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Introduction

What is an PRW form?

The PRW form is a legal document that's part of a patient's dental records. It forms the basis of any NHS electronic (EDI) PRW claim that a practice makes. It's a requirement that the PRW form be fully complete and retained as part of the patient's records. By failing to complete this paperwork, a performer wouldn't be claiming in accordance with the regulations, contrary to paragraph 19(1)(a) of the terms of service. There are two language versions of the Welsh PRW form: (I) PRWe (English language); and (2) PRW (Welsh language).

The electronic version of the form is used by dental system suppliers for the electronic capture of a patient's signature and exemption / remission entitlement.

When should an PRW form be completed?

An PRW form must be completed for each course of NHS dental treatment where a practice submits their PRW claims via EDI or the online form in Compass.

Where can I obtain the PRW form from?

If you're based in Wales you need to contact your Commissioner (Local Health Board).

What is an PRWeES form?

The PRWeES form is an electronic version of the paper-based PRWe form, both in English language. The equivalent forms in Welsh language are the PRWES (electronic) and PRW (paper-based).

Scope of this guide

This short guide has been produced to:

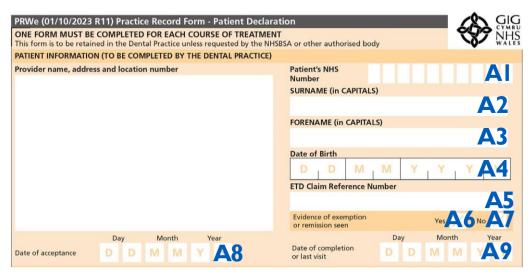
- help dental teams support patients to complete the Practice Record (PRW) form
- signpost to resources that will help patients to:
 - find their NHS number
 - check whether they are eligible for help towards NHS dental treatment
- address questions around the information required on the form and why this is collected

This guide can also be used as a training tool for individuals new to NHS dentistry.

This guide is to be used for the completion of Practice Record (PRWe) forms for general, urgent and orthodontic courses of NHS dental treatment in Wales.

Patient information

For completion by the practice:



AI - NHS Number

Please enter your patient's NHS number. Your patient's NHS number is a 10-digit number, like 485 777 3456. NHS numbers help to **identify patients correctly and accurately link their details to their oral health records**.

Please ask your patients for their NHS number, and if they do not know it, they can find it through these options:

NHS documents

Your patients can find their NHS number on any letter or document they have received from the NHS, including test results and hospital referral or appointment letters. They can also find their NHS number on a prescription.

 Wales NHS App Coming soon.

A2 – Surname

Please enter your patient's surname in CAPITAL letters. Please use their full surname as registered with your dental practice. Do not use abbreviations or nicknames.

A3 - Forename

Please enter your patient's forename in CAPITAL letters. Please use their full forename as registered with your dental practice. Do not use abbreviations or nicknames.

A4 - Date of Birth

Please enter your patient's date of birth in format DD MM YYYY.

A5 – ETD Claim Reference Number (Not available on electronic form version)

Please enter your patient's ETD (Electronically Transmitted Data) claim reference number. This will be unique for each course of treatment you submit via your dental practice management system.

A6 / A7 - Evidence of exemption or remission seen

Please indicate in either the Yes (A6) or No (A7) box whether the patient provided evidence of exemption or remission from NHS dental charges.

A8 – Date of acceptance

Please enter the date of acceptance for the course of treatment in format DD MM YY.

A9 – Date of completion or last visit (Not available on electronic form version)

Please enter the date of completion if the course of treatment was completed, or the date of last visit if it was not completed in format DD MM YY.

