

NHS Dental Services

The below information provides the details to complete FP17 forms using the online form function in Compass.

Please note that the patient will need to sign a paper PRW form (obtainable from your usual form supplier) in place of the paper FP17W (FP17Ws can be used until you receive the PRW forms). The signed PRW form will need to be retained by the practice as part of the patient record for a period of two years.

Completion of online form guidance FP17 (Performer) – Wales

Please log in with your username and password below

Username

Password

Memorable Word

2nd

3rd

7th

[Log In](#)

[NHS Choices Provider Login](#)

[Forgotten Password](#)

[Forgotten Memorable Word](#)

[Compass Guides](#)

[Dental Services](#)

[Change Password](#) | [Change Memorable Word](#) | [FAQ](#) | [Cookie Usage](#)

Log on to Compass and select Activity from the Homepage Menu:

Performers Homepage

Homepage Menu <ul style="list-style-type: none"> My Profile Performer Pensions Payments Activity Reporting 	System Messages No System Messages Found										
	User Messages No User Messages.										
	User Details <table border="1"> <tr> <td>Full Name</td> <td>ALIASGAR TOMKINSON</td> </tr> <tr> <td>Email Address</td> <td>DCSSTransformation@capita.co.uk</td> </tr> <tr> <td>Security Role</td> <td>Performer</td> </tr> <tr> <td>Current Date</td> <td>07/06/2018</td> </tr> <tr> <td>Last Successful Login</td> <td>07/06/2018 10:58:31</td> </tr> </table>	Full Name	ALIASGAR TOMKINSON	Email Address	DCSSTransformation@capita.co.uk	Security Role	Performer	Current Date	07/06/2018	Last Successful Login	07/06/2018 10:58:31
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Email Address	DCSSTransformation@capita.co.uk										
Security Role	Performer										
Current Date	07/06/2018										
Last Successful Login	07/06/2018 10:58:31										

The following screen will be displayed.

Performers Homepage

Homepage Menu <ul style="list-style-type: none"> Back To Performer Homepage Activity Actuals Activity Authorisation Activity Creation Activity Dashboard Performer PIN Request Activity Search (Detail) Activity Search (Summary) Maintain or Finalise Draft Claims 	System Messages No System Messages Found										
	User Messages No User Messages.										
	User Details <table border="1"> <tr> <td>Full Name</td> <td>ALIASGAR TOMKINSON</td> </tr> <tr> <td>Email Address</td> <td>DCSSTransformation@capita.co.uk</td> </tr> <tr> <td>Security Role</td> <td>Performer</td> </tr> <tr> <td>Current Date</td> <td>07/06/2018</td> </tr> <tr> <td>Last Successful Login</td> <td>07/06/2018 10:58:31</td> </tr> </table>	Full Name	ALIASGAR TOMKINSON	Email Address	DCSSTransformation@capita.co.uk	Security Role	Performer	Current Date	07/06/2018	Last Successful Login	07/06/2018 10:58:31
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PLEASE NOTE: The boxes displayed as green are all mandatory fields

Select Activity creation to display the launch screen:

DCS137 - Activity Claim Creation (Performer)

Home » Activity Creation Launch

Contract ID	<input style="background-color: #e0ffe0;" type="text"/>	<input type="text"/>
Performer ID	810029	PAUL FRANKE
Location ID	<input type="text"/>	
Form Type	<input style="background-color: #e0ffe0;" type="text"/>	<input type="text"/>

You can either enter Contract ID manually or click on the magnifying glass to display all the contracts you work on and choose the appropriate contract.

Use drop down to choose the form type (FP17 or FP17O) and select "next" button.

Select **Patient Information tab** and complete relevant patient information – DOB format can be either DDMMCCYY or DD/MM/CCYY.

If it is a new patient, you must enter their details manually, however, you can search for their address by entering their post code in the Post Code field and clicking on the magnifying glass next to the 'Postal address Selector'. Then select the correct address from the list displayed.

DCS137 - Activity Claim Creation (Performer)

Home » Activity Creation Launch » FP17 Creation

Activity Reference:

Performer ID: 835773 ALIASGAR TOMKINSON

Treatment Location ID: 4470 Dental Surgery

Contract ID: 9251790001

Patient Information | Treatment Dates/Incomplete | Exemptions, Remissions & Patient Charge | Supporting Evidence | Treatment Category | Clinical Data Set | Other | Ethnic Origin

Dentist Declaration

Patient ID:

NHS Number:

Surname:

Forename:

Address:

Post Code:

Postal Address Selector:

Sex: Please Select...

