

✓ Ideal Payment Form

X Poor Quality Payment Form

The image shows a completed 'Health Service Dental Payment Claim' form (HS45) for Dr. M. Smiley. The form is filled out correctly with black ink. Green boxes and arrows highlight the following 'Essential Fields':

- A. Practice & Surgery Number:** 123 TREE ROAD, BELFAST.
- B. Health and Care Number OR CHI Number:** 1234567894.
- C. Date of Birth:** 01/02/1993.
- D. Acceptance & Completion Date (if Prior Approval, Acceptance only):** 01/11/12.
- E. Item Codes & Number of Treatments:** 120312.
- F. Tooth Notation:** C7.
- G. Sign & Date Part 9:** Signed by Dr. M. Smiley on 01/11/12.

The image shows a 'Health Service Dental Payment Claim' form (HS45) for Dr. M. Smiley, but it contains several errors highlighted with red boxes and arrows:

- H&C number where Health Service number should be:** The number 1234567894 is written in red ink.
- Lower-case & joined-up letters:** The name 'Dr. Smiley' and address '123 Main Street' are written in red ink.
- Writing outside boxes & overlapping between boxes:** The date '01/02/1993' is written in red ink, overlapping the CHI number box.
- If there is no patient charge, do not write anything in this box!** The 'Nil' box is filled with 'NIL' in red ink.
- Must include patient charges or choose a remission category:** The 'Remission' box is empty.
- Sections blank, incomplete or incorrect (e.g. no DS number):** The 'Patient registration' box is blank.
- Treatments or tooth notations missing or not written within correct fields:** The 'Item Codes' box is empty.
- Use of red, blue or green ink or correction fluid:** The form contains red ink throughout.

- **Front side of form:**
 - ✓ Written in **capital letters** using **black ink**.
 - ✓ Information written **within white boxes** only and not overlapping into other boxes.
 - ✓ All details are **complete and correct**.
 - ✓ Complete **Part 5** (contribution or remission) fully.
 - ✓ Correct **item codes** should be included in **Parts 7A, 7B and 7C**.
 - ✓ Ensure **number of treatments** or **tooth notation** are included if applicable (see **Guide to Coding Requirements** document on website).

- **Reverse side of form:**
 - ✓ Part 11 **OR** 12; Part 13 **OR** 14; **AND** Part 17 must be **signed and dated** by the Patient (or on their behalf) as appropriate.
 - ✓ Part 15 should be **signed and dated** by the Dentist for Prior Approval requests only.

- Sections **blank, incomplete** or **incorrect** (e.g. no DS number)
- Treatments or tooth notations **missing** or not written **within correct fields**
- Use of **red, blue or green ink** or **correction fluid**

Submission of Models, Radiographs or Photos
If study models, radiographs or photos are necessary for approval, please submit with the form, otherwise required materials will be requested before approval can be granted (see **Guide to Prior Approval Claim Requirements** document on website).

Failure to complete the form correctly could cause a delay in payment!
Forms with errors or obvious omissions (e.g. signatures, Date of Birth or CHI Number) have to be returned to the practice for amendment before prior approval can be authorised.