

Date: 5<sup>th</sup> June 2020

Dear Patient:

We hope this letter finds you and your family in good health.

You may have heard that dental practices can open to routine care from Monday 8 June.

Our practice will be opening on 08/06/2020 but we just wanted to be clear that this may not be business as usual. The treatments you are offered may be different to those you received before, depending on staff and equipment available. It will take some time before services return to what you previously experienced as normal. Please be patient.

Our community has been through a lot over the last few months, and all of us are looking forward to resuming our normal habits and routines. While many things have changed, one thing has remained the same: our commitment to your safety.

Infection control has always been a top priority for our practice and you may have seen this during your visits to our surgery. Our infection control processes are made so that when you receive care, it's both safe and comfortable. We want to tell you about the infection control procedures we follow in our practice to keep patients and staff safe.

Our practice follows infection control guidelines made by the governing bodies. We are up-to-date on new guidance that has been issued. We do this to make sure that our infection control procedures are current and adhere to recommendations.

You may see some changes when it is time for your next appointment. We made these changes to help protect our patients and staff. For example:

- Our practice will communicate with you beforehand to ask some screening questions. You'll be asked those same questions again at your appointment
- We have hand sanitiser that we will ask you to use when you enter the practice. You will also find some in the reception area and other places in the practice for you to use as needed.
- We no longer offer magazines, children's toys and so forth, since those items are difficult to clean and disinfect
- Appointments will be managed to allow for social distancing between patients. That might mean that you're offered fewer options for scheduling your appointment.

We will do our best to allow greater time between patients to reduce waiting times for you, as well as to reduce the number of patients in the reception area at any one time.

How you can help:

- With the exception of children and patients with carers, patients should come alone
- A distance of at least 2 metres must be observed if another patient is present in the dental practice
- Payment should be made by card where possible
- Staff will not shake your hand
- If you show symptoms following appointment booking, you should contact the practice by phone
- Please do not arrive early to the practice. If necessary, you should wait outside the practice
- Please do not arrive without an appointment
- Patients should come wearing a mask if possible or be prepared to wear one.
- Toilets facilities are currently closed

Yours Sincerely,

Sofia Ismail (practice manager)



**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)

X

FORENAME (in CAPITALS)

X

Date of Birth

X

D	D	M	M	Y	Y	Y	Y
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ETD Claim Reference Number

Evidence of exemption or remission seen

Yes X

No X

Day Month Year

Date of acceptance

D	D	M	M	Y	Y
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Date of Completion or last visit

Day	Month	Year	D	D	M	M	Y	Y
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**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.

Signature

X

Date

X

If you are signing for the patient give details below:

Name (in CAPITALS)

X

Relationship to patient

X

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 NHS England, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, NHS Service Commissioners 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](http://www.nhsbsa.nhs.uk/yourinformation)

**What is your ethnic group?**

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

X Patient declined

X White British

X White & Black African

X Asian or Asian British Pakistani

X Black or Black British African

X White Irish

X White & Asian

X Asian or Asian British Bangladeshi

X Other Black background

X Other white background

X Other mixed background

X Other Asian background

X Chinese

X White & Black Caribbean

X Asian or Asian British Indian

X Black or Black British Caribbean

X Any other ethnic group

Please provide your preferred method of contact below, as an alternative to your postal address

Email X  
Address

Mobile  
Number

By providing this information, the NHSBSA may use this method to contact you to survey your NHS dentistry experience.

## 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.**

**TICK AND SIGN ONLY IF YOU ARE EXEMPT FROM DENTAL CHARGES AND GET FREE TREATMENT**

### 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
- I am pregnant }
- I had a baby in the last 12 months } Date baby due/born 

D	D	M	M	Y	Y
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- 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 Jobseeker's Allowance**   
(Contribution-based does **NOT** count)
- Income-related Employment & Support Allowance**   
(Contribution-related does **NOT** count) 

D	D	M	M	Y	Y	Y	Y
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- Pension Credit Guarantee Credit**   
(Savings Credit on its own does **NOT** count)
- Universal Credit and meets the criteria.** *Find out more at [www.nhsbsa.nhs.uk/UC](http://www.nhsbsa.nhs.uk/UC)*

**DURING THE COURSE OF TREATMENT 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**
- NHS Tax Credit Exemption Certificate/Card**   
(or entitled to one)

(You are not automatically entitled because you receive Tax Credits; there are qualifying conditions, please check at [www.nhs.uk/healthcosts](http://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** £

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