Date of Birth:

Previous Surname (If changed since last visit):

Email Address:

Mobile Phone Number:

Save as Draft and Create Another FP17 | Save as Draft and Return to Launch Screen | Save and Create Another FP17 | Save and Return to Launch Screen | Cancel and Return to Launch Screen

If it is an existing patient, click on the magnifying glass next to Patient ID field and this will present you with a list of all your existing patients from which you can select the patient.



Activity Reference:

Performer ID: Jessica-Lynn CASTLE

Treatment Location ID:

Contract ID:

Patient Information | Treatment Dates/Incomplete | Exemptions, Remissions & Patient Charge | Supporting Evidence | Treatment Category | Clinical

Dentist Declaration

Patient ID: Previous Surname:

NHS Number:

Surname:

Forename:

Address:

Post Code:

Postal Address Selector:

Sex:

Date of Birth:

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Patient List

Patient Id	Surname	Forename	D.O.B.	Post Code	Action
					<input type="button" value="Clear"/>
5	CARR	PAUL	21/01/1972	WS1 4ER	<input type="button" value="Select"/>
6	MASON	ADAM	10/07/1967	MS23 8UY	<input type="button" value="Select"/>
3	RENNARD	CHRISTINE	19/09/2000	TS34 6TY	<input type="button" value="Select"/>
4	RENNARD	CHRISTINE	19/09/1999	TS23 4RT	<input type="button" value="Select"/>

Records 1 to 4 of 4 Page 1 / 1

To filter the list you can enter the patient's surname, forename or date of birth in the relevant blank field below the column header and click enter on your keyboard to display your choice. Select the patient from the list displayed and this will populate the online FP17 Patient Information tab:

Patient Id	Surname	Forename	D.O.B.	Post Code	Action
3	RENNARD	CHRISTINE	19/09/2000	TS34 6TY	Select
4	RENNARD	CHRISTINE	19/09/1999	TS23 4RT	Select

Once patient details are completed, select the **Treatment Dates/Incomplete** tab and the enter dates of acceptance and completion which can be in the following formats – DDMMYY, DD/MM/YY, DDMMCCYY, DD/MM/CCYY

Note: Date of completion is not necessary at this stage if the course of treatment is going to be left open and saved as a draft.

DCS137 - Activity Claim Creation (Performer)

Home » Activity Creation Launch » FP17 Creation

Activity Reference: []
 Performer ID: 810029 PAUL FRANKE
 Treatment Location ID: 3960 54A PENWITH ROAD
 Contract ID: 8100290001

Treatment Dates/Incomplete | Exemptions, Remissions & Patient Charge | Supporting Evidence | Treatment Category | Clinical Data Set | Other | Ethnic Origin

For Incomplete Treatment the Band for actual Treatment provided: []

Date of Acceptance: []

Date of Completion or Last Visit: []

Save as Draft and Create Another FP17 | Save as Draft and Return to Launch Screen | Save and Create Another FP17 | Save and Return to Launch Screen | Cancel and Return to Launch Screen

If it is incomplete treatment, enter the band of treatment carried out and ensure there is an accompanying band of treatment either equal or of a higher value entered in the **Treatment Category** screen.

If the patient is exempt, select the **Exemptions, Remissions & Patient Charge** tab and enter the necessary information. If an exemption or remission is claimed, then one of the “evidence seen” boxes **must** be ticked – including a prison exemption. However, the patient charge entry is not mandatory if the patient is not exempt.

Please note that if a patient is under 18, both the "Patient under 18" and "Evidence of Exemption or Remission seen – Yes/No" boxes have to be ticked.

