

## **NHS Dental Services**

The below information provides the details to use the online form function in Compass to enter and submit FP17OW form information.

For more detail on rules associated with each of the data items on the FP17OW, please refer to the “Completion of Form Guidance – FP17OW” available [here](#) and select the Dental forms menu option.

Please note that the patient will need to sign a paper PRW form or the electronic equivalent. 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 FP17OW (Clinician) – Wales

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

**NHS Business Services Authority**

Please log in with your username and password below

Username

Password

Memorable word characters

1st  5th  7th

**Log In**

[Change Password](#) | [Change Memorable Word](#) | [FAQ](#) | [Cookie Usage](#) | [Privacy](#) | [Forgotten Password or Memorable Word](#) | [Blocked Account](#)

**Messages**

**Welcome**  
to the Contract Management, Payment And Superannuation System R67.1

**Frequently Asked Questions**

- › Where can I view Compass user guidance?
- › Where can I read the Compass User Agreement?
- › Can I view Compass' accessibility statement?
- › Where can I access eDEN?
- › Can I access my Total Rewards Statement?
- › Where can I log into NHS Choices?
- › More frequently asked questions

[View All...](#)

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The following screen will be displayed.

**Homepage Menu**

- My Profile
- Clinician
- Pensions
- Payments
- Activity
- Reporting
- COVID-19

**System Messages**

No System Messages Found

**User Messages**

No User Messages.

**User Details**

- Full Name
- Email Address**
- Security Role**
- Current Date**
- Last Successful Login**

**PLEASE NOTE: The boxes displayed as yellow are all mandatory fields**

Select Activity creation to display the launch screen:

Home > Activity Creation Launch

Contract ID  \* 🔍

Personal ID

Location ID

Form Type  \* ▼

Next Cancel

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 (FP17OW) 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.	Sex	Last Known Postcode	Action
11145	ASTONVILLA	ENGLAND	08/06/1950	M	WN7 1NJ	Select
11173	BASTIA	FRANCE	08/06/1950	M	WN7 1NJ	Select
11154	BIRMINGHAM	ENGLAND	08/06/1950	M	WN7 1NJ	Select
11174	BORDEAUX	FRANCE	08/06/1950	M	WN7 1NJ	Select
11166	BRAGA	PORTUGAL	08/06/1950	M	WN7 1NJ	Select
11149	CHELSEA	ENGLAND	08/06/1950	M	WN7 1NJ	Select
11997	FINDON	TERRY	08/06/1950	M	WN7 1NJ	Select
11144	FCREST	ENGLAND	08/06/1950	M	WN7 1NJ	Select
11992	GOFFSPARK	RUSSELL	08/06/1950	M	WN7 1NJ	Select
11140	LEIPZIG	EASTGERMANY	08/06/1950	M	WN7 1NJ	Select
11170	MARSEILLES	FRANCE	08/06/1950	M	WN7 1NJ	Select
11171	MONACCO	FRANCE	08/06/1950	M	WN7 1NJ	Select
11332	OVERLANDERS	PAUL	08/06/1950	M	WN7 1NJ	Select
12003	PRIORY	JAMES	08/06/1950	M	WN7 1NJ	Select
11334	REBELROUSERS	CLIFF	30/06/2006	M	WN7 1NJ	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 not 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 1<sup>st</sup> April 2024

Patient Information		Exemptions, Remissions & Patient Charge		Supporting Evidence		Orthodontic Data Set		Orthodontic Assessment & Treatment Start		Orthodontic Conclusion	
Ethnic Origin		Clinician Declaration		Ortho Reg 11 / Appliance Repair							
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		<input type="checkbox"/> Yes <input type="checkbox"/> No									
Patient Charge Collected		<input type="text" value="0.00"/>									
<a href="#">Save as Draft and Create Another Claim</a>		<a href="#">Save as Draft and Return to Launch Screen</a>		<a href="#">Save and Create Another Claim</a>		<a href="#">Save and Return to Launch Screen</a>		<a href="#">Cancel and Return to Launch Screen</a>			

## Supporting Evidence

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

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

  

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

## 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.

Patient Information
Exemptions, Remissions & Patient Charge
Supporting Evidence
Orthodontic Data Set
Orthodontic Assessment & Treatment Start
Orthodontic Conclusion

Ethnic Origin
Clinician Declaration
Ortho Reg 11 / Appliance Repair

Aerosol Generating Procedure  (No. of appointments)

Radiograph(s) taken  (Number)

Fixed lower appliance

Removable upper appliance

Functional appliance

Removable lower appliance

Retainer upper

Fixed upper appliance

Retainer lower

**Extractions**

Search Quadrant  ▶ Create

Quadrant	Tooth	Action

Records 0 to 0 of 0 Page  / 1

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

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”.

Patient Information
Exemptions, Remissions & Patient Charge
Supporting Evidence
Orthodontic Data Set
Orthodontic Assessment & Treatment Start
Orthodontic Conclusion

Ethnic Origin
Clinician Declaration
Ortho Reg 11 / Appliance Repair

Aerosol Generating Procedure  (No. of appointments)

Radiograph(s) taken

Fixed lower appliance

Removable upper appliance

Functional appliance

Removable lower appliance

Retainer upper

Fixed upper appliance

Retainer lower

**Extractions**

Search Quadrant  ▶ Create

Quadrant	Tooth	Action

Records 0 to 0 of 0 Page  / 1

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

Extractions
✕

Quadrant ▼ \*

Tooth ▼ \*

Save Save/Create Cancel



## Orthodontic Assessment & Treatment Start

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

Select one of “Assessment & review”, “Assessment & refuse treatment” or “Assessment & 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 1<sup>st</sup> April 2024

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.

