**I have provided no proof that I am exempt from payment but am confirming that I am exempt from paying for NHS dental treatment.**

**I understand contribution-based benefits alone do not entitle me to free NHS treatment**

**I am exempt from payment for the following reason:**

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 Jobseekers Allowance (Contribution-based does **NOT** count) | | Income-related Employment & Support Allowance (Contribution-related does **NOT** count) | | Pension Credit Guarantee Credit (Savings Credit on its own does **NOT** count) | | Universal Credit (in the last assessment period there were no earnings, or earnings were within the allowed limit)  HC2 certificate  NHS Tax Credit Exemption Certificate (***card***) | |

**I have been made aware that if I am not certain that I am entitled to receive free or reduced cost NHS dental services I MUST pay the dental practice.**

If I subsequently confirm that I am entitled to free or reduced cost dental services, I can claim a refund.

If I have applied for a qualifying benefit or exemption certificate but have not received it yet, I must pay and claim a refund when/if I do receive it

**I understand 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.**

**Name...................................................................**

**Signature.............................................................. Date........................................**