DCS137 - Activity Claim Creation (Performer)

Home » Activity Creation Launch » FP17 Creation

Activity Reference:

Performer ID: 810029 PAUL FRANKE

Treatment Location ID: 3960 54A PENWITH ROAD

Contract ID: 8100290001

Patient Information	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	Clinical Data Set	Other	Ethnic Origin
Dentist Declaration							
Patient Under 18 <input type="checkbox"/>	Full remission - HC2 cert <input type="checkbox"/>	Partial remission - HC3 cert <input type="checkbox"/>	Expectant mother <input type="checkbox"/>	Nursing mother <input type="checkbox"/>			
Aged 18 in full-time education <input type="checkbox"/>	Income support <input type="checkbox"/>	NHS tax credit exemption <input type="checkbox"/>	Income-based jobseeker's allowance <input type="checkbox"/>	Pension credit guarantee credit <input type="checkbox"/>			
Prisoner <input type="checkbox"/>	Exam only – under 25/60 or over <input type="checkbox"/>	Income-related employment and support allowance <input type="checkbox"/>	Universal Credit <input type="checkbox"/>				

Evidence of Exemption or Remission seen Yes
 No

Patient Charge Collected:

Select the **Supporting Evidence** tab and complete with relevant information (if required)



DCS137 - Activity Claim Creation (Performer)

Home » Activity Creation Launch » FP17 Creation

Activity Reference

Performer ID PAUL FRANKE

Treatment Location ID 54A PENWITH ROAD

Contract ID

- Patient Information
- Treatment Dates/Incomplete
- Exemptions, Remissions & Patient Charge
- Supporting Evidence
- Treatment Category
- Clinical Data Set
- Other
- Ethnic Origin

Dentist Declaration

Where another person signs for treatment on behalf of the patient.

Name of person signing for the patient

Relationship to patient

Where Aged 18 in Full Time Education exemption is claimed.

Name of college or university

Where Expectant or Nursing Mother exemption is claimed.

NHS Maternity Exemption Certificate Number

Baby due/born on date

Where Income Support, Jobseeker's Allowance, Employment Support Allowance or Pension Credit Guarantee remission is claimed.

Name of person receiving benefit

Date of Birth of person receiving benefit (DD/MM/YYYY)

National Insurance Number of person receiving benefit

Where HC2 or HC3 Certificate or Tax Credit remission is claimed.

Certificate Number or Card Number

Patient Charge Limit (HC3 Certificates only) – £999.99 format

- Save as Draft and Create Another FP17
- Save as Draft and Return to Launch Screen
- Save and Create Another FP17
- Save and Return to Launch Screen
- Cancel and Return to Launch Screen

Select **Treatment Category** tab and enter relevant information.

N.B. If the Regulation 11 box is ticked there must be a patient charge entered in the Exemptions, Remissions & Patient Charge area.

DCS137 - Activity Claim Creation (Performer)

Home » Activity Creation Launch » FP17 Creation

Activity Reference:

Performer ID: 810029 PAUL FRANKE

Treatment Location ID: 3960 54A PENWITH ROAD

Contract ID: 8100290001

Patient Information	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	Clinical Data Set	Other	Ethnic Origin
Dentist Declaration							
Band 1	<input type="checkbox"/>	Band 2	<input type="checkbox"/>	Band 3	<input type="checkbox"/>	Urgent treatment	<input type="checkbox"/>
Regulation 11 replacement appliance	<input type="checkbox"/>						
Prescription only	<input type="checkbox"/>	Denture repairs	<input type="checkbox"/>	Bridge repairs	<input type="checkbox"/>	Arrest of bleeding	<input type="checkbox"/>
						Removal of sutures	<input type="checkbox"/>

Save as Draft and Create Another FP17 Save as Draft and Return to Launch Screen Save and Create Another FP17 Save and Return to Launch Screen Cancel and Return to Launch Screen

Select the **Clinical Data Set** tab and complete to show the treatment carried out

DCS137 - Activity Claim Creation (Performer)

Home » Activity Creation Launch » FP17 Creation

Activity Reference:

