

NHS Dental Services

The below information provides the details to complete FP170 forms using the online form function in Compass.

Please note that the patient will need to sign a paper PR form. The signed PR 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 FP170 (Performer) – England

Please log in with your username and password below

Username

Password

Memorable Word

2nd

3rd

7th

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



The following screen will be displayed.



PLEASE NOTE: The boxes displayed as green are all mandatory fields

Select Activity creation to display the launch screen:



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 (FP170) 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.

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.

Patient ID	Surname	Forename	D.O.B.	Post Code	Action
5	CARR	PAUL	21/01/1972	WS1 4ER	Clear Select
6	MASON	ADAM	18/07/1967	M523 8UY	Select
3	RENNARD	CHRISTINE	19/09/2000	TS34 6TY	Select
4	RENNARD	CHRISTINE	19/09/1999	TS23 4RT	Select

This screen also allows for the recording of the optional Previous Surname, Patient's E-mail Address and Patient's Mobile Telephone Number fields. If the patient does not give an e-mail address then the "Patient Declined" box underneath must be ticked. Similarly, if the patient does not give a mobile phone number then the "Patient Declined" box underneath must be ticked. An NHS Number must be entered. If it not known or available then zero must be entered.

Exemptions, Remissions & Patient's Charge

Use this tab to enter any exemption or remission appropriate for the patient concerned or to enter the patient charge collected. Only one exemption or remission category can be entered. If any exemption or remission category is entered then one of the Evidence of Exemption or Remission Seen boxes must be ticked.

For patients who are aged under 18 tick that specific exemption box.

All Other exemption categories appropriate for adult patients are now available from a drop down list.

None of the fields are mandatory, but the following on-screen validation checks will take place:

- If the patient is aged under 18 at the Date of Referral* on an assessment claim then the Patient Under 18 box must be ticked
- If the patient is aged 18 or over at the Date of Referral* on an assessment claim then the Patient Under 18 box must not be ticked
- If the Aged 18 in Full Time Education box is selected then the patient must be aged 18 at the Date of Referral*
- If Partial remission - HC3 Certificate is selected then there must be an accompanying non-zero patient charge entered
- If Expectant Mother or Nursing Mother is selected then the patient must be female

* - Date of Assessment for cases where Date of Assessment is before 1st April 2019

The box "Commissioner Approved" must be ticked on all assessment claims where the patient is 18 or over at the Date of Referral.

The screenshot shows the 'Activity Claim Creation (Performer)' interface. The 'Exemptions, Remissions & Patient Charge' tab is active. The form contains the following fields and options:

- Activity Reference:** 974054
- Performer ID:** WOJCIECH BARRY
- Treatment Location ID:** 8076 Room 6
- Contract ID:** 1013380020
- Exemption Categories:**
 - Patient Under 18
 - Other (with a dropdown menu showing 'Please Select')
- Evidence of Exemption or Remission seen:**
 - Yes
 - No
- Commissioner Approved:**
- Patient Charge Collected:** 0.00

At the bottom of the form, there are several action buttons: 'Save as Draft and Create Another Claim', 'Save as Draft and Return to Launch Screen', 'Save and Create Another Claim', 'Save and Return to Launch Screen', and 'Cancel and Return to Launch Screen'.

Supporting Evidence

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

The screenshot shows the 'Supporting Evidence' tab selected in a navigation bar. The form contains several sections with input fields:

- 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:

COVID Status Triage Results

Select the **COVID Status Triage Results** tab to enter the number of Triages taken place prior to the patient attending the practice, this should be recorded against each COVID status box as required. The recording of Triage information prior to any face to face treatment is mandatory.

The screenshot shows the 'COVID Status Triage Results' tab selected in a navigation bar. The form contains the following section:

No. of Triages this course of treatment resulting in patient COVID status:

- Patient Shielded:
- At Increased Risk of severe illness from COVID-19:
- Possible/confirmed COVID patient or those living in household:
- Patient is COVID-19 Symptom Free at present:
- Other:

At the bottom of the form, there are five buttons:

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

Orthodontic Data Set

Use this “tab” to record any Orthodontic Data Set details required concerning the appliances or retainers fitted, radiographs/photographs taken or extractions made.

Tick the Treatment Proposed box for any claim involving an Assessment Appliance Fitted or tick the Treatment Completed/Abandoned/Discontinued box for any orthodontic conclusion claim.

If the Extractions box is set to Y then the tooth notations applicable to those extractions must be entered and similarly if extraction tooth notations are entered then the Extraction box must be set to Y.

The screenshot shows the 'Orthodontic Data Set' tab in a software interface. At the top, there are fields for 'Activity Reference', 'Performer ID' (974964 WOJCIECH BARRY), 'Treatment Location ID' (1076 Room 6), and 'Contract ID' (1013380028). Below this is a navigation bar with tabs: 'Patient Information', 'Exemptions, Remissions & Patient Charge', 'Supporting Evidence', 'Orthodontic Data Set' (selected), 'Orthodontic Assessment & Treatment Start', 'Orthodontic Conclusion', and 'Ethnic Origin'. The main form area contains several sections: 'Treatment Proposed' with a checkbox, 'Treatment Completed/Abandoned/Discontinued' with a checkbox, 'Radiograph(s) taken' with a 'Number' input field, 'Photographs Y/N' dropdown, 'Extractions Y/N' dropdown, 'Removable upper appliance Y/N' dropdown, 'Functional appliance Y/N' dropdown, 'Fixed upper appliance Y/N' dropdown, 'Retainer upper Y/N' dropdown, 'Removable lower appliance Y/N' dropdown, 'Fixed lower appliance Y/N' dropdown, and 'Retainer lower Y/N' dropdown. Below these is an 'Extractions' section with a 'Search / Quadrant' dropdown and a 'Create' button. A table with columns 'Quadrant', 'Tooth', and 'Action' is visible, currently empty. At the bottom, there are several 'Save' and 'Cancel' buttons.

