

Please read this page before filling in this form - it will help you make this claim correctly. Use a separate form for each person who has paid NHS dental charges or has had NHS dental charges paid for them. [Part 4](#) tells you where to send the completed form. Before you do this, you must sign and date the declaration.

NOTE

The information on this form may be disclosed in confidence to other public bodies as appropriate for the purposes of checking entitlement and preventing or detecting fraud. False information may lead to prosecution or legal action.

WHAT CAN YOU CLAIM FOR?

Use this form to claim back the cost of **NHS Dental Treatment**.

This form should only be used if the dental practice was in England. You may also have to fill in an HC1 claim form for the NHS Low Income Scheme (see part 4).

If you have paid an NHS dental charge you must receive a receipt, either an NHS receipt form FP64 or another receipt which shows the amount of the NHS charge and the date you paid it. To claim a refund you must complete this form and include all original receipts.

If you have paid for other NHS charges you must use the claim form for the charge you have paid. There is a separate form for each type of charge (HC5(O) for optical costs, HC5(T) for NHS travel costs and HC5(W) for wigs and fabric support charges).

If you have paid an NHS prescription charge you must use the prescription receipt form FP57 to claim a refund. Ask for that receipt form when you pay - **you can't get one later**. It tells you what to do.

HOW TO CLAIM FOR SOMEBODY ELSE

If you are filling in this form for someone who is physically incapable of doing so, ask them to tell you what to fill in for them. They should then sign or make their mark in [Part 5A](#).

If however, you are filling in the form for someone with learning difficulties or a condition that prevents them from managing their own affairs, you are responsible for making sure the information is correct. You should sign the form yourself in [Part 5B](#).

TIME LIMIT FOR CLAIMING

- You must ensure that this form is received by the relevant office identified in [Part 4](#) **within 3 months** of the date that you paid any charges.
- If you make the claim after 3 months, the NHS Business Services Authority has to decide if there is a good reason for it being late before it can be accepted. In this case, please send a written explanation with your claim to NHS Business Services Authority, Help with Health Costs, Bridge House, 152 Pilgrim Street, Newcastle upon Tyne NE1 6SN.

MORE REFUND INFORMATION

More refund details can be found in leaflet HC11 "Help with Health Costs" available to download at: www.nhs.uk/healthcosts. If you have any queries or need help filling in this form you can speak to an advisor by calling 0300 330 1343.

HC1 REF.	HC5 REF.
TEAM	LOCATION
NOTES / AMENDED LOCATION	
TEL.1 DATE TIME	TEL.2 DATE TIME
OFFICIAL USE BOX	

Part 1 PATIENT'S DETAILS

Please use this part of the form to tell us about the patient: this may be you or the person on whose behalf you are making the claim.

Surname: _____ Title: _____

Forename: _____ Sex: Male Female

Date of Birth: / / National Insurance (NI) No: _____

Address: _____

Postcode: _____

Email address: _____

Daytime Contact Telephone Number: _____
This must be the number of the person signing at Part 5

Part 2 DETAILS OF NHS DENTAL CHARGES PAID

NOTE Please send us original receipts. We cannot deal with your claim without them.

I wish to claim a refund of £ for NHS dental charges
(If the course of treatment is ongoing, send in this form within three months of paying for it. If the treatment is being paid for by instalments, send in this form when payments have finished.)
You cannot claim a refund for any private treatment or for sundry items such as toothbrushes.

I wish any refund to be paid into the following bank account:

Names(s) of account holder(s)

Full name of bank, building society or other account provider.

Sort code of the bank, building society or other account provider. - -

Account number. This can be six to fifteen numbers long.

If a building society account, the building society roll or reference number

Some building society accounts use a roll or reference number. The number is on the passbook. If you are not sure if the account has a roll or reference number, ask the building society. Incorrect bank account details will delay any refund you are entitled to.

Tick the box if you would prefer your refund to be paid by cheque.

Part 3 OTHER INFORMATION WE NEED

Name, address and telephone number of dentist *in full* please. _____

Name: _____

Address: _____

Postcode: _____ Telephone Number: () _____

Course of treatment started on: / / and was completed on: / /

Part 4

REASON FOR CLAIM

Tick whichever box below applied **when the NHS dental charge(s) was (were) paid** and give the information we ask for.

Group 1 I have a War pension and I am being treated for my accepted disablement
Send this form to: Service Personnel and Veterans Agency, Norcross, Blackpool FY5 3WP.