Performer ID: 810029 PAUL FRANKE

Treatment Location ID: 3960 54A PENWITH ROAD

Contract ID: 8100290001

Patient Information	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	Clinical Data Set	Other	Ethnic Origin
Dentist Declaration							
Scale & polish	<input type="checkbox"/>	Fluoride varnish	<input type="checkbox"/>	Fissure sealants	<input type="text"/>	Radiograph(s) taken	<input type="text"/>
Endodontic treatment	<input type="text"/>	Permanent fillings & Sealant restorations	<input type="text"/>	Extractions	<input type="text"/>	Crown(s) provided	<input type="text"/>
Upper denture - Acrylic	<input type="text"/>	Lower denture - Acrylic	<input type="text"/>	Upper denture - Metal	<input type="text"/>	Lower denture - Metal	<input type="text"/>
Veneer(s) applied	<input type="text"/>	Inlay(s)	<input type="text"/>	Bridge(s) fitted	<input type="text"/>	Referral for advanced mandatory services	<input type="text"/>
Examination	<input type="checkbox"/>	Antibiotic items prescribed	<input type="text"/>	Other treatment	<input type="checkbox"/>	Best Practice Prevention	<input type="checkbox"/>
Medical History	<input type="text"/>	Social History	<input type="text"/>	Dental History	<input type="text"/>	Tooth Decay	<input type="text"/>
Total Number of Teeth in Mouth	<input type="text"/>	Periodontal Health	<input type="text"/>	Other Dental Need	<input type="text"/>	Decayed Permanent Teeth	<input type="text"/>
Decayed Deciduous Teeth	<input type="text"/>						

Save as Draft and Create Another FP17 Save as Draft and Return to Launch Screen Save and Create Another FP17 Save and Return to Launch Screen Cancel and Return to Launch Screen

Click on **Other** tab and complete accordingly

DCS137 - Activity Claim Creation (Performer)

Home » Activity Creation Launch » FP17 Creation

Activity Reference:

Performer ID: 810029 PAUL FRANKE

Treatment Location ID: 3960 54A PENWITH ROAD

Contract ID: 8100290001

Patient Information	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	Clinical Data Set	Other	Ethnic Origin
Dentist Declaration							
Treatment on referral	<input type="checkbox"/>						
Free repair/replacement	<input type="checkbox"/>						
Further treatment within 2 months	<input type="checkbox"/>						
Domiciliary services	<input type="checkbox"/>						
Sedation services	<input type="checkbox"/>						
NICE Guidance	<input type="text"/>						

Save as Draft and Create Another FP17 Save as Draft and Return to Launch Screen Save and Create Another FP17 Save and Return to Launch Screen Cancel and Return to Launch Screen

Repeat for Ethnic Origin tab

DCS137 - Activity Claim Creation (Performer)

Home » Activity Creation Launch » FP17 Creation

Activity Reference:

Performer ID: 810029 PAUL FRANKE

Treatment Location ID: 3960 54A PENWITH ROAD

Contract ID: 8100290001

Patient Information	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	Clinical Data Set	Other	Ethnic Origin
Dentist Declaration							
White British	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	Other White Background	<input type="checkbox"/>	White and Black Caribbean	<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"/>
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"/>
Any other ethnic group	<input type="checkbox"/>	Patient declined	<input type="checkbox"/>			White and Black African	<input type="checkbox"/>
						Asian or Asian British Bangladeshi	<input type="checkbox"/>
						Chinese	<input type="checkbox"/>

If the treatment is on-going, select either “Save as draft and create another FP17” or “Save as draft and return to launch screen” tab – claim can be finalised at a later date.

If the treatment is completed, select **Dentist Declaration** tab and click on the relevant boxes– the claim created can only be submitted for validation if this section is completed.

DCS137 - Activity Claim Creation (Performer)

Home » Activity Creation Launch » FP17 Creation

Activity Reference:

Performer ID: 810029 PAUL FRANKE

Treatment Location ID: 3960 54A PENWITH ROAD

Contract ID: 8100290001

Patient Information	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	Clinical Data Set	Other	Ethnic Origin
Dentist Declaration							
All the necessary care and treatment that the patient is willing to undergo will be provided							<input type="checkbox"/>
All the currently necessary care and treatment that the patient is willing to undergo has been carried out							<input type="checkbox"/>
I declare that I am properly entitled to practice 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							<input type="checkbox"/>

Select either the “Save and create another FP17” tab or the “Save and return to launch screen” tab once the Declaration has been entered. The “Save and create another FP17” tab will take you to the creation screen for a new claim and the “Save and return to launch screen” will take you to the screen that enables you to change contract/performer details for any further claims

To authorise claims that have been created by support staff – i.e. Practice Manager or Receptionist, select “Activity” from the menu, followed by “Activity Authorisation Search” which will list the claims awaiting authorisation.