

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 PR form (obtainable from your usual form supplier) in place of the paper FP17 (FP17s can be used until you receive the PR forms). 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 FP17 (Provider/Performer, Practice Manager or Receptionist) – England

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](#)

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

NHS

Dental Services

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

Providers Homepage

Homepage Menu	User Details										
<ul style="list-style-type: none"> 📁 My Profile 📁 User Maintenance 📁 Provider 📁 Contract 📁 Performer 📁 Payments 📁 Pensions 📁 Activity 📁 Reporting 📁 Participant Update 	<table border="1"> <tr> <td>Full Name</td> <td>ZANEEV MINGJUNE LOMBARD</td> </tr> <tr> <td>Email Address</td> <td>DCSSTransformation@capita.co.uk</td> </tr> <tr> <td>Security Role</td> <td>Business Owner</td> </tr> <tr> <td>Current Date</td> <td>09/10/2018</td> </tr> <tr> <td>Last Successful Login</td> <td>02/10/2018 14:29:03</td> </tr> </table>	Full Name	ZANEEV MINGJUNE LOMBARD	Email Address	DCSSTransformation@capita.co.uk	Security Role	Business Owner	Current Date	09/10/2018	Last Successful Login	02/10/2018 14:29:03
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The following screen will be displayed.

Providers Homepage

Homepage Menu	User Details										
<ul style="list-style-type: none"> 🏠 Back To Provider Homepage 📁 Activity Actuals 📁 Activity Actuals (Performer) 📁 Activity Authorisation Search 📁 Activity Creation 📁 Activity Creation (Performer) 📁 Activity Dashboard 📁 Activity Dashboard (Performer) 📁 Activity Search (Detail) 📁 Activity Search (Detail - Performer) 📁 Activity Search (Summary) 📁 Activity Search (Summary - Performer) 📁 Maintain or Finalise Draft Claims 📁 Maintain or Finalise Draft Claims (Performer) 📁 Performer PIN Request 📁 WebEDI Account Update 	<table border="1"> <tr> <td>Full Name</td> <td>ZANEEV MINGJUNE LOMBARD</td> </tr> <tr> <td>Email Address</td> <td>DCSSTransformation@capita.co.uk</td> </tr> <tr> <td>Security Role</td> <td>Business Owner</td> </tr> <tr> <td>Current Date</td> <td>09/10/2018</td> </tr> <tr> <td>Last Successful Login</td> <td>02/10/2018 14:29:03</td> </tr> </table>	Full Name	ZANEEV MINGJUNE LOMBARD	Email Address	DCSSTransformation@capita.co.uk	Security Role	Business Owner	Current Date	09/10/2018	Last Successful Login	02/10/2018 14:29:03
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Please note that if you are a Provider/Performer creating your own online FP17s, please select Activity Creation (Performer) and follow the separate guidance document for Performers. If you are a Provider/Performer, Provider, Practice Manager or Receptionist and you are creating online FP17s for Performers within the practice, select Activity creation to display the launch screen:

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

DCS136 - Activity Claim Creation (Provider)

Home » Activity Creation Launch

NOTE: The claims created in this session will require prior independent authorisation by a dentist before they can be released for processing.

Contract ID	<input type="text"/>	
Performer ID	<input type="text"/>	
Location ID	<input type="text"/>	
Form Type	<input type="text" value="FP17"/>	

Cancel Next

You can either enter Contract ID, Performer ID and Location ID manually or click on the magnifying glass to display all the appropriate contracts, Performers and Locations and choose the appropriate ones. Use drop down to choose the form type (FP17 or FP17O) and select “next” button.

DCS136 - Activity Claim Creation (Provider)

Home » Activity Creation Launch

NOTE: The claims created in this session will require prior independent authorisation by a dentist before they can be released for processing.

Contract ID	<input type="text" value="3291850001"/>	Manor Road Dental Practice Limited
Performer ID	<input type="text" value="701718"/>	IAN DAVID DEVON-LOWE
Location ID	<input type="text" value="399"/>	Hampton Court Surgery
Form Type	<input type="text" value="FP17"/>	

Cancel Next

Select **Patient Information** tab and complete relevant patient information.

DCS136 - Activity Claim Creation (Provider)

Home » Activity Creation Launch » FP17 Creation

Activity Reference:

Performer ID: IAN DAVID DEVON-LOWE

Treatment Location ID: Hampton Court Surgery

Contract ID:

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

Clinical Data Set | Other | Ethnic Origin

Patient ID:

NHS Number:

Surname:

Forename:

Address:

Post Code:

Postal Address Selector:

Sex:

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:

925179 Jessica-Lynn CASTLE
 4470 39 TETTENHALL ROAD
 9251790001

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

Previous Surname

Patient List Export Grid Data

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

Records 1 to 4 of 4 Page 1 / 1

To filter the patient 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:

925179 Jessica-Lynn CASTLE
 4470 39 TETTENHALL ROAD
 9251790001

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

Patient List Export Grid Data

Patient Id	Surname	Forename	D.O.B.	Post Code	Action
	<input type="text" value="RENNARD"/>				Clear
3	RENNARD	CHRISTINE	19/09/2000	TS34 6TY	Select
4	RENNARD	CHRISTINE	19/09/1999	TS23 4RT	Select

Records 1 to 2 of 2 Page 1 / 1

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.

