

Claim a refund of NHS dental treatment HC5(D)

What you need to know

Use this form to get a refund of NHS dental charges you have paid in England.

Find out how to claim a refund of NHS dental charges paid in Wales or Scotland at www.nhsbsa.nhs.uk/help-nhs-dental-costs

This form is only for NHS dental charges. You cannot use it to claim a refund for private dental treatment.

Use a separate form for each refund claim.

The information on this form may be securely shared with other public bodies to detect fraud and error. Providing false information can lead to prosecution or legal action.

Deadline for claiming

This form must be received within **three months** of the date you paid the charge (or final instalment if paying in instalments).

Claims received after three months can only be accepted in exceptional circumstances. Not knowing you were exempt is not considered an exceptional circumstance. If you are submitting a late claim, include an explanation for the delay with your completed form.

Claiming for someone else

If you are filling in this form for someone who is physically unable to do so, they should tell you what to fill in for them. They should then sign or make their mark in **Part 5A**.

If you are filling in the form for someone with learning difficulties or a condition that prevents them from managing their own affairs, you are responsible for making sure the information is correct. You should sign the form yourself in **Part 5B**.

Help and support

You can check if you are eligible for help with your health costs in future at www.nhsbsa.nhs.uk/check. More information about refunds can be found online at www.nhsbsa.nhs.uk/nhs-low-income-scheme/apply-refund or by calling 0300 330 1343.

For office use only.

Caseworker Date Received / /

Our reference Check completed Patient contribution .

Part 1 - Patient's details

The patient is the person who had the NHS dental treatment.

Surname

Forename(s)

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

Sex: Male Female

Date of birth / /

NHS number

National Insurance number

Address

Postcode

Contact details

In case we need to contact you about this claim.

Name (if different from patient)

Email address

Telephone number

Part 2 - NHS dental charges paid

Please send a copy of your receipts. We cannot process your refund without them.

Amount paid £

Treatment start date / /

Treatment end date / /

Name, address and telephone number of dental practice.

Name

Telephone number

Address

Postcode

Part 3 - 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 account details will delay any refund you are entitled to.

Part 4 - Reason for claim

Tick the box that applied when the NHS dental charge (or final instalment) was paid.

Group 1

- I was receiving a War Pension payment or an Armed Forces Compensation Scheme payment and was being treated for my accepted disablement. No.

**Send this form with original receipt(s) to:
The Treatment Group, Veterans UK, Norcross, Thornton Cleveleys, FY5 3WP.**

Group 2

- I was named on an HC2 or HC3 certificate (help with health costs). No.

- I was pregnant or had a baby in the last 12 months.

NHS maternity exemption certificate No.

If you do not have an exemption certificate, include a copy of your MATB1 certificate, birth certificate or stillbirth certificate.

- I was under 18 years of age on the first day of treatment.
- I was 18 years old and in qualifying full-time education. You need to include a letter from your education provider confirming this.

**Send this form by email to hc5refundquery@nhsbsa.nhs.uk or by post to:
NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle upon Tyne, NE1 6SN.**

Group 3

I was getting one of the benefits listed below. This includes if you are the partner or are under 20 years old and a dependant of someone who was getting one of these benefits.

If the person named on the benefit is different to the patient named in Part 1, tell us their:

Name

Date of birth / / National Insurance number

- Universal Credit and you met the criteria. Check Universal Credit eligibility criteria at www.nhsbsa.nhs.uk/uc. You were eligible if you were receiving Universal Credit and for the last complete assessment period before the dental charge was paid your total take-home pay was £435 or less (£935 or less if you had a child element or limited capability for work). If your treatment was during your first Universal Credit assessment period, you qualify for a refund if you met the eligibility criteria during that assessment period. You also qualify if you met the eligibility criteria during the Universal Credit assessment period when the dental charge was incurred.
- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- Pension Credit Guarantee Credit

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Group 4

- I am not in groups 1 to 3, but wish to claim a refund because I am on a low income.

You may be able to apply for the NHS Low Income Scheme online at www.nhsbsa.nhs.uk/hc1 or by filling in a paper HC1 form. You can request a paper HC1 online or by calling 0300 123 0849.

If you apply online, provide your reference number:

Send this form by email to hc5refundquery@nhsbsa.nhs.uk

If you apply by post, send this form with the HC1 to:
NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle upon Tyne NE1 6SN.