For extractions each individual tooth must be recorded in a separate transaction by using the “Create” button. Select the Quadrant and Tooth notation from a drop-down list in each case. Select the “Save/Create” button to add further tooth notations or “Save” to return to the Orthodontic Data Set “tab”.

This screenshot is similar to the previous one but shows an 'Extractions' dialog box open in the center. The dialog box has a title bar 'Extractions' and contains two dropdown menus: 'Quadrant' and 'Tooth'. Below the dropdowns are three buttons: 'Save', 'Save/Create', and 'Cancel'. The background form is dimmed.

Orthodontic Assessment & Treatment Start

Use this tab to record the assessment and start of treatment phase.

Select one of “Assessment & review”, “Assess & refuse treatment” or “Assess & appliance fitted”.

Selection of one of these boxes will allow the entry of “IOTN”, “Aesthetic Component” and/or “IOTN not applicable”. Note that if an IOTN value of 3 is entered then an accompanying Aesthetic Component item is mandatory. An IOTN entry is now mandatory for any assessment claim. IOTN NA cannot be used for an Assess/Appliance Fitted claim and an Aesthetic Component is mandatory for such claims.

Date of Referral* and **Date of Assessment** are mandatory if anything is entered in this tab.

* - if Date of Assessment is on or after 1st April 2019

The Date of Referral must not be after the Date of Assessment. The Date Appliance Fitted must not be prior to the Date of Assessment and need only be present if “Assess & appliance fitted” is.

Orthodontic Conclusion

This tab is used when an orthodontic course of treatment has reached its end.

The Date of Completion is mandatory if anything is entered in this tab.

Select one of the tick boxes “Treatment abandoned – patient failed to return”, “Treatment abandoned – patient requested”, “Treatment Discontinued” or “Treatment Completed”.

The “PAR scores calculated” box must be completed by entering Y or N as appropriate.

An IOTN entry is now mandatory for any conclusion claim. IOTN NA cannot be used for a Treatment Completed claim. Note that if an IOTN value of 3 is entered then an accompanying Aesthetic Component item is mandatory.

Optionally a one or two digit Pre Treatment PAR Score and/or Post Treatment PAR Score can be entered.

DCS137 - Activity Claim Creation (Performer)

Home » Activity Creation Launch » Ortho Claim Creation

Activity Reference
 Performer ID: 974054 WOJCIECH BARRY
 Treatment Location ID: 1076 Room 6
 Contract ID: 1013380026

Ortho Reg 11 / Appliance Repair

Treatment abandoned - patient failed to return:
 Treatment abandoned - patient requested:
 Treatment discontinued:
 Treatment completed:
 PAR scores calculated Y/N:

IOTN: (1-5)
 Aesthetic component: (1-10)
 IOTN not applicable:
 Pre-Treatment PAR Score:
 Post-Treatment PAR Score:

Date of Completion or Last Visit:

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

Ortho Reg 11/Appliance Repair

This “tab” should be used for either of the items Repair to an Appliance Fitted by Another Dentist or Regulation 11 Replacement [orthodontic] Appliance is required. It cannot be used in conjunction with any Assessment or Treatment Start or Treatment Conclusion.

The Date of Completion is mandatory if anything is entered in this “tab”

DCS137 - Activity Claim Creation (Performer)

Home » Activity Creation Launch » Ortho Claim Creation

Activity Reference
 Performer ID: 974054 WOJCIECH BARRY
 Treatment Location ID: 1076 Room 6
 Contract ID: 1013380026

Ethnic Origin

Repair to appliance fitted by another contractor:
 Regulation 11 replacement appliance:

Date of Completion or Last Visit:

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

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Ethnic Origin

Select this tab and complete the Ethnic Origin accordingly.

DCS137 - Activity Claim Creation (Performer)

Home » Activity Creation Launch » Ortho Claim Creation

Activity Reference: Performer ID: 374064 WOJCIECH BARRY
 Treatment Location ID: 1076 Room 6
 Contract ID: 1013380028

Patient Information	Exemptions, Remissions & Patient Charge	Supporting Evidence	Orthodontic Data Set	Orthodontic Assessment & Treatment Staff	Orthodontic Conclusion	Ethnic Origin
Dentist Declaration	Ortho Reg 11 / Appliance Repair					
White British	White Irish	Other White Background	White and Black Caribbean	White and Black African		
White and Asian	Other Mixed Background	Asian or Asian British Indian	Asian or Asian British Pakistani	Asian or Asian British Bangladeshi		
Other Asian background	Black or Black British Caribbean	Black or Black British African	Other Black background	Chinese		
Any other ethnic group	Patient declined					

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

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.

Dentist Declaration

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.

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

DCS137 - Activity Claim Creation (Performer)

Home » Activity Creation Launch » Ortho Claim Creation

Activity Reference: Performer ID: 374064 WOJCIECH BARRY
 Treatment Location ID: 1076 Room 6
 Contract ID: 1013380028

Patient Information	Exemptions, Remissions & Patient Charge	Supporting Evidence	Orthodontic Data Set	Orthodontic Assessment & Treatment Staff	Orthodontic Conclusion	Ethnic Origin
Dentist Declaration	Ortho Reg 11 / Appliance Repair					
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"/>						

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

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.