

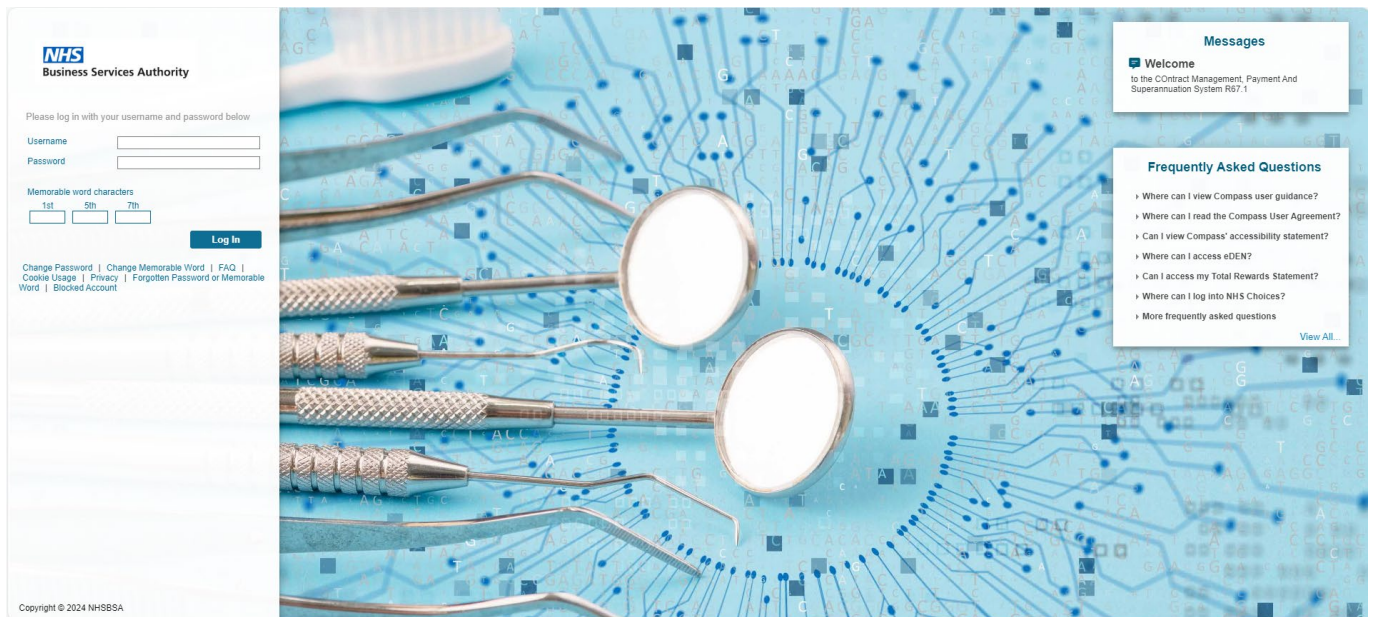
## **NHS Dental Services**

The below information provides the details to use the online form function in Compass to enter and submit FP17 form information.

For more detail on rules associated with each of the data items on the FP17, please refer to the “Completion of Form Guidance – FP17” available on the NHSBSA Website from the Dental activity processing section and select the [Dental forms](#) menu option.

Please note that the patient will need to sign a paper PR form (obtainable from your usual form supplier) or electronic equivalent. The signed PR form will need to 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



**NHS Business Services Authority**

Please log in with your username and password below

Username

Password

Memorable word characters  
1st  5th  7th

**Log In**

[Change Password](#) | [Change Memorable Word](#) | [FAQ](#) | [Cookie Usage](#) | [Privacy](#) | [Forgotten Password or Memorable Word](#) | [Blocked Account](#)

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**Messages**

**Welcome**  
to the CContract Management, Payment And Superannuation System R67.1

**Frequently Asked Questions**

- Where can I view Compass user guidance?
- Where can I read the Compass User Agreement?
- Can I view Compass' accessibility statement?
- Where can I access eDEN?
- Can I access my Total Rewards Statement?
- Where can I log into NHS Choices?
- More frequently asked questions

[View All](#)

Log on to Compass and select Activity from the 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.