Group 2 My name was on an NHS certificate HC2 or HC3

I am named on or entitled to an NHS Tax Credit Exemption Certificate. (If you do not have a certificate send in a copy of your award notice)

The person holding the certificate was:

Forename	<input type="text"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Surname	<input type="text"/>	their date of birth	

I am pregnant or have had a baby within the last 12 months. I am named on or entitled to an NHS Maternity Exemption Certificate. (If you do not hold an NHS Maternity Exemption certificate please provide a copy of your MatB1 certificate, the birth certificate or the still birth certificate).

Send this form to: NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle Upon Tyne NE1 6SN.

Group 3 I was getting one of the benefits/credits listed below.

I am the partner or a dependant child/young person under 20 years of age of someone who was getting one of these benefits/credits.

Name of the person getting the benefit/credit:

Forename	<input type="text"/>
Surname	<input type="text"/>

If this person was not the patient, please tell us and

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 their date of birth and their National Insurance number

Tell us which one and send this form to: NHSBSA, PO Box 321, Darlington, DL98 1AL.

Income Support.

Income-based Jobseeker's Allowance. (Contribution-based Jobseeker's Allowance on its own does not count).

Income-related Employment and Support Allowance. (Contribution-based Employment and Support Allowance on its own does not count).

Pension Credit Guarantee Credit. (Pension Credit Savings Credit on its own does not count).

Universal Credit and for the last complete assessment period before the charge was due there were no earnings or net earnings of £435 or less (£935 if you had a child element or had limited capability for work). Check the limit at www.nhs.uk/healthcosts. If your treatment was during your first Universal Credit assessment period you qualify for a refund if, once your claim to Universal Credit is decided, you meet the earnings conditions during that assessment period

If you receive or are included in an award of any of the benefits listed in Group 3 you can claim a refund. If you get one of these benefits alongside another benefit you will still be able to claim. Contribution based benefits paid on their own do not count. Check your benefit/credit before you sign. For more information see www.nhs.uk/healthcosts.

Group 4 I was under 18 years of age on the first day of treatment.

I was 18 years old and in qualifying full time education (please supply a letter from your education establishment confirming this).

Send this form to NHS Business Services Authority, PO Box 321, Darlington, DL98 1AL.

Group 5 I am not in groups 1 to 4, but wish to claim a refund for NHS dental charges paid because I am on a low income.

You need to fill in an HC1 form to apply to the NHS Low Income Scheme. You can get a form by calling 0300 123 0849 or visiting www.nhsbsa.nhs.uk/healthcosts. Send this form with the HC1 form to NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle Upon Tyne NE1 6SN.

Part 5 DECLARATION AND SIGNATURE

WARNING False information may lead to civil or criminal action.
If you are signing for somebody else, you will be responsible for the information provided.

I declare that the information given on this form and the supporting documents are correct and complete and I understand that if I knowingly provide false information, I may be liable to prosecution and/or civil proceedings.

I consent to the disclosure of relevant information on this form to and by HM Revenue and Customs, Local Authorities, the Department for Work and Pensions, NHS England and my dentist for the purpose of verification.

I also consent to the disclosure of information on this form to the NHS Protect, a division of the NHS Business Services Authority, for the purpose of the prevention, detection, investigation and prosecution of fraud and any other unlawful activity affecting the NHS.

This is my claim for a refund of the NHS dental charges listed in Part 2

If you are signing for yourself	5A	Signature: _____	Date: / /
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This is a claim on behalf of the person named in Part 1 for a refund of the dental charges listed in Part 2

If you are signing for somebody else	5B	Signature: _____	Date: / /
		Name: (in capitals) _____	
		Address: _____	
		Postcode: _____	

FOR OFFICIAL USE ONLY

TO NHSBSA Dental Services

FROM NHS Business Services Authority or one of the bodies listed in Part 4:

For use by the bodies listed in Part 4	<p>I confirm that the patient named in Part 1 of this form is entitled to:</p> <p><input checked="" type="checkbox"/> a full refund of NHS dental charges</p> <p><input checked="" type="checkbox"/> a refund of the difference between £ _____ and the NHS dental charges paid.</p>
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The actual amount(s) paid is(are) shown on the attached receipts.

<input checked="" type="checkbox"/>	I confirm that this claim has been accepted outside the 3 months time limit.
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Please pay the appropriate amount to the patient named in part 1 of this form.

Signature: _____	Date: / /
Name: (in capitals) _____	AUTHORISATION STAMP
OFFICE ADDRESS STAMP	