Patient Information	Exemptions, Remissions & Patient Charge	Supporting Evidence	Orthodontic Data Set	Orthodontic Assessment & Treatment Start	Orthodontic Conclusion
Ethnic Origin	Clinician Declaration	Ortho Reg 11 / Appliance Repair			
Assessment & review	<input type="checkbox"/>	Assess & refuse treatment	<input type="checkbox"/>	Assess & appliance fitted	<input type="checkbox"/>
IOTN	<input type="text" value=""/> (1-5)	Aesthetic component	<input type="text" value=""/> (1-10)	IOTN not applicable	<input type="checkbox"/>
Date of Referral	<input type="text" value=""/>				
Date of Assessment	<input type="text" value=""/>				
Date Appliance Fitted	<input type="text" value=""/>				

## 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.

Patient Information	Exemptions, Remissions & Patient Charge	Supporting Evidence	Orthodontic Data Set	Orthodontic Assessment & Treatment Start	Orthodontic Conclusion
Ethnic Origin	Clinician Declaration	Ortho Reg 11 / Appliance Repair			
Treatment abandoned - patient failed to return	<input type="checkbox"/>	Treatment abandoned - patient requested	<input type="checkbox"/>	Treatment discontinued	<input type="checkbox"/>
IOTN	<input type="text" value=""/> (1-5)	Aesthetic component	<input type="text" value=""/> (1-10)	IOTN not applicable	<input type="checkbox"/>
Date of Completion or Last Visit	<input type="text" value=""/>				
					PAR scores calculated <input type="checkbox"/>



## 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”

Patient Information	Exemptions, Remissions & Patient Charge	Supporting Evidence	Orthodontic Data Set	Orthodontic Assessment & Treatment Start	Orthodontic Conclusion									
<table border="1"> <thead> <tr> <th>Ethnic Origin</th> <th>Clinician Declaration</th> <th>Ortho Reg 11 / Appliance Repair</th> </tr> </thead> <tbody> <tr> <td>Repair to appliance fitted by another contractor</td> <td><input type="checkbox"/></td> <td>Regulation 11 replacement appliance <input type="checkbox"/></td> </tr> <tr> <td>Date of Completion or Last Visit</td> <td><input type="text"/></td> <td></td> </tr> </tbody> </table>						Ethnic Origin	Clinician Declaration	Ortho Reg 11 / Appliance Repair	Repair to appliance fitted by another contractor	<input type="checkbox"/>	Regulation 11 replacement appliance <input type="checkbox"/>	Date of Completion or Last Visit	<input type="text"/>	
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Repair to appliance fitted by another contractor	<input type="checkbox"/>	Regulation 11 replacement appliance <input type="checkbox"/>												
Date of Completion or Last Visit	<input type="text"/>													
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## Ethnic Origin

Select this tab and complete the Ethnic Origin accordingly.

Patient Information	Exemptions, Remissions & Patient Charge	Supporting Evidence	Orthodontic Data Set	Orthodontic Assessment & Treatment Start	Orthodontic Conclusion																							
<table border="1"> <thead> <tr> <th>Ethnic Origin</th> <th>Clinician Declaration</th> <th>Ortho Reg 11 / Appliance Repair</th> </tr> </thead> <tbody> <tr> <td>White British <input type="checkbox"/></td> <td>White Irish <input type="checkbox"/></td> <td>Other White Background <input type="checkbox"/></td> <td>White and Black Caribbean <input type="checkbox"/></td> <td>White and Black African <input type="checkbox"/></td> </tr> <tr> <td>White and Asian <input type="checkbox"/></td> <td>Other Mixed Background <input type="checkbox"/></td> <td>Asian or Asian British Indian <input type="checkbox"/></td> <td>Asian or Asian British Pakistani <input type="checkbox"/></td> <td>Asian or Asian British Bangladeshi <input type="checkbox"/></td> </tr> <tr> <td>Other Asian background <input type="checkbox"/></td> <td>Black or Black British Caribbean <input type="checkbox"/></td> <td>Black or Black British African <input type="checkbox"/></td> <td>Other Black background <input type="checkbox"/></td> <td>Chinese <input type="checkbox"/></td> </tr> <tr> <td>Any other ethnic group <input type="checkbox"/></td> <td>Patient declined <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Ethnic Origin	Clinician Declaration	Ortho Reg 11 / Appliance Repair	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"/>			
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If the treatment is on-going, select either “Save as draft and create another FP17OW” or “Save as draft and return to launch screen” tab – claim can be finalised at a later date.

## Clinician Declaration

If the treatment is completed, select **Clinician 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 FP17OW” tab or the “Save and return to launch screen” tab once the Declaration has been entered. The “Save and create another FP17OW” 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

Patient Information	Exemptions, Remissions & Patient Charge	Supporting Evidence	Orthodontic Data Set	Orthodontic Assessment & Treatment Start	Orthodontic Conclusion
Ethnic Origin	Clinician Declaration	Ortho Reg 11 / Appliance Repair			
All the necessary prevention, care and treatment that the patient is willing to undergo will be provided					<input type="checkbox"/>
All the necessary prevention, 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.