

**ONE FORM MUST BE COMPLETED FOR EACH COURSE OF TREATMENT**

This form is to be retained in the Dental Practice unless requested by the NHSBSA or other authorised body

**PATIENT INFORMATION (TO BE COMPLETED BY THE DENTAL PRACTICE)**

Provider name, address and location number

Patient's NHS  
Number

SURNAME (in CAPITALS)

FORENAME (in CAPITALS)

Date of Birth

ETD Claim Reference Number

Evidence of exemption  
or remission seen

Yes

No

Date of acceptance

Date of Completion  
or last visit**THE REMAINDER OF THIS FORM MUST BE COMPLETED BY, OR ON BEHALF OF, THE PATIENT****PATIENT DECLARATION (TO BE COMPLETED FOR ALL PATIENTS)**

I consent to the dental provider named above, or their representative, to examine me under the NHS and to give me any necessary care and treatment that I am willing to undergo within NHS arrangements. I agree to pay the statutory charges for the NHS dental service I receive, unless I have completed a valid claim for free or reduced cost NHS dental services below, and that I may have to pay the full amount prior to treatment. I agree, if necessary, to be examined and/or to have my dental records examined by the NHS Business Services Authority (NHSBSA) or other authorised bodies. I declare that the information I give on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me.

**Supporting Evidence**

- I understand:
- Risk factors for dental diseases (tooth decay, gum disease, mouth cancer and other as appropriate) communicated to me by the dental team
  - What I need to change (e.g. stop smoking, oral hygiene at home, diet etc), if any, to prevent dental diseases
  - The dental treatments, if any, recommended by the dental team
  - Costs involved, if any, and which treatment items are being carried out under the NHS and Private

Signature

Date

If you are signing for the patient give details below:

Name (in CAPITALS)

Relationship to patient

To enable the NHS to prevent and detect fraud and mistakes, pay dentists and to secure the effective and efficient delivery of NHS and related services, relevant information on your NHS treatment may be shared with, and by the NHSBSA to Local Health Boards, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, the Welsh Government and bodies performing functions on their behalf. Your personal data will be deleted within 8 years of receipt into our systems. Further details are available at [www.nhsbsa.nhs.uk/yourinformation](http://www.nhsbsa.nhs.uk/yourinformation)

**What is your ethnic group?**Please choose **ONE** selection from this list to indicate your ethnic group:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> White British           | <input type="checkbox"/> White & Black African         | <input type="checkbox"/> Asian or Asian British Pakistani   | <input type="checkbox"/> Patient declined               |
| <input type="checkbox"/> White Irish             | <input type="checkbox"/> White & Asian                 | <input type="checkbox"/> Asian or Asian British Bangladeshi | <input type="checkbox"/> Black or Black British African |
| <input type="checkbox"/> Other white background  | <input type="checkbox"/> Other mixed background        | <input type="checkbox"/> Other Asian background             | <input type="checkbox"/> Other Black background         |
| <input type="checkbox"/> White & Black Caribbean | <input type="checkbox"/> Asian or Asian British Indian | <input type="checkbox"/> Black or Black British Caribbean   | <input type="checkbox"/> Chinese                        |
|  |  |   | <input type="checkbox"/> Any other ethnic group         |

**Please provide your email address and/or mobile number**Email  
AddressMobile  
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 **Email** ☐ **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:

☐

I am under 18 years of age.

☐

I am 18 years of age and in full time education

Enter Name of college or university

☐

I am pregnant

}

NHS Maternity Exemption certificate/card no.

☐

I had a baby in the last 12 months

}

Date baby due/born

D

D

M

M

Y

Y

☐

I am currently in prison or a young offenders institution

b) I am entitled to free NHS dental services because during the course of treatment I get, or am included in an award (as 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 of person receiving benefit

☐

**Income-related Employment & Support Allowance** (Contribution-related does **NOT** count)

Date of Birth

D

D

M

M

Y

Y

Y

Y

☐

**Pension Credit Guarantee Credit** (Savings Credit on its own does **NOT** count)

Enter National Insurance Number

☐

**Universal Credit** (there are other circumstances and conditions that you should be aware of before requesting an exemption. For these, look at the 'Other support you may be able to get' section of your statement. Please check at [www.gov.wales/help-with-health-costs](http://www.gov.wales/help-with-health-costs))

**DURING THE COURSE OF TREATMENT THESE ARE THE ONLY BENEFITS THAT ENTITLE YOU TO FREE NHS DENTAL SERVICES**

c) I am entitled to free NHS dental services because I am named on the following certificate that is valid during the course of treatment:

☐

HC2 Certificate

Enter Certificate Number

d) I am entitled to reduced cost NHS dental services because:

☐

I am named on a HC3 certificate that is valid during the course of treatment which limits the amount I have to pay to £

£

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 understand that I will have to pay for my treatment and a penalty charge of up to £100, if it is not correct and I am not entitled.

Signature

Date

If you are signing for the patient give details below:

Name (in CAPITALS)

Relationship to patient