

Completion of form guidance

FP17-England



The FP17 has been updated to 1 April 2010. The changes made are:

- The FP17 is NHS Aqua Green. This is to assist with the use of Optical Character Recognition (OCR) and Intelligent Character Recognition (ICR) for capturing the data contained on these forms.
- Individual character boxes have been introduced for patient and treatment details. Again this is due to the use of OCR and ICR technology. If you use overprinting, the individual characters do not need to be in the individual boxes, as part of the scanning process is for the background colour to be removed.
- A new ethnicity category of Patient Declined has been added to Ethnic Group.
- New Clinical Dataset items, Examination and Other Treatment have been introduced.
- The recall period has been introduced.

Existing stocks of FP17s can be used after 1 April 2010. Only use the new version of the form once existing stocks are exhausted.

Part 1

The screenshot shows a form with the following sections:

- Patient's NHS No.:** A row of 10 empty boxes for entering the NHS number.
- Part 1 Provider name, address and location number:** A large rectangular area for entering provider details.
- Performer number same as provider:** A box containing a cross symbol (X).
- Performer number:** A row of 6 empty boxes for entering the 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 surname up to 14 alpha characters. This is required on every form.

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

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

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

County - Enter the county of the patient address.

Postcode - Enter the patient 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 title. For example Mr, Mrs, Miss.

The screenshot shows a form titled "Part 2 Patient Information - complete in CAPITALS and Black ink" with the following fields:

- Surname:** A row of 14 empty boxes.
- First Forename:** A row of 14 empty boxes.
- House number or name:** A row of 14 empty boxes.
- Street:** A row of 14 empty boxes.
- City or Town:** A row of 14 empty boxes.
- County:** A row of 14 empty boxes.
- Postcode:** A row of 8 empty boxes.
- Previous surname if changed since last visit:** A row of 14 empty boxes.
- Title:** A dropdown menu.
- Sex:** A dropdown menu with options M (Male) and F (Female).
- Date of Birth:** A row of 8 empty boxes for entering the date in ddmmYYYY format.

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

Date of Birth - Enter the patient date of birth 8 numerics, format ddmmYYYY. This is a required on every form. For example, 6 May 1990 is 06051990.

Part 3

Part 3 Incomplete Treatment and Treatment Dates			Date of acceptance			Completion same as Acceptance Date		Completion or last visit			
Band for ACTUAL treatment provided			Day	Month	Year	Acceptance Date		Day	Month	Year	
Incomplete treatment	1 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input checked="" type="checkbox"/>	D	D	M	M	Y	Y	1	X

Incomplete treatment – For banded courses of treatment commenced but not completed, cross one of the boxes 1,2 or 3 to show the work that has been completed. The patient charge will be calculated against whichever of these boxes is crossed. A charge band must also be present in part 5, showing the treatment that has been started, so the band crossed in part 5 must be the same as, or higher than, the band crossed in part 3.

Date of Acceptance – Enter date of acceptance for the course of treatment. This is required on every form.

Completion same as Acceptance Date – Cross this box if the date of completion is the same as the date of acceptance.

Completion or Last Visit – Enter date of completion if the course was completed, or the date of last visit if it was not completed. All forms should be submitted within 2 months of the date of completion. If a decision is made to mark the form as incomplete, it should be submitted as quickly as possible.

It is a mandatory requirement to enter either **Completion same as Acceptance Date** or **Completion or last visit**.

Part 4

Part 4 Exemptions and Remissions										
Patient under 18	1 <input checked="" type="checkbox"/>	Full remission - HC2 cert.	2 <input checked="" type="checkbox"/>	Partial remission - HC3 cert.	3 <input checked="" type="checkbox"/>	Expectant mother	4 <input checked="" type="checkbox"/>	Nursing mother	5 <input checked="" type="checkbox"/>	
Aged 18 in full-time education	6 <input checked="" type="checkbox"/>	Income support	7 <input checked="" type="checkbox"/>	NHS tax credit exemption	8 <input checked="" type="checkbox"/>	Income-based jobseekers allowance	9 <input checked="" type="checkbox"/>	Pension credit guarantee credit	D <input checked="" type="checkbox"/>	
Prisoner	J <input checked="" type="checkbox"/>	Income-related employment and support allowance	N <input checked="" type="checkbox"/>	Evidence of Exemption or Remission not seen	E <input checked="" 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.

Income-based 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 receive Pension Credit Guarantee Credit.

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

Income related employment and support allowance – Cross this box if the patient or patient's partner receive Income related employment and support allowance.

