PRDP (01/04/2016 R3) Practice Record Form - Patient Declaration

NHS

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

SURNAME (in CAPITALS)

FORENAME (in CAPITALS)

Date of Birth D D M M Y Y Y Y

ETD Claim Reference Number

Evidence of remission/exemption not seen ☐

Date of acceptance Day D D Month M M Year Y Y

Date of Completion or last visit Day D D Month M M Year Y Y

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 overleaf, 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 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.

To enable the NHS to prevent and detect fraud and mistakes, 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 NHS Business Services Authority to NHS England, Department for Work and Pensions, HM Revenue & Customs, the Health and Social Care Information Centre, local authorities, and bodies performing functions on their behalf.

This dental practice is participating in the Prototype Agreements Scheme hosted by the Department of Health, and NHS treatment that you receive will be delivered as part of that Scheme. To enable the Department of Health and NHS England to monitor and evaluate the Scheme, relevant information on your NHS treatment may be shared with, and by, the bodies listed above. This information will also be used to help in the development of revised contractual arrangements and new ways of delivering primary dental services being considered by the Department of Health.

Your personal data will be deleted within 10 years of receipt into our systems.

Signature Date

If you are signing for the patient give details below:

Name (in CAPITALS)

Relationship to patient

What is your ethnic group?

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

☐ White British	☐ White & Black African	☐ Asian or Asian British Pakistani	☐ Black or Black British African
☐ White Irish	☐ White & Asian	☐ Asian or Asian British Bangladeshi	☐ Other Black background
☐ Other white background	☐ Other mixed background	☐ Other Asian background	☐ Chinese
☐ White & Black Caribbean	☐ Asian or Asian British Indian	☐ Black or Black British Caribbean	☐ Any other ethnic group

☐ Patient declined

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** }

☐ **I had a baby in the last 12 months** } NHS Maternity Exemption certificate/card no. / 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)

☐ **Income-based Jobseekers Allowance** (Contribution-based does **NOT** count)

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

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

Please complete details below

Print name of person receiving benefit

Date of Birth D D M M Y Y Y Y

Enter National Insurance Number

☐ **Universal Credit** (in the last assessment period there were no earnings, or earnings were within the allowed limit)

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 one of the following certificates that is valid during the course of treatment:

☐ **HC2 Certificate** — Enter Certificate Number

☐ **NHS Tax Credit Exemption Certificate/Card** (or entitled to one) — Enter Certificate/card Number

(You are not automatically entitled because you receive Tax Credits; there are qualifying conditions, please check at www.nhs.uk/healthcosts. If you qualify you will be sent an exemption certificate/card, but if you don't have one you can use the award notice as proof).

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 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