



## Personal Dental Services (PDS) Pilot for Non-registered Patients, Asylum Seekers & Refugees (PUPAS) in need of Urgent Dental Care

### SAMPLE Claim Form

The following claim form should be submitted weekly by the nominated Clinical Lead of the practice.

Practice Name: \_\_\_\_\_

Claim Period

**Week Commencing: Monday < > to Sunday < >**

- During the above week of the pilot period a total of \_\_\_\_\_ non-registered patients contacted the practice and were triaged under the terms of the non-registered patient initiative.
- During the above week of the pilot period a total of \_\_\_\_\_ non-registered patients received treatment under the terms of the non-registered patient initiative.
- During the above week \_\_\_\_\_ patients with booked appointments as part of the pilot Did Not Attend.

I hereby claim the additional fees as appropriate for the patients below:



## Declaration

I declare that, to the best of my knowledge, each of the above patients is non-registered and therefore eligible to be seen as part of the PDS Pilot as per section 4.1 of the service specification.

I declare that each of the above patients was experiencing an emergency or urgent dental condition and is therefore eligible to be seen as part of the pilot as per section 4.2 of the service specification.

I declare that I am the nominated clinical lead for this practice and that the information given on this form is correct and complete and I understand that if it is not payments may be recovered and or action may be taken against me.

Name: \_\_\_\_\_ DS No. \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Form to be completed and emailed to [gds.correspondence@hscni.net](mailto:gds.correspondence@hscni.net)