Evidence of Exemption or Remission not seen – 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 5

Part 5 Treatment Category					
Band 1	1	<input type="checkbox"/>	Band 2	2	<input type="checkbox"/>
			Band 3	3	<input type="checkbox"/>
			Urgent treatment	4	<input type="checkbox"/>
			Regulation 11 replacement appliance	5	<input type="checkbox"/>
Prescription only	6	<input type="checkbox"/>	Denture repairs	7	<input type="checkbox"/>
			Bridge repairs	8	<input type="checkbox"/>
			Arrest of bleeding	9	<input type="checkbox"/>
			Removal of sutures	A	<input type="checkbox"/>

Band 1 – Cross this box for a course of treatment that falls into charge band 1.

Band 2 – Cross this box for a course of treatment that falls into charge band 2.

Band 3 – Cross this box for a course of treatment that falls into charge band 3.

Urgent Treatment – Cross this box for treatment that falls in the band 1 urgent treatment category.

Regulation 11 replacement appliance – Cross this box if a non orthodontic replacement appliance under regulation 11 has been provided – Parts 1,2,3 need to be completed and a patient charge in part 4 which should be 30% of the band 3 charge per appliance.

Prescription only – Cross this box if the only treatment provided, during this course of treatment, is the issue of

a prescription. No patient charge will be deducted.

Denture Repairs – Cross this box if the only treatment provided, during this course of treatment, is for denture repairs. No patient charge will be deducted.

Bridge Repairs – Cross this box if the only treatment provided, during this course of treatment, is for bridge repairs. No patient charge will be deducted.

Arrest of Bleeding – Cross this box if the only treatment provided, during this course of treatment, is for the arrest of bleeding. No patient charge will be deducted.

Removal of Sutures – Cross this box if the only treatment provided, during this course of treatment, is for the removal of sutures. No patient charge will be deducted.

Only one of these boxes can be crossed on each form.

Part 5A

Part 5a Clinical Data Set					
Scale & polish	1	<input type="checkbox"/>	Fluoride varnish	2	<input type="checkbox"/>
			Fissure sealants	3	No. of teeth
					<input type="text"/>
			Radiograph(s) taken	4	Enter No.
Endodontic treatment	5	No. of teeth	Permanent fillings & Sealant restorations	6	No. of teeth
		<input type="text"/>			<input type="text"/>
			Extractions	7	No. of teeth
					<input type="text"/>
Upper denture - Acrylic	9	No. of teeth	Upper denture - Metal	B	No. of teeth
		<input type="text"/>			<input type="text"/>
			Lower denture - Metal	C	No. of teeth
					<input type="text"/>
Veneer(s) applied	D	No. of teeth	Bridge(s) fitted	F	No. of units
		<input type="text"/>			<input type="text"/>
			Referral for advanced mandatory services	G	<input type="checkbox"/>
Examination	H	<input type="checkbox"/>	Antibiotic items prescribed	J	No. of items
					<input type="text"/>
			Other treatment	K	<input type="checkbox"/>

Scale and Polish – This box should be crossed if a scale and polish is carried out.

Fluoride Varnish – Cross this box to indicate that a topical fluoride preparation has been applied to the surfaces of any permanent teeth as a primary preventive measure.

Fissure Sealants – Enter the **number of permanent teeth** where sealant material has been applied to the pit and fissure systems as a primary preventive measure.

Radiographs taken – The total **number of radiographs** taken should be entered in this box irrespective of the type or size. For example 2 bite wings and 1 panoral = 3 radiographs.

Endodontic treatment – The number of teeth endodontically treated should be entered in this box.

Permanent Fillings and Sealant Restorations – Enter the number of teeth (not the total number of individual restorations) that have been therapeutically treated by the placement of directly applied permanent restorations, namely;

- Permanent fillings in amalgam, composite resin, synthetic resin, glass ionomer, compomers, silicate or silico-phosphate materials (includes any acid-etch or pin retention).
- Sealant restorations involving the placement of composite resin, glass ionomer or compomer material.

Extractions – The **number of teeth** extracted should be entered into this box. This also includes surgical removal of a buried root, unerupted tooth, impacted tooth or exostosed tooth.

Crown(s) provided – The figure entered in this box is the **number of teeth** that have been provided with laboratory fabricated permanent crowns as a finished restoration on this course of treatment.

- The crowns may be full or three quarter crowns but must be in a permanent material. Any post, pins or cores for retention are not counted separately.

Upper denture – Acrylic – This box is completed when an acrylic or resin based denture is provided (i.e. full or partial denture). The number of teeth present on the denture should be entered.

Lower denture – Acrylic – This box is completed when an acrylic or resin based denture is provided (i.e. full or partial denture). The number of teeth present on the denture should be entered.

Upper Denture – Metal – This box is completed when a metal based denture is provided (i.e. full or partial denture). The number of teeth present on the denture should be entered.