### Homepage Menu

-  Back To Clinician Homepage
-  Activity Authorisation Search
-  Activity Creation
-  Activity Dashboard
-  Activity Search (Detail)
-  Activity Search (Summary)
-  Maintain or Finalise Draft Claims
-  Clinician PIN Request

### System Messages

No System Messages Found

### User Messages

No User Messages.

### User Details

Full Name

**Email Address**

**Security Role**

**Current Date**


**Last Successful Login**



**PLEASE NOTE: The boxes displayed as yellow are all mandatory fields**

Select Activity creation to display the launch screen:

[Home](#) » Activity Creation Launch

Contract ID  
Personal ID  
Location ID  
Form Type



You can either enter Contract ID manually or click on the magnifying glass to display all the contracts you work on and choose the appropriate contract.  
 Use drop down to choose the form type (FP17 or FP17O) and select “next” button.

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

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

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

Patient Id	NHS Number	Surname	Forename	D.O.B.	Sex	Last Known Postcode	Action
14767		KLEIJSTERS	KIM	08/06/1950	F	WN7 1NJ	Select
14539		KRAMER	JACK	08/06/1950	M	WN7 1NJ	Select
13509		PATENGLAND	PATE	31/03/2005	M	EX11 1EE	Select
14766		ROUND	DOROTHY	08/06/1950	F	WN7 1NJ	Select
14768		SHARAPOVA	MARIA	08/06/1950	F	WN7 1NJ	Select
14540		STICH	MICHAEL	08/06/1950	M	WN7 1NJ	Select
14576		WILANDER	MATS	08/06/1950	M	WN7 1NJ	Select

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 click enter on your keyboard to display your choice. Select the patient from the list displayed and this will populate the online FP17 Patient Information tab:

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If a Dental Care Professional (DCP) is providing the full course of dental treatment (within their scope of practice) as a Direct Access Clinician, please select the Direct Access Clinician type from the drop-down list (Dental Therapist, Dental Hygienist or Clinical Dental Technician). Please note that the boxes below this do not need completing unless another DCP clinician is assisting with the course of treatment.

Patient Information	Dental Care Professional	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	COVID Status Triage Results	Clinical Data Set
Other	Ethnic Origin	Clinician Declaration					
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		<div> <input type="text"/> <ul style="list-style-type: none"> <li>Dental Therapist</li> <li>Dental Hygienist</li> <li>Clinical Dental Technician</li> </ul> </div>					
<div> <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"/> </div>							

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
Other	Ethnic Origin	Clinician Declaration
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		<div> <input type="text"/> <ul style="list-style-type: none"> <li>Dental Therapist</li> <li>Dental Hygienist</li> <li>Dental Nurse</li> <li>Clinical Dental Technician</li> </ul> </div>

## 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, DDMMCCYY, DD/MM/CCYY. Or 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.

*Note: 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.*

Patient Information	Dental Care Professional	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	COVID Status Triage Results	Clinical Data Set
Other	Ethnic Origin	Clinician Declaration					
For Incomplete Treatment the Band for actual Treatment provided Date of Acceptance Date of Completion or Last Visit		<div> <input type="text"/> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> </div> <div> <input type="checkbox"/> Completion Date same as Acceptance  <input type="text"/> Flexible Commissioning Flag         </div>					
<div> <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"/> </div>							

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

☐  

▼

- 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 ticked – including a prison exemption. However, the patient charge entry is not mandatory if the patient is not exempt.

Please note that if a patient is under 18, both the "Patient under 18" and "Evidence of Exemption or Remission seen – Yes/No" boxes have to be ticked.

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		COVID Status Triage Results		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"/>													

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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	COVID Status Triage Results	Clinical Data Set
Other	Ethnic Origin	Clinician Declaration					
<p>Where another person signs for treatment on behalf of the patient.</p> <p>Name of person signing for the patient <input type="text"/></p> <p>Relationship to patient <input type="text"/></p> <p>Where Aged 18 in Full Time Education exemption is claimed.</p> <p>Name of college or university <input type="text"/></p> <p>Where Expectant or Nursing Mother exemption is claimed.</p> <p>NHS Maternity Exemption Certificate Number <input type="text"/></p> <p>Baby due/born on date <input type="text"/></p> <p>Where Income Support, Jobseeker's Allowance, Employment Support Allowance or Pension Credit Guarantee remission is claimed.</p> <p>Name of person receiving benefit <input type="text"/></p> <p>Date of Birth of person receiving benefit (DD/MM/YYYY) <input type="text"/></p> <p>National Insurance Number of person receiving benefit <input type="text"/></p>							

