

NHS Dental Services

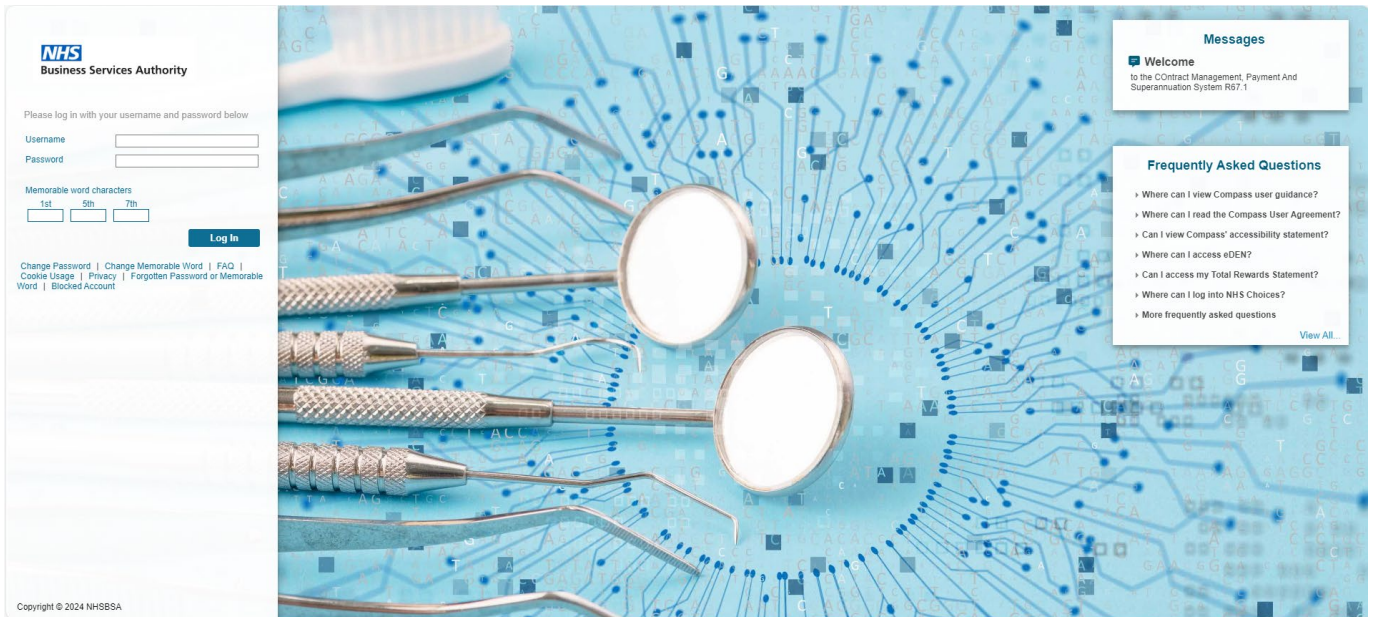
This guide provides details on how to use the online form function in Compass to enter and submit FP17 form information.

More detail on rules associated with each of the data items on the FP17 can be found on our website.

The patient must sign a paper PR form or electronic equivalent. The signed PR form will must be retained by the practice as part of the patient record for a period of two years.

Completion of online form guidance FP17 (Clinician) – England

Log on to Compass



Select **Activity** from 'Homepage Menu':

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

The following screen will be displayed.

The screenshot displays a user dashboard with the following sections:

- Homepage Menu:** A list of navigation options including 'Back To Provider Homepage', 'Activity Authorisation Search', 'Activity Creation', 'Activity Creation (Clinician)', 'Activity Dashboard', 'Activity Dashboard (Clinician)', 'Activity File Archive Search', 'Activity File Monitor', 'Activity Search (Detail)', 'Activity Search (Detail - Clinician)', 'Activity Search (Summary)', 'Activity Search (Summary - Clinician)', 'Maintain or Finalise Draft Claims', 'Maintain or Finalise Draft Claims (Clinician)', 'New Patient Declaration', 'Ortho Par Score Capture and Submission', 'Ortho Par Score Sample Request', 'Clinician PIN Request', 'WebEDI Account Update', and 'View Authorisation List'.
- User Details:** A table showing user information for Mark James Goatman, including email address, security role (Business Owner), current date (26/03/2024), and last successful login (26/03/2024 10:10:38).
- User Messages:** A table with columns 'Message Text' and 'Action'. It shows 0 records out of 0.
- Approved Contracts:** A search bar for 'Contract No' and a table with columns 'Contract No', 'Type', 'Commissioner', 'Start Date', 'Postcode', and 'Action'.

