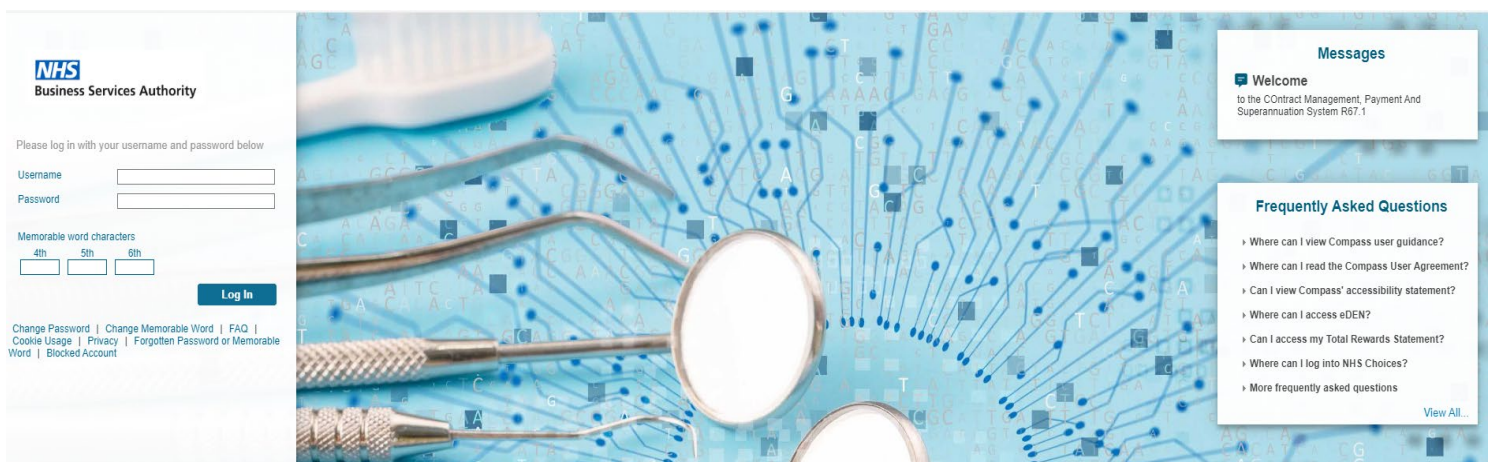


NHS Dental Services

The below information provides the details to complete FP17 forms using the online form function in Compass.

Please note that the patient will need to sign a paper PR form (obtainable from your usual form supplier) or the 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 (Provider, Practice Manager or Receptionist) – England



NHS
Business Services Authority

Please log in with your username and password below

Username

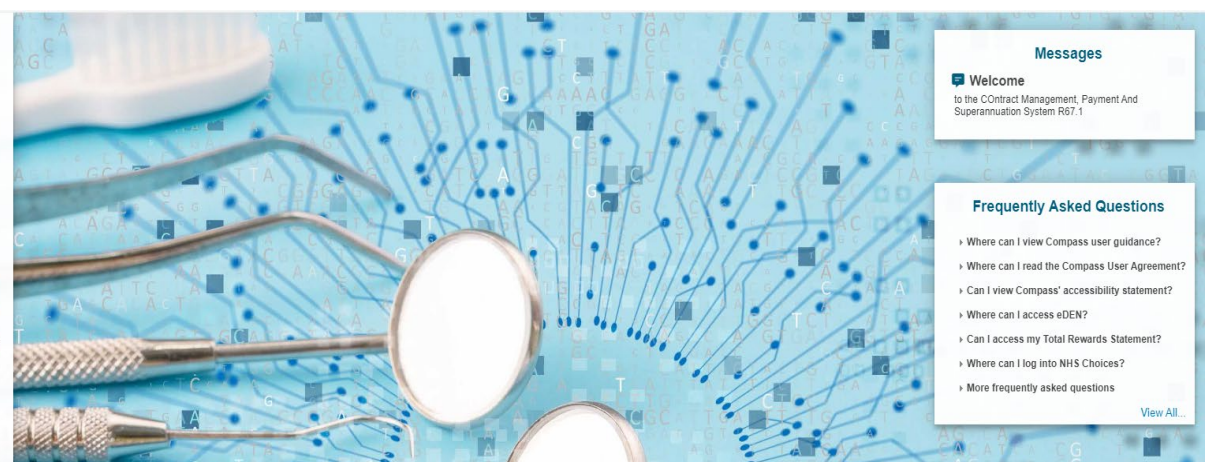
Password

Memorable word characters

4th 5th 6th

[Log In](#)

