WCA398-0409

HSC Business Services Organisation

Health Service Dental Payment Claim HS45 (Comp)

Printer registration

Patient's HS No.

Part 1 Dentist's name, address and contract number

Part 2 PATIENT INFORMATION - complete in CAPITALS

SURNAME

FIRST FORENAME

Address (House number and Street)

City or Town

County

POSTCODE

Health & Care Number

Date of Birth/CHI

Part 3 TYPE OF CLAIM

Enter 'X'

1		Initial Registration
2		Re-Registration
3		Under care of another dentist
4		Occasional treatment only
5		Treatment on referral
6		Part NHS/ private

Part 4 REGISTRATION / TREATMENT DATES

Acceptance/Registration (Day, Month, Year)

Completion same as Acceptance 1

Completion or last visit (Day, Month, Year)

Treatment incomplete 2

Examination (if different from Acceptance) (Day, Month, Year)

Part 5 EXEMPTIONS AND REMISSIONS

1		Patient under 18
2		Full remission - HC2 cert.
3		Partial remission - HC3 cert.
4		Expectant mother
5		Nursing mother
6		Aged 18 in full-time education
7		Income Support
8		Tax Credit Exemption Certificate
9		Pension Credit guarantee credit
0		Income-based Jobseeker's Allowance

PATIENT CHARGES £ .

Evidence of remission/ exemption not seen E

Part 6 SPECIAL CHILD FEES & ARRANGEMENTS

Enter "X" where appropriate

Trauma		Ortho mds/ study models		Intra 41B	
2		3		4	

Part 7A

Exam	0101	1		Full case assessment	0121	2		Scaling	1001	3		Pf- denture - synthetic resin	2731	4		-Pf denture - synthetic resin	2732	5	
Extensive exam	0111	6		Pulpotomy	0204	7		Periodontal disease	1011	8		Upper denture - special trays	2771	9		Lower denture - special trays	2772	0	
No. of small rads	0201	1		No. of study models	0211	2		No. of dom. visits <16.1km.	3501	3		No. of upper denture repairs	2801	4		No. of lower denture repairs	2802	5	

Part 7B

Tooth notation	Description
	Fillings - Deciduous teeth
	Fillings - amalgam single surface
	Fillings - amalgam 2 or more surfaces
	MO or DO with/without other surfaces
	MOD with/without other surfaces
	Fillings - Composites etc
	Fillings - Glass ionomers etc
	Pin or screw retentions
	Root fillings in permanent teeth
	Crowns bonded to precious metals
	Extractions
	Number of visits

Part 7C

Enter no.	Tooth notation	Claim below for free replacement	BSO use only	Dentist use only £ p

Total £

Part 8 BSO USE ONLY

UR	UL	
LR	LL	.
UR	UL	
LR	LL	.

Part 9 DENTIST'S DECLARATION

☐ I have accepted this patient onto my list, and throughout the arrangement I shall provide such care and treatment which the patient is willing to undergo as may be necessary to secure and maintain oral health.

☐ I have carried out all the care and treatment which the patient is willing to undergo that is currently necessary to secure and maintain oral health.

I declare that I am properly entitled to claim the payment shown above 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 claim under HS funds and the prevention and detection of fraud, I consent to the disclosure of relevant information from this form to and by Health Service Counter Fraud Unit.

Dentist's name in CAPITALS (where different to Part 1)

Signature

Date

WCA398 Revised 04/09