Lower Denture – Metal – This box is completed when a metal based denture is provided (i.e. full or partial denture). The number of teeth present on the denture should be entered.

Veneer(s) applied – This is the number of teeth that have been provided with laboratory fabricated veneers in any permanent material. They may be on the labial or palatal surface.

Inlay(s) – The **number of teeth** provided with inlays, pinlays or onlays, using an indirect technique and permanent material.

Bridge(s) fitted – This box is completed when a bridge or more than one bridge is fitted. The number entered is the **total number of units** that the bridge(s) spans (i.e. include the number of retainers and pontics together). Adhesive bridges are entered in a similar manner and the total number of units includes the pontic(s) and any associated 'wings'.

Referral for advanced mandatory services – **Cross this box** if the performer is referring the patient to another performer for advanced mandatory services. Part 5 and 5a if appropriate should be completed to show the band and treatment for the whole course of treatment including the advanced mandatory services.

Examination – cross this box when carrying out an examination for treatment planning purposes which would normally include charting of the teeth, recording of the periodontal condition and soft tissue examination all of which would be detailed with other necessary clinical details on the clinical record.

Antibiotic Items Prescribed – This box is completed when the patient is issued with a prescription containing antibiotic items. The number of antibiotic items should be entered (i.e. the number of antibiotic treatments rather than the number of pills).

Other Treatment – This box should be completed when any treatment has been provided for which there is no appropriate clinical dataset item in part 5a. This item can be entered in addition to other clinical data.

Part 6

Part 6 Other Services

Treatment on referral **1**

Free repair/ replacement **2**

Further treatment within 2 months **3**

Domiciliary services **4**

Sedation services **5**

Treatment on Referral – Cross this box if you are treating a patient that has been referred to you. If the referral is for advanced mandatory services no patient charge will be deducted. If the patient is referred for Additional Services (Sedation or Domiciliary Services) a charge will be taken, as this is considered a new course of treatment. A charge band in part 5 must also be present.

Free repair/replacement – Cross this box if a restoration has to be repaired or replaced within 12 months of being provided. If other treatment is also provided on the same course of treatment and a patient charge is applicable, this should be entered in patient charge collected box in part 4, otherwise no patient charge will be deducted. A charge band in part 5 must also be present and should be the band applicable to the whole course of treatment.

Further treatment within 2 months – Cross this box if this course of treatment was required within 2 months of the completion of a previous course of treatment and is in the same or lower band. This does not apply if the original course of treatment was either 'urgent' treatment or was incomplete treatment. No patient charge will be deducted.

Domiciliary Services – Cross this box if domiciliary services have been provided. If treatment has been provided then a charge band in part 5 should be crossed and a patient charge will be deducted.

Sedation Services – Cross this box if sedation services have been provided. If treatment has been provided then a charge band in part 5 should be crossed and a patient charge will be deducted.

Part 7

This box should be completed to show the recommended recall interval. The number of months should be between 3 and 24 months. If it has not been possible to provide the patient with a recommended recall interval, leave this part of the form blank.

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.

Rec. of Months

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Part 8 – For NHSBSA use only

Part 9 – Declaration

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

Part 9 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.

Reverse of form 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 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) <input style="width: 100%;" type="text"/>					Signature <input style="width: 100%;" type="text"/>										
Relationship to patient <input style="width: 100%;" type="text"/>					Date <input style="width: 100%;" type="text"/>										
What is your ethnic group? Please choose ONE selection from this list to indicate your ethnic group: Patient declined <input type="checkbox"/>															
White British	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	Other White background	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Other mixed background	<input type="checkbox"/>	Asian or Asian British Indian	<input type="checkbox"/>
Asian or Asian British Pakistani	<input type="checkbox"/>	Asian or Asian British Bangladeshi	<input type="checkbox"/>	Other Asian background	<input type="checkbox"/>	Black or Black British Caribbean	<input type="checkbox"/>	Black or Black British African	<input type="checkbox"/>	Other Black background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Any other ethnic group	<input type="checkbox"/>

Patient declaration

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 as this is someone who is not connected with the dental practice.

The patient can enter their ethnic group, but if they are not prepared to, cross the Patient declined box.

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.

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 Enter Name of college or university
- I am pregnant } NHS Maternity Exemption certificate/card no.
- I had a baby in the last 12 months } Date baby due/born D D M M Y Y Y Y
- 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) } Print name of person receiving benefit
- Income-based Jobseeker's Allowance** (Contribution-based does **NOT** count) } Date of Birth D D M M Y Y Y Y
- Income-related Employment & Support Allowance** (Contribution-related does **NOT** count) } Enter National Insurance Number
- 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** Enter Certificate Number
- 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 :

- 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

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.

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".