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



Messages

[Welcome](#)
to the Contract 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...](#)

NHS

Business Services Authority

Providers Homepage

BSA D

Homepage Menu

My Profile

User Maintenance

Provider

Contract

Clinician

Payments

Pensions

Activity

Reporting

COVID-19

Participant Update

User Details

Full Name

Email Address

Security Role

Current Date

Last Successful Login

MARK JAMES GOATMAN

DCSSTransformation@capita.co.uk

Business Owner

26/03/2024

26/03/2024 10:10:38

User Messages

| Message Text | Action |
|--------------|--------|
| | |
| | |
| | |
| | |

Records 0 to 0 of 0

Page 1 / 1

System Messages

No System Messages Found

[illegible]

If you are a Provider/Clinician, Provider, Practice Manager or Receptionist and you are creating online FP17s for Clinicians within the practice, select Activity creation to display the launch screen:

2

Home » Activity Creation Launch

NOTE: The claims created in this session (unless they are Triage claims) will require prior independent authorisation by a clinician before they can be released for processing.

Contract ID *

Personal ID *

Location ID

Form Type *

Next Cancel

You can either enter Contract ID, Clinician ID and Location ID manually or click on the magnifying glass to display all the appropriate contracts, Clinicians and Locations and choose the appropriate ones. Use drop down to choose the form type (FP17 or FP17O) and select “next” button.

Select **Patient Information** tab and complete relevant patient information.

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

Patient ID *

NHS Number

Surname *

Forename *

Address *

Post Code

Sex Please Select... *

Date of Birth *

Previous Surname (If changed since last visit)

Email Address

Patient Declined ☐

Mobile Phone Number

Patient Declined ☐

Save as Draft and Create Another Claim Save as Draft and Return to Launch Screen Save and Create Another Claim Save and Return to Launch Screen Cancel and Return to Launch Screen

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:

Home » Activity Creation Launch » General Patient List

Activity Reference Personal ID Treatment Location ID Contract ID

Patient Information Dental Care Professional

Other Ethnic Origin

Patient ID NHS Number Surname Forename D.O.B. Sex Last Known Postcode Action

| Filter | Filter | Filter | Filter | Filter | Filter | Filter | Filter | Clear Filters |
|--------|--------|------------|-----------------|------------|--------|----------|--------|---------------|
| 11145 | | ASTONVILLA | ENGLAND | 08/06/1950 | M | WN7 1NJ | Select | |
| 11173 | | BASTIA | FRANCE | 08/06/1950 | M | WN7 1NJ | Select | |
| 11154 | | BIRMINGHAM | ENGLAND | 08/06/1950 | M | WN7 1NJ | Select | |
| 11174 | | BORDEAUX | FRANCE | 08/06/1950 | M | WN7 1NJ | Select | |
| 11166 | | BRAGA | PORTUGAL | 08/06/1950 | M | WN7 1NJ | Select | |
| 11149 | | CHELSEA | ENGLAND | 08/06/1950 | M | WN7 1NJ | Select | |
| 11997 | | FINDON | TERRY | 08/06/1950 | M | WN7 1NJ | Select | |
| 14050 | | FORD | GERALD | 30/06/2006 | M | WN7 1NJ | Select | |
| 11144 | | FOREST | ENGLAND | 08/06/1950 | M | WN7 1NJ | Select | |
| 11992 | | GOFFSPARK | RUSSELL | 08/06/1950 | M | WN7 1NJ | Select | |
| 14049 | | KELLY | FREDA | 30/06/2006 | F | WN7 1NJ | Select | |
| 14773 | | KORNIKOVA | ANNA | 08/06/1950 | F | WN7 1NJ | Select | |
| 14720 | | LAWRENCIUM | HUNDREDANDTHREE | 08/06/1950 | M | WN7 1NJ | Select | |
| 11140 | | LEIPZIG | EASTGERMANY | 08/06/1950 | M | WN7 1NJ | Select | |
| 14004 | | LINDGREN | NILS | 30/06/2006 | M | P012 3EN | Select | |

Records 1 to 15 of 30 Page 1 / 2

Save as Draft and Create Another Claim Save as Draft and Return to Launch Screen Save and Create Another Claim Save and Return to Launch Screen Cancel and Return to Launch Screen

[illegible]

4

Once patient details are completed, select the **Treatment Dates/Incomplete** tab and then enter dates of acceptance and completion which can be in the following formats – DDMMYY, DD/MM/YY, DDMMCCYY, DD/MM/CCYY

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 | | | | | | |
| For Incomplete Treatment the Band for actual Treatment provided | | <input type="text"/> | | | | | |
| Date of Acceptance | | <input type="text"/> | | Completion Date same as Acceptance | | <input type="checkbox"/> | |
| Date of Completion or Last Visit | | <input type="text"/> | | Flexible Commissioning Flag | | <input type="text"/> | |
| <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"/> | | | | | | | |

If it is incomplete treatment, 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.