PLEASE NOTE: The boxes marked with an asterisk symbol(*) are all mandatory fields

Select **Activity Creation (Clinician)** to display 'Activity Creation Launch' screen:

The screenshot shows the 'Activity Creation Launch' screen with the following fields:

- Contract ID:** A text input field with a magnifying glass icon and an asterisk (*).
- Personal ID:** A text input field.
- Location ID:** A text input field.
- Form Type:** A dropdown menu with an asterisk (*).

Buttons for 'Next' and 'Cancel' are located at the bottom right.

You can enter Contract ID manually, or select the magnifying glass icon to display all the contracts you work on and choose the appropriate contract.

Use drop down to choose the form type (FP17) and select **Next** .

Select **Patient Information tab** and complete relevant patient information – DOB format can be either DDMMYYYY or DD/MM/YYYY.

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 selecting the magnifying glass icon next to the 'Postal address Selector'. Then select the correct address from the list displayed.

The screenshot shows the 'Patient Information' tab with the following fields:

- Patient ID: Search field with magnifying glass icon
- NHS Number: Input field
- Surname: Input field with asterisk
- Forename: Input field with asterisk
- Address: Multiple stacked input fields with asterisk
- Post Code: Input field with magnifying glass icon
- Sex: Dropdown menu with 'Please Select...' and asterisk
- Date of Birth: Input field with asterisk
- Previous Surname (If changed since last visit): Input field
- Email Address: Input field
- Patient Declined: Checkbox
- Mobile Phone Number: Input field
- Patient Declined: Checkbox

Buttons at the bottom: 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.

If it is an existing patient, select the magnifying glass next to Patient ID field, this will present you with a list of all your existing patients from which you can select the patient.

The screenshot shows a 'Patient List' modal window with the following table:

Patient Id	NHS Number	Surname	Forename	D.O.B.	Sex	Last Known Postcode	Action
Filter	Filter	Filter	Filter	Filter	Filter	Filter	Clear Filters
14761		CAPRIATI	JENNIFER	08/06/1950	F	WN7 1NJ	Select
14976		DIOCLETIAN	JOAQUIN	08/06/1950	M	WN7 1NJ	Select
14534		MCENROE	JOHN	08/06/1950	M	WN7 1NJ	Select

Records 1 to 3 of 3 | Page 1 / 1

To filter the list you can enter the patient’s surname, forename or date of birth in the relevant blank field below the column header and select enter to display your choice.

Select the patient from the list displayed and this will populate the online FP17 Patient Information tab:

Dental Care Professional tab

If a Dental Care Professional (DCP) is providing the full course of dental treatment (within their scope of practice) as a Direct Access Clinician, select the Direct Access Clinician type from the drop-down list.

The boxes below this do not need completing unless another DCP clinician is assisting with the course of treatment.

Direct Access Clinician Type

A Dental Care Professional carried out all or part of the work in this course of treatment:

Dental Care Professional Type

Enter the GDC Number of the Dental Care Professional

Dental Therapist
Dental Hygienist
Dental Nurse
Clinical Dental Technician

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

Where a DCP is assisting with a course of treatment opened by a dentist or Direct Access Clinician, select one of the DCP options available from the drop down list.

Patient Information Dental Care Professional Treatment Dates/Incomplete Exer

Direct Access Clinician Type

A Dental Care Professional carried out all or part of the work in this course of treatment:

Dental Care Professional Type

Enter the GDC Number of the Dental Care Professional

Dental Therapist
Dental Hygienist
Dental Nurse
Clinical Dental Technician

Treatment Dates/Incomplete tab

If the treatment is incomplete, 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.

Enter dates of acceptance and completion which can be in the following formats – DDMMYY, DD/MM/YY, DDMYYYY, DD/MM/YYYY. For completion if this is the same as the acceptance date tick the "Completion Same as Date of Acceptance" box, the previously entered Date of Acceptance will automatically populate the Date of Completion or Last Visit.

