

WCA966 (revised May 2024)

**Business Services Organisation
Family Practitioner Services
2 Franklin Street
BELFAST
BT2 8DQ
Tel : 02895 360333 Option 2**

Notice of withdrawal from a Capitation/Continuing Care arrangement

When terminating a continuing care or capitation arrangement for a single patient or a small number of patients a WCA 966 form should be submitted for each individual patient.

The form **MUST** be submitted promptly in order to give the BSO sufficient time to de-register the patient within the 3 month notice period. Ideally, the form should be submitted at the same time as the letter of notice to the patient.

Failure to complete and submit this form in a timely way will mean that the associated capitation/continuing care payment will continue to be made resulting in an overpayment. The SPPG/BSO will recover any overpayments.

The dentist should study the two options available below and then complete the relevant section:

Section One to cover withdrawal with immediate effect

OR

Section Two where three months notice of withdrawal has been given to the patient.

The Declaration should be completed and signed in **all cases**.

Process for Block De-registration of Patients

For those dental contractors wishing to terminate a continuing care or capitation arrangement for a large number of patients e.g. 'a block deregistration', please make a request to dental.enquiries@hscni.net . BSO will then supply an electronic patient list with guidance to facilitate electronic termination of the continuing care/capitation arrangements.

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Section 1: Withdrawal with immediate effect

*Patient name *H&C number

*Date of Birth.....

*Patient Address.....

***All of the above information must be provided.
Failure to do so will result in form(s) being returned.**

I wish to withdraw from the capitation/continuing care arrangement with the above patient **with immediate effect** from (date)..... due to the following:

- Failure to keep appointments
- Failure to pay HS Charges as requested
- Breakdown in Dentist/Patient Relationship
- Unreasonable patient behaviour
- Other – please enter further details below

Further details

Section 2: Where three months notice of withdrawal has been given to the patient

*Patient name *H&C number

*Date of Birth.....

*Patient Address.....

***All of the above information must be provided.
Failure to do so will result in form(s) being returned.**

I wish to terminate the continuing care or capitation arrangement with the above patient. Three month's notice have been given to the patient on (date).....

I can confirm that the patient / patient representative has been given the necessary notice as set out in Schedule 2, paragraph 11 of the General Dental Services Regulations (N.I.) 1993.

Declaration: To be completed by all

Dentist signature: Date:

Dentist name:

Contract number:

Practice details:

Please return this form by post to:

Business Services Organisation
Withdrawal Officer
FPS Dental Department
3rd Floor
2 Franklin Street
Belfast
BT2 8DQ