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 | | | | | | |
| 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"/> |
| 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"/> |
| Prisoner | <input type="checkbox"/> | Income-related employment and support allowance | <input type="checkbox"/> | Universal Credit | <input type="checkbox"/> | Nursing mother | <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"/> | | | | | |
| <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"/> | | | | | | | |

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 | | | | | | |

Where another person signs for treatment on behalf of the patient.

Name of person signing for the patient

Relationship to patient

Where Aged 18 in Full Time Education exemption is claimed.

Name of college or university

Where Expectant or Nursing Mother exemption is claimed.

NHS Maternity Exemption Certificate Number

Baby due/born on date

Where Income Support, Jobseeker's Allowance, Employment Support Allowance or Pension Credit Guarantee remission is claimed.

Name of person receiving benefit

Date of Birth of person receiving benefit (DD/MM/YYYY)

National Insurance Number of person receiving benefit

Where HC2 or HC3 Certificate or Tax Credit remission is claimed.

Certificate Number or Card Number

Patient Charge Limit (HC3 Certificates only) – £999.99 format

[Save as Draft and Create Another Claim](#)
[Save as Draft and Return to Launch Screen](#)
[Save and Create Another Claim](#)
[Save and Return to Launch Screen](#)
[Cancel and Return to Launch Screen](#)

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 | | | | | | |
| Band 1 | <input type="checkbox"/> | Band 2 | <input type="checkbox"/> | Band 3 | <input type="checkbox"/> | Urgent treatment | <input type="checkbox"/> |
| Prescription only | <input type="checkbox"/> | Denture repairs | <input type="checkbox"/> | Bridge repairs | <input type="checkbox"/> | Regulation 11 replacement appliance | <input type="checkbox"/> |
| | | | | | | Removal of sutures | <input type="checkbox"/> |
| <div> Save as Draft and Create Another Claim Save as Draft and Return to Launch Screen Save and Create Another Claim Save and Return to Launch Screen Cancel and Return to Launch Screen </div> | | | | | | | |

COVID Status Triage Results

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 and submission of this information is no longer 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 | | | | | | |
| <p>No. of Triages this course of treatment resulting in patient COVID status:</p> <p>Patient Shielded <input type="text"/></p> <p>At Increased Risk of severe illness from COVID-19 <input type="text"/></p> <p>Possible/confirmed COVID patient or those living in household <input type="text"/></p> <p>Patient is COVID-19 Symptom Free at present <input type="text"/></p> <p>Other <input type="text"/></p> | | | | | | | |
| <div> Save as Draft and Create Another Claim Save as Draft and Return to Launch Screen Save and Create Another Claim Save and Return to Launch Screen Cancel and Return to Launch Screen </div> | | | | | | | |

