ONE FORM MUST BE COMPLETED FOR EACH COURSE OF TREATMENT         This form is to be retained in the Dental Practice unless requested by the NISSA or other authorised body         Partent INFORMATION (TO BE COMPLETED BY THE DENTAL PRACTICE)         Provider name, address and location number	PF	<b>RWe (</b> 01/	10/2023 R11)	Pract	tice Record Fori	n - Patient	t Decla	ration		-			GIG		
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Number															
Please note, your email address and/or mobile number held by this dental practice will be submitted to the NHSBSA for this course of															
treatment. Please be assured the NHSBSA will only use this information to survey you about the NHS Dental treatment you have received. If you do not want to share your email address and/or mobile number with the NHSBSA please indicate here <b>Email</b> Mobile number															

## 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're not certain that you're entitled to receive free or reduced cost NHS dental services you MUST pay 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.

Checks on claims are undertaken to confirm you are entitled. Incorrect claims for free or reduced cost NHS dental services will result in a penalty charge of up to £100, in addition to the cost of NHS dental services. You won't have the opportunity to pay for the services first to avoid the penalty charge.

a) I am entitled to free NHS dental services because on the first day of treatment:

		l am under 18 years of age.											
		I am 18 years of age and in full time education	Enter Name of college or university										
		l am pregnant	}	<b>}</b> NHS Maternity Exemption certificate/card no.									
		I had a baby in the last 12 months	}	Date baby o	lue/born	I	D	Μ	M )	( Y			
		I am currently in prison or a young offenders institution	ı										
	b) I am entitled to free NHS dental services because during the course of treatment I get, or am included in an award Tas a claimant, partner, or dependent person under 20) of:												
		Income Support (Incapacity benefit and Disability Living Allowance does NOT count)	Please complete details below										
		Income-based Jobseeker's Allowance (Contribution-based does NOT count)		Print	name o	f perso	n rece	iving	benefi				
		Income-related Employment & Support Allowance		Date of Bir	th D	DN	И М	Υ	YY	Y			
		(Contribution-related does NOT count) Pension Credit Guarantee Credit		En	ter Nati	onal In	suran	ce Nui	mber				
	(Savings Credit on its own does <b>NOT</b> count)												
	<b>Universal Credit</b> (in the last assessment period there were no earnings, or earnings were within the allowed limit, please check at www.gov.wales/help-with-health-costs)												
D	URIN	G THE COURSE OF TREATMENT THESE ARE THE ONLY	BENEFITS	THAT ENT	TLE YOU	TO FR	EE NH	5 DEN	TAL SEI	RVICES			
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 (or entitled to one)	Enter Certificate/card Number										
(You are not automatically entitled because you receive Tax Credits; there are qualifying conditions, please check at www.gov.wales/help-with-health-costs. If you qualify you will be sent an exemption certificate/card, but if you don't have one you can use the award notice as proof).													
d)		entitled to reduced cost NHS dental services because: I am named on a HC3 certificate that is valid during the	course of	treatment	which lim	ite							
		the amount I have to pay to <u>f</u>	Enter Certificate Number										
	I do not have to pay for my examination because I am under 25 or 60 years old or over												
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 <mark>understand that I will have to pay for my treatment and a penalty charge of up to £100, if it is</mark> <b>not correct and I am not entitled.</b>													
Sig	gnatu	ire			Date								
If	you	are signing for the patient give details below:											
		Name (in CAPITALS)											

Relationship to patient