The 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.

The screenshot shows the 'Treatment Dates/Incomplete' tab selected. The form includes the following elements:

- For Incomplete Treatment the Band for actual Treatment provided: [dropdown]
- Date of Acceptance: [text input]
- Date of Completion or Last Visit: [text input]
- Completion Date same as Acceptance:
- Flexible Commissioning Flag: [dropdown]

Buttons at the bottom: 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.

If the contract is participating in a flexible commissioning arrangement, choose one of the options available from the drop-down list provided for Flexible Commissioning Flag.

The dropdown menu is open, showing the following options:

- Securing Access for Urgent Care
- Promoting Access to Routine Care
- Providing Care of High Needs Groups
- Starting Well
- Enhanced Health in Care Homes
- Collaboration in Local Care Networks

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 selected – including a prison exemption. The patient charge entry is not mandatory if the patient is not exempt.

If a patient is under 18, select "**Patient under 18**" and "**Evidence of Exemption or Remission seen – Yes/No**".

Tax Credit Exemption is no longer accepted on a course of treatment with the Date of Acceptance on or after 6 April 2025.

Patient Information	Dental Care Professional	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	Clinical Data Set	Other	Ethnic Origin	Clinician Declaration
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		<input type="checkbox"/> Yes <input type="checkbox"/> No							
Patient Charge Collected		<input type="text" value="0.00"/>							
<input type="button" value="Save as Draft and Create Another Claim"/> <input type="button" value="Save as Draft and Return to Launch Screen"/> <input type="button" value="Save and Create Another Claim"/> <input type="button" value="Save and Return to Launch Screen"/> <input type="button" value="Cancel and Return to Launch Screen"/>									

If required, select the **Supporting Evidence** tab and complete with relevant information (if required)

Patient Information	Dental Care Professional	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	Clinical Data Set	Other	Ethnic Origin	Clinician Declaration
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"/>					
<input type="button" value="Save as Draft and Create Another Claim"/> <input type="button" value="Save as Draft and Return to Launch Screen"/> <input type="button" value="Save and Create Another Claim"/> <input type="button" value="Save and Return to Launch Screen"/> <input type="button" value="Cancel and Return to Launch Screen"/>									

Select **Treatment Category** tab and enter relevant information.

If the Regulation 11 box is ticked there must be a patient charge entered in the Exemptions, Remissions & Patient Charge area.

Patient Information	Dental Care Professional	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category
Clinical Data Set	Other	Ethnic Origin	Clinician Declaration		
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"/>		
Unscheduled Care	<input type="checkbox"/>				
Charge Exempt Treatment Only	<input type="checkbox"/>				
Care Pathway 1	<input type="text"/>	Care Pathway 2	<input type="text"/>	Care Pathway 3	<input type="text"/>

