

Replacement appliance refund claim form



Complete this form and post it to us along with:

- your receipt showing the charges paid
- proof of benefits or a copy of the exemption certificate you are named on

Post your form to: **Bridge House, 152 Pilgrim Street, Newcastle upon Tyne, NE1 6SN.**

Part 1 - Patient's details

PLEASE COMPLETE IN BLOCK CAPITALS

Surname

Forename(s)

Title (Mr/Mrs/Miss/Ms/Other)

Sex: Male ☐ Female ☐

Date of birth / /

National Insurance number

NHS number (optional)

Address

Postcode

Email address - the NHSBSA may use this method to contact you in relation to this claim

Telephone number

Part 2 - Your refund claim

Dental practice's name

Dental practice's telephone number

Dental practice's address

Postcode

Please describe the steps you took to take care of your dental appliance before it was lost or damaged beyond repair, and how it was lost or damaged.

Date appliance provided

 / /

Date charge paid

 / /

Charge paid

(A receipt must be enclosed)

Part 3 - Reason for claim

☐ This charge will cause me undue financial hardship.

Please send proof that you received one of the following benefits or a copy of the exemption certificate you are named on, otherwise it will take longer to process your claim.

On the date the charge was paid I was named on one of the following certificates:

- ☐ NHS Tax Credit Exemption Certificate
- ☐ NHS Low Income Scheme HC2 Certificate
- ☐ NHS Low Income Scheme HC3 Certificate which limits the amount paid to:

£

Please provide details of the certificate you hold:

Certificate number:

Dates the certificate is valid for:

From

/ /

to

/ /

On the date the charge was paid, I, or my partner, was in receipt of one of the following benefits:

- ☐ Income Support
- ☐ Income-Based Jobseeker's Allowance
- ☐ Income-Related Employment and Support Allowance
- ☐ Pension Credit Guarantee Credit
- ☐ Universal Credit

Please provide the FULL name, date of birth and National Insurance Number of the person receiving the benefit:

Surname

Forename(s)

Sex: Male ☐ Female ☐

National Insurance number

Date of birth / /

Please explain why paying this charge will cause you undue financial hardship

Part 4 - Your bank details

I wish any refund to be paid into the following account:

Name(s) of account holder(s)

Full name of bank, building society or other account provider

Sort code of the bank, building society or other account provider

 - -

Account number

If a building society account, the building society roll or reference number

Some building society accounts use a roll or reference number. If you are not sure if the account has a roll or reference number, ask the building society.

Incorrect details will delay any refund you are entitled to.

☐ Tick this box if you do not have an account

Part 5 - Patient's declaration and signature

Warning: False information may lead to civil or criminal action.
If you are signing for somebody else, you will be responsible for the information provided.

I declare that the information given on this form and the supporting documents are correct and complete and I understand that if I knowingly provide false information, I may be liable to prosecution and/or civil proceedings.

I consent to the disclosure of relevant information on this form to and by HM Revenue and Customs, Local Authorities and the Department for Work and Pensions for the purpose of verification.

I also consent to the disclosure of information on this form to NHS Counter Fraud Authority for the purpose of the prevention, detection, investigation and prosecution of fraud and any other unlawful activity affecting the NHS.

How we use your information: The NHS Business Services Authority will use the information that you have provided to process your claim for a refund of necessary NHS costs. We match the information provided against any claims you make of being exempt from NHS charges. We will not transfer your personal data outside the United Kingdom or the European Economic Area. We manage the information you provide as required by Data Protection law. Further details are available at www.nhsbsa.nhs.uk/yourinformation

This is my claim for a refund of the NHS dental charges listed in Part 2

5A Signature:

Date

 / /

This is a claim on behalf of the person named in Part 1 for a refund of the NHS dental charges listed in Part 2

5B Signature:

Date

 / /

Name (in capitals)

Telephone number

Address

Postcode