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 |
|---|--------------------------|--|---|--|--------------------------|--|--------------------------|-------|---------------|
| Scale & polish | <input type="checkbox"/> | Fluoride varnish | <input type="checkbox"/> | Fissure sealants | <input type="checkbox"/> | Radiograph(s) taken | <input type="text"/> | | |
| Endodontic treatment (pre 01/10/2022) | <input type="checkbox"/> | Endodontics - Molar | <input type="checkbox"/> | Endodontics - Non-molar | <input type="checkbox"/> | Highest BPE Sextant Score | <input type="text"/> | | |
| Untreated Decayed Teeth | <input type="checkbox"/> | Permanent fillings | <input type="checkbox"/> | Extractions | <input type="checkbox"/> | Crown(s) provided | <input type="text"/> | | |
| Upper denture - Acrylic | <input type="checkbox"/> | Lower denture - Acrylic | <input type="checkbox"/> | Upper denture - Metal | <input type="checkbox"/> | Lower denture - Metal | <input type="text"/> | | |
| Veneer(s) applied | <input type="checkbox"/> | Inlay(s) | <input type="checkbox"/> | Bridge(s) fitted | <input type="checkbox"/> | Referral for advanced mandatory services | <input type="text"/> | | |
| Examination | <input type="checkbox"/> | Antibiotic items prescribed | <input type="checkbox"/> | Other treatment | <input type="checkbox"/> | Best Practice Prevention | <input type="checkbox"/> | | |
| Aerosol Generating Procedure | <input type="checkbox"/> | 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="checkbox"/> | Advanced Perio RSD | <input type="checkbox"/> | Missing Deciduous Teeth | <input type="text"/> | | |
| Decayed Permanent Teeth | <input type="checkbox"/> | Decayed Deciduous Teeth | <input type="checkbox"/> | Missing Permanent Teeth | <input type="checkbox"/> | Crown Refix with Post/Core Retention | <input type="text"/> | | |
| Filled Permanent Teeth | <input type="checkbox"/> | Filled Deciduous Teeth | <input type="checkbox"/> | Laboratory Made Splint | <input type="checkbox"/> | | | | |
| Soft Tissue Surgery | <input type="checkbox"/> | Non-Laboratory Made Splint/Appliance | <input type="checkbox"/> | | | | | | |
| <div> Save as Draft and Create Another Claim Save as Draft and Return to Launch Screen Save and Create Another Claim Save and Return to Launch Screen Cancel and Return to Launch Screen </div> | | | | | | | | | |

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 |
|---|--------------------------|----------------------------|---|---------------------|--------------------|-----------------------------|-------------------|
| <div>Other Ethnic Origin</div> <div> 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) </div> | | | | | | | |
| <div> Save as Draft and Create Another Claim Save as Draft and Return to Launch Screen Save and Create Another Claim Save and Return to Launch Screen Cancel and Return to Launch Screen </div> | | | | | | | |

Repeat for the **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 |
|---|--------------------------|----------------------------|---|---------------------|--------------------|-----------------------------|-------------------|
| <div>Other Ethnic Origin</div> <div> <div> White British <input type="checkbox"/> White and Asian <input type="checkbox"/> Other Asian background <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> </div> <div> White Irish <input type="checkbox"/> Other Mixed Background <input type="checkbox"/> Black or Black British Caribbean <input type="checkbox"/> Patient declined <input type="checkbox"/> </div> <div> Other White Background <input type="checkbox"/> Asian or Asian British Indian <input type="checkbox"/> Black or Black British African <input type="checkbox"/> </div> <div> White and Black Caribbean <input type="checkbox"/> Asian or Asian British Pakistani <input type="checkbox"/> Other Black background <input type="checkbox"/> </div> <div> White and Black African <input type="checkbox"/> Asian or Asian British Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> </div> </div> | | | | | | | |
| <div> Save as Draft and Create Another Claim Save as Draft and Return to Launch Screen Save and Create Another Claim Save and Return to Launch Screen Cancel and Return to Launch Screen </div> | | | | | | | |

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 treatment complete select either “Save and create another FP17” tab or “Save and return to launch screen” tab as only the Clinician who carried out the treatment can authorise the claim.

Individual Clinicians can find and authorise their claims by logging in to Compass and selecting Activity and then Activity Authorisation Search. This will present the following screen:

[Home](#) > [Activity Authorisation Search](#)

Contract ID
Personal ID

The claims listed below have been created by your practice but are awaiting authorisation before they can be processed through the NHS Dental Services system. Please select each claim and authorise appropriately by completing the Clinician Declaration tab or select 'Authorise All' below which will allow you to complete a single Clinician Declaration which will apply to all claims showing on the list. To narrow down claims to a specific contract, enter the Contract ID at the top of the screen and press 'Search'.

Search

| Contract ID | Personal ID | Patient Surname | Patient Forename | Date of Birth | Treatment Start Date | Treatment End Date | Form Type | Action |
|-------------|-------------|-----------------|------------------|---------------|----------------------|--------------------|-----------|-------------|
| 9251790001 | 835773 | LEADINGSPLACE | JIM | 08/06/1950 | 18/03/2024 | 25/03/2024 | Gen. | Authorise ▾ |

If there are any claims to authorise they will be listed here, click Authorise All (or claims can be authorised individually) and you will be presented with the Clinician Declaration tab which allows the Clinician to review and authorise the FP17.

| 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> | | | | | | | |
| <div> <input type="button" value="Authorise"/> <input type="button" value="Cancel"/> </div> | | | | | | | |

Once the boxes have been ticked, click Authorise.