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

Patient Information	Dental Care Professional	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	Clinical Data Set	
Other	Ethnic Origin	Clinician Declaration					
Scale & polish	<input type="checkbox"/>	Fluoride varnish	<input type="checkbox"/>	Fissure sealants	<input type="text"/> (No. Teeth)	Radiograph(s) taken	<input type="text"/> (Number)
Endodontic treatment (pre 01/10/2022)	<input type="text"/> (No. Teeth)	Endodontics - Molar	<input type="text"/> (No. Teeth)	Endodontics - Non-molar	<input type="text"/> (No. Teeth)	Highest BPE Sextant Score	<input type="text"/>
Untreated Decayed Teeth	<input type="text"/> (No. Teeth)	Permanent fillings	<input type="text"/> (No. Teeth)	Extractions	<input type="text"/> (No. Teeth)	Crown(s) provided	<input type="text"/> (No. Teeth)
Upper denture - Acrylic	<input type="text"/> (No. Teeth)	Lower denture - Acrylic	<input type="text"/> (No. Teeth)	Upper denture - Metal	<input type="text"/> (No. Teeth)	Lower denture - Metal	<input type="text"/> (No. Teeth)
Veneer(s) applied	<input type="text"/> (No. Teeth)	Inlay(s)	<input type="text"/> (No. Teeth)	Bridge(s) fitted	<input type="text"/> (No. units)	Referral for advanced mandatory services	<input type="text"/> (Band)
Examination	<input type="checkbox"/>	Antibiotic items prescribed	<input type="text"/> (No. prescriptions)	Other treatment	<input type="checkbox"/>	Best Practice Prevention	<input type="checkbox"/>
Aerosol Generating Procedure	<input type="text"/> (No. of appointments)	Custom Made Occlusal Appliance Hard Bite	<input type="checkbox"/>	Custom Made Occlusal Appliance Soft Bite	<input type="checkbox"/>	Denture Additions/Reline/Rebase (pre 01/04/26)	<input type="checkbox"/>
Denture Relines	<input type="checkbox"/>	Denture Additions	<input type="checkbox"/>	Advanced Perio RSD	<input type="text"/> (No. sextants)	Missing Deciduous Teeth	<input type="text"/> (No. Teeth)
Phased Treatment	<input type="checkbox"/>	Pre-formed crowns	<input type="text"/> (No. Teeth)	Missing Permanent Teeth	<input type="text"/> (No. Teeth)	Crown Refix with Post/Core Retention	<input type="text"/> (No. Teeth)
Decayed Permanent Teeth	<input type="text"/> (No. Teeth)	Decayed Deciduous Teeth	<input type="text"/> (No. Teeth)	Laboratory Made Splint	<input type="checkbox"/>	Arrest of Bleeding	<input type="checkbox"/>
Filled Permanent Teeth	<input type="text"/> (No. Teeth)	Filled Deciduous Teeth	<input type="text"/> (No. Teeth)	Bridge Repairs	<input type="checkbox"/>		
Soft Tissue Surgery	<input type="checkbox"/>	Non-Laboratory Made Splint/Appliance	<input type="checkbox"/>				
Prescription	<input type="checkbox"/>	Denture Repairs	<input type="checkbox"/>				
Removal of Sutures	<input type="checkbox"/>	Nurse Applied Fluoride Varnish	<input type="checkbox"/>				

Select the **Other** tab and complete accordingly

Patient Information	Dental Care Professional	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	Clinical Data Set	Other	Ethnic Origin	Clinician Declaration
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"/> (No. of Months)								

Select the **Ethnic Origin** tab

Patient Information	Dental Care Professional	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	Clinical Data Set
Other	Ethnic Origin	Clinician Declaration				
<p>White</p> <p>English or Welsh or Scottish or Northern Irish or British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background <input type="checkbox"/></p> <p>Mixed multiple ethnic groups</p> <p>White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed or Multiple ethnic background <input type="checkbox"/></p> <p>Asian or Asian British</p> <p>Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background <input type="checkbox"/> Chinese <input type="checkbox"/></p> <p>Black or African or Caribbean or Black British</p> <p>Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Black or African or Caribbean background <input type="checkbox"/></p> <p>Other Ethnic Group</p> <p>Arab <input type="checkbox"/> Any other Ethnic Group <input type="checkbox"/></p> <p>Other</p> <p>Patient declined (pre 01/04/2026) <input type="checkbox"/> Ethnicity Not Stated <input type="checkbox"/> Patient Ethnicity Unknown <input type="checkbox"/></p>						
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						

If the treatment is on-going, select **Save as draft and create another FP17** or **Save as draft and return to launch screen** tab – the claim can be finalised at a later date.

If the treatment is completed, select the **Clinician Declaration** tab and click on the relevant boxes– the claim created can only be submitted for validation if this section is completed.

Patient Information	Dental Care Professional	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	Clinical Data Set	Other	Ethnic Origin	Clinician Declaration
<p>All the necessary care and treatment that the patient is willing to undergo will be provided <input type="checkbox"/></p> <p>All the currently necessary care and treatment that the patient is willing to undergo has been carried out <input type="checkbox"/></p> <p>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"/></p>									
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	

Select **Save and create another FP17** or **Save and return to launch screen** once the Declaration has been entered.

The “Save and create another FP17” tab will take you to the creation screen for a new claim and “Save and return to launch screen” will take you to the screen that enables you to change contract and performer details for further claims

To authorise claims that have been created by support staff such as Practice Manager or Receptionist, select **Activity** from the Homepage Menu, followed by **Activity Authorisation Search** which will list the claims awaiting authorisation.