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.

DCS136 - Activity Claim Creation (Provider)

Home » Activity Creation Launch » FP17 Creation

Activity Reference
 Performer ID REZA BAILLIE
 Treatment Location ID Hampton Court Surgery
 Contract ID

Patient Information	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 <input type="text"/>				
Date of Acceptance <input type="text"/>				
Date of Completion or Last Visit <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

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.

DCS136 - Activity Claim Creation (Provider)

Home » Activity Creation Launch » FP17 Creation

Activity Reference:

Performer ID: 714569 REZA BAILLIE

Treatment Location ID: 399 Hampton Court Surgery

Contract ID: 3291850001

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

DCS136 - Activity Claim Creation (Provider)

Home » Activity Creation Launch » FP17 Creation

Activity Reference:

Performer ID: 714569 REZA BAILLIE

Treatment Location ID: 399 Hampton Court Surgery

Contract ID: 3291850001

Patient Information	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	Clinical Data Set	Other	Ethnic Origin
Where another person signs for treatment on behalf of the patient.							
Name of person signing for the patient	<input type="text"/>						
Relationship to patient	<input type="text"/>						
Where Aged 18 in Full Time Education exemption is claimed.							
Name of college or university	<input type="text"/>						
Where Expectant or Nursing Mother exemption is claimed.							
NHS Maternity Exemption Certificate Number	<input type="text"/>						
Baby due/born on date	<input type="text"/>						
Where Income Support, Jobseeker's Allowance, Employment Support Allowance or Pension Credit Guarantee remission is claimed.							
Name of person receiving benefit	<input type="text"/>						
Date of Birth of person receiving benefit (DD/MM/YYYY)	<input type="text"/>						
National Insurance Number of person receiving benefit	<input type="text"/>						
Where HC2 or HC3 Certificate or Tax Credit remission is claimed.							
Certificate Number or Card Number	<input type="text"/>						
Patient Charge Limit (HC3 Certificates only) – £999.99 format	<input type="text" value="0.00"/>						

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.

DCS136 - Activity Claim Creation (Provider)

Home » Activity Creation Launch » FP17 Creation

Activity Reference:

Performer ID: 714569 REZA BAILLIE

Treatment Location ID: 399 Hampton Court Surgery

Contract ID: 3291850001

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

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 optional

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

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

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

DCS136 - Activity Claim Creation (Provider)

Home » Activity Creation Launch » FP17 Creation

Activity Reference:

Performer ID: 714569 REZA BAILLIE

Treatment Location ID: 399 Hampton Court Surgery

Contract ID: 3291850001

Patient Information	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	Clinical Data Set	Other	Ethnic Origin
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"/>		
Decayed Permanent Teeth <input type="text"/>		Decayed Deciduous Teeth <input type="text"/>		Missing Permanent Teeth <input type="text"/>	Missing Deciduous Teeth <input type="text"/>		
Filled Permanent Teeth <input type="text"/>		Filled 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

DCS136 - Activity Claim Creation (Provider)

Home » Activity Creation Launch » FP17 Creation

Activity Reference:

Performer ID: 714569 REZA BAILLIE

Treatment Location ID: 399 Hampton Court Surgery

Contract ID: 3291850001

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

DCS136 - Activity Claim Creation (Provider)

Home » Activity Creation Launch » FP17 Creation

Activity Reference:

Performer ID: 714569 REZA BAILLIE

Treatment Location ID: 399 Hampton Court Surgery

Contract ID: 3291850001

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

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 treatment complete select either “Save and create another FP17” tab or “Save and return to launch screen” tab as only the Performer who carried out the treatment can authorise the claim.

Individual Performers can find and authorise their claims by logging in to Compass and selecting Activity and then Activity Authorisation Search. This will present the following screen:

DCS131 - Activity Authorisation

Home » Activity Authorisation Search

Performer ID: 925179 Jessica-Lynn CASTLE

The claims listed below have been created by your practice but are awaiting authorisation before they can be processed through the NHS Dental Services system. Please select each claim and authorise appropriately by completing the Dentist Declaration tab

Search:

Contract ID	Performer ID	Patient Surname	Patient Forename	Date of Birth	Treatment Start Date	Treatment End Date	Form Type	Action
9251790001	925179	MASON	ADAM	10/07/1967	08/10/2018	09/10/2018	Gen.	Authorise

Click Authorise and you will be presented with the Dentist Declaration tab which allows the Performer to review and authorise the FP17.

DCS131 - Activity Authorisation

Home » Activity Authorisation Search » FP17 Authorisation

Activity Reference: 7

Performer ID: 925179 Jessica-Lynn CASTLE

Treatment Location ID: 4470 39 TETTENHALL ROAD

Contract ID: 9251790001

Dentist 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 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

Once the boxes have been ticked, click Authorise.