Patient declaration

Ciamatuna

For completion by, or on behalf of, the patient:

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 below, 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 (NHSBSA) 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. Supporting Evidence

I understand: a) Risk factors for dental diseases (tooth decay, gum disease, mouth cancer and other as appropriate) communicated to me by the dental team

b) What I need to change (e.g. stop smoking, oral hygiene at home, diet etc), if any, to prevent dental diseases

Date

- c) The dental treatments, if any, recommended by the dental team
- d) Costs involved, if any, and which treatment items are being carried out under the NHS and Private

| Signature | DI | Date | DZ |
|---------------------------|--------------------------------|------|------------|
| If you are signing for th | ne patient give details below: | | |
| Name (in CAPITALS) | | | B3 |
| Relationship to patient | | | B 4 |

To enable the NHS to prevent and detect fraud and mistakes, pay dentists 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 NHSBSA to Local Health Boards, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, the Welsh Government and bodies performing functions on their behalf. Your personal data will be deleted within 10 years of receipt into our systems. Further details are available at www.nhsbsa.nhs.uk/yourinformation

BI - Signature

Please read the patient declaration above and sign here if you understand and agree to the declaration. You must sign this declaration if you wish to be examined under the NHS and receive any necessary care and treatment that you are willing to undergo within NHS arrangements. If you do not agree to the declaration, examination or treatment cannot be provided under the NHS. If you have not received sufficient information on the supporting evidence, please speak to your dental practice.

B2 - Date

D2

Please enter today's date in format DD MM YYYY.

If you are signing on behalf of the patient, please also complete the following:

B3 – Name

Please enter your full name in CAPITAL letters.

B4 - Relationship to patient

Please enter your relationship to the patient. For example, parent/guardian or carer.

Patient ethnic group

For completion by, or on behalf of, the patient:



C - What is your ethnic group

Please choose your ethnic group from this list. Make only one selection. **This information is used to monitor and support equal access and quality NHS dental care for all**. If you prefer not to share your ethnic group, please select "patient declined".

Patient contact details

For completion by, or on behalf of, the patient:

| Please provide your email address and/or mobile number |
|---|
| Email |
| Address |
| Mobile Number D2 |
| Please note, your email address and/or mobile number held by this dental practice will be submitted to the NHSBSA for this course of |
| treatment. Please be assured the NHSBSA will only use this information to survey you about the NHS Dental treatment you have received |
| If you do not want to share your email address and/or mobile number with the NHSBSA please indicate here Email D3Mobile number D |

D1 / D2 - Email address and/or mobile number

- DI Email address. Please enter your email address.
- **D2 Mobile number**. Please enter your mobile number.

Your email address and/or mobile number held by this dental practice will be submitted to the NHSBSA for this course of treatment. **NHSBSA will only use** this information to survey you about the **NHS** dental treatment you have received.

D3 / D4 - If you do not wish to be contacted either by email or SMS, you may still be contacted via post.

Claim for free or reduced cost NHS dental services

For completion by, or on behalf of, the patient:



Check before you tick

Find out if you're entitled to free NHS dental treatment using our eligibility checker: https://www.nhsbsa.nhs.uk/dont-get-caught-out-penalty-charges/check-you-tick

It usually takes 3 minutes to check. If you claim free NHS dental treatment when you're not entitled, you could face a £100 penalty charge. Even if it's by mistake.

Section A

| 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 <u>on the first day of treatment</u> : | | | | | | |
| I am under 18 years of age. | | | | | | |
| [2] I am 18 years of age and in full time education | Enter Name of college or university E3 | | | | | |
| E4 I am pregnant | NHS Maternity Exemption certificate/card | | | | | |
| E5 I had a baby in the last 12 months | } Date baby due/born | | | | | |
| [8] I am currently in prison or a young offenders institution | | | | | | |

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.

