the form and complete the section that applies to them. Please do not advise them about their entitlement.

The first day of treatment is the date of assessment for the course of treatment.

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 and 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 DDMMYY
<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 checked="" type="checkbox"/> Income Support	}	Print name of person receiving benefit
<input checked="" type="checkbox"/> Income-based Jobseeker's Allowance (Contribution-based does NOT count)	}	DDMMCCYY
<input checked="" 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 Incapacity Benefit, Disability Living Allowance, Council Tax Benefit, Housing Benefit and any other benefits do 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 checked="" type="checkbox"/> HC2 Certificate	Enter Certificate Number
<input checked="" 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 checked="" 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)		Signature	
Relationship to patient		Date	

This may be signed and dated contemporaneously by the patient's representative, as long this is someone who is not connected with the dental practice.



Contact us

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NHS Business Services Authority (NHSBSA)

The NHSBSA was established following the 2004 review of bodies operating at arm's length from the Department of Health (DH). The NHSBSA brought together five of these bodies into a single, unified organisation from 1 April 2006.

In establishing the NHSBSA, the DH defined it as "The main processing facility and centre of excellence for payment, reimbursement, remuneration and reconciliation for NHS patients, employees, and other affiliated parties".