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

**N.B.** 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	COVID Status Triage Results	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"/>
Prescription only		<input type="checkbox"/>	Denture repairs	<input type="checkbox"/>	Bridge repairs	<input type="checkbox"/>	Arrest of bleeding	<input type="checkbox"/>	Removal of sutures	<input type="checkbox"/>

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## COVID Status Triage Results

Please note that the recording of COVID status information is no longer required.

Select the **COVID Status Triage Results** tab to enter the number of **Triages** taken place prior to the patient attending the practice, this should be recorded against each COVID status box as required. The recording of Triage information prior to any face-to-face treatment is optional

Patient Information		Dental Care Professional	Treatment Dates/Incomplete		Exemptions, Remissions & Patient Charge		Supporting Evidence	Treatment Category	COVID Status Triage Results	Clinical Data Set
Other	Ethnic Origin	Clinician Declaration								
No. of Triages this course of treatment resulting in patient COVID status:										
Patient Shielded			<input type="text"/>							
At Increased Risk of severe illness from COVID-19			<input type="text"/>							
Possible/confirmed COVID patient or those living in household			<input type="text"/>							
Patient is COVID-19 Symptom Free at present			<input type="text"/>							
Other			<input type="text"/>							

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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	COVID Status Triage Results	Clinical Data Set	Other	Ethnic Origin	Clinician Declaration
Scale & polish	<input type="checkbox"/>		Fluoride varnish	<input type="checkbox"/>	Fissure sealants	<input type="checkbox"/> (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	<input type="checkbox"/>		
Phased Treatment	<input type="checkbox"/>		Pre-formed crowns	<input type="text"/> (No. Teeth)	Advanced Perio RSD	<input type="text"/> (No. sextants)	Missing Deciduous Teeth	<input type="text"/> (No. Teeth)		
Decayed Permanent Teeth	<input type="text"/> (No. Teeth)		Decayed Deciduous Teeth	<input type="text"/> (No. Teeth)	Missing Permanent Teeth	<input type="text"/> (No. Teeth)	Crown Refix with Post/Core Retention	<input type="text"/> (No. Teeth)		
Filled Permanent Teeth	<input type="text"/> (No. Teeth)		Filled Deciduous Teeth	<input type="text"/> (No. Teeth)	Laboratory Made Splint	<input type="checkbox"/>				
Soft Tissue Surgery	<input type="checkbox"/>		Non-Laboratory Made Splint/Appliance	<input type="checkbox"/>						

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Click on **Other** tab and complete accordingly

Patient Information	Dental Care Professional	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	COVID Status Triage Results	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)						

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## Repeat for Ethnic Origin tab

Patient Information	Dental Care Professional	Treatment Dates/Incomplete	Exemptions, Remissions & Patient Charge	Supporting Evidence	Treatment Category	COVID Status Triage Results	Clinical Data Set
Other	Ethnic Origin	Clinician Declaration					
White British	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	Other White Background	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	Other Mixed Background	<input type="checkbox"/>	Asian or Asian British Indian	<input type="checkbox"/>	Asian or Asian British Pakistani	<input type="checkbox"/>
Other Asian background	<input type="checkbox"/>	Black or Black British Caribbean	<input type="checkbox"/>	Black or Black British African	<input type="checkbox"/>	Other Black background	<input type="checkbox"/>
Any other ethnic group	<input type="checkbox"/>	Patient declined	<input type="checkbox"/>			White and Black African	<input type="checkbox"/>
						Asian or Asian British Bangladeshi	<input type="checkbox"/>
						Chinese	<input type="checkbox"/>

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

If the treatment is completed, select **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	COVID Status Triage Results	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>							

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Select either the “Save and create another FP17” tab or the “Save and return to launch screen” tab 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 the “Save and return to launch screen” will take you to the screen that enables you to change contract/performer details for any further claims

To authorise claims that have been created by support staff – i.e. Practice Manager or Receptionist, select “Activity” from the menu, followed by “Activity Authorisation Search” which will list the claims awaiting authorisation.