Section A: Indicate in the appropriate box if you are entitled to **free** dental services because on the first day of treatment:

EI - you are under 18 years of age

E2 - you are 18 years of age and in full time education

E3 – enter the name of your college or university

E4 – you are pregnant

E6 – enter your NHS maternity exemption certificate / card number

E7 – enter the date your baby is due in format DD MM YY

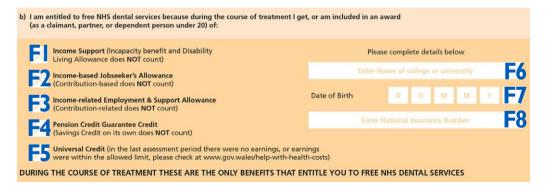
E5 - you had a baby in the last 12 months

E6 – enter your NHS maternity exemption certificate / card number

E7 – enter the date your baby was born in format DD MM YY

E8 - you are currently in prison or a young offenders institution

Section B



Section B: Indicate in the appropriate box if you are entitled to free dental services because during the course of treatment you get, or are included in, an award (as a claimant, partner, or dependent person under 20) of:

FI - Income support

Incapacity benefit and disability allowance on its own does **NOT** count

F2 - Income-based Jobseeker's Allowance

Contribution-based Jobseeker's Allowance on its own does NOT count

F3 – Income-related Employment and Support Allowance

Contribution-based Employment and Support Allowance on its own does **NOT** count

F4 - Pension Credit Guarantee Credit

Pension Credit (Savings Credit) on its own does NOT count

F5 - Universal Credit

In the last assessment period, there were no earnings or earnings were within the allowed limit, please check at www.gov.wales/help-with-health-costs
The Universal Credit toolkit contains information and resources to help people understand the rules around eligibility, and support them to claim free NHS dental treatment correctly www.nhsbsa.nhs.uk/universal-credit-toolkit

Please also enter:

F6 – the full name of the person receiving benefits

F7 – your date of birth

F8 – your National Insurance Number

Your National Insurance Number is 9-characters: 2 letters, 6 numbers, then A, B, C or D, like QQ 123456 C.

Don't know your National Insurance number? You can find it using one of the options below:

- online through your personal tax account, www.gov.uk/personal-tax-account
 - on your National Insurance card, P60, tax returns and official letters about tax, pensions or benefits

Section C



Section C: Indicate in the appropriate box if you are entitled to **free** dental services because you are named on one of the following certificates that is valid during the course of treatment:

GI - Mark this box if you are named on a HC2 Certificate

G2 – enter the certificate number

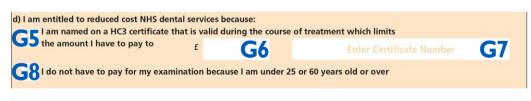
G3 – Mark this box if you are named on an NHS Tax Credit Exemption Certificate/Card* (or are entitled to one)

G4 – enter the certificate or card number

You are not automatically entitled because you receive Tax Credits; there are qualifying conditions, please check at www.gov.wales/help-with-health-costs. 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.

*Tax Credit Exemption Certificate no longer qualifying benefit from 01/05/2025

Section D



Section D: Indicate in the appropriate box if you are entitled to **reduced cost** dental services because:

G5 – You are named on a HC3 Certificate that is valid during the course of treatment

G6 – enter the maximum amount your certificate says you can pay. You'll pay either what appears on the certificate or the actual charge, whichever is the least

G7 – enter the certificate number

G8 – You do not have to pay for your examination because you are under 25 or 60 years old or over.

Patient declaration

For completion by, or on behalf of, the patient:

| dental service | at the information I have given above tes as above. I understand that I will and I am not entitled. | | | | | |
|--|---|----|------|-----------|--|--|
| Signature | | HI | Date | H2 | | |
| If you are signing for the patient give details below: | | | | | | |
| | Name (in CAPITALS) | | | H3 | | |
| | Relationship to patient | | | H4 | | |

HI - Signature

Please read the patient declaration above and sign here if you understand and agree to the declaration. You confirm that the information given above is correct and complete and that you are entitled to free or reduced NHS dental services as above.

H2 - Date

Please enter today's date in format DD MM YYYY.

If you are signing on behalf of the patient, please also complete the following:

H3 - Name

Please enter your full name in CAPITAL letters.

H4 - Relationship to patient

Please enter your relationship to the patient. For example, parent/guardian or carer.