

Statement of Dental Remuneration

15 September 2026

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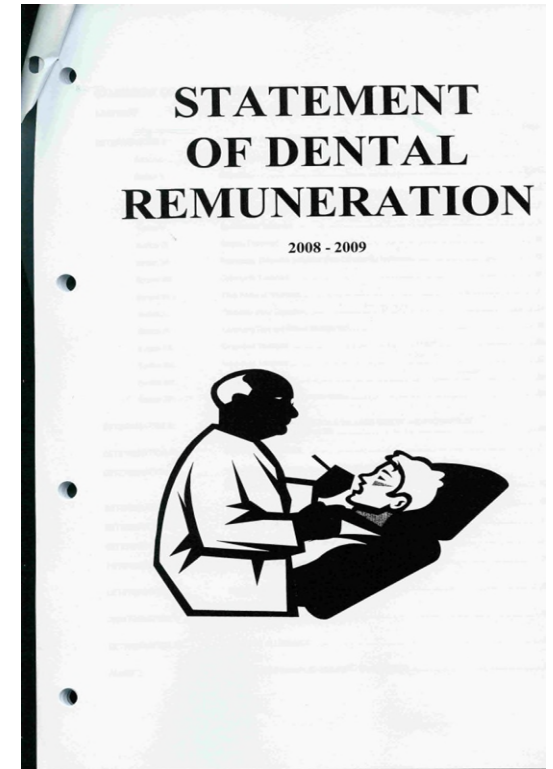
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**"You're not allowed to use
the sprinkler system to keep
your audience awake."**

Statement of Dental Remuneration (SDR)

Means by which the Business Services Organisation (BSO)
calculates how much to pay dentists who work in the General Dental Services (GDS)



Please Read the Rules!



Ideal Payment System

Tell me one thing you would like in an ideal payment system



Statement of Dental Remuneration (SDR)

I. Scale of Fees

II. Salaried Dentist / Emergency Service

III. Seniority Payments

IV. DFT Allowances

V. Maternity / Paternity / Adoption payments

VI. Long Term Sickness

VII. CPD Allowances

VIII. Non-domestic Rates

IX. Clinical Audit Allowances

X. Practice Allowance

HS45PR (Computerised – EDI)

HEALTH SERVICE DENTAL FORM		HS45PR		
Patient's HS No.	Claim Reference Number			
Dentist's name, address and contract number 	FOR DENTIST'S USE 			
This form to be retained in the practice unless requested by the CSA or other authorised body.				
PATIENT INFORMATION - complete in CAPITALS				
SURNAME	Evidence of remission/exemption not seen ☐ E			
FIRST FORENAME				
Date of Birth/CHI				
TO THE PATIENT - PLEASE FILL IN PART A OR PART B AND SIGN AT PART C OR D AND PART E. (If the patient is under 16 or cannot sign the form, someone else must sign it.)				
PATIENT DECLARATION I would like the dentist to examine me under the HS and to give me any necessary care and treatment which I am willing to undergo within HS arrangements. I agree if necessary to be examined by a Dental Officer. I declare that the information I give on this form is correct and complete and I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption or remission and for the purposes of checking this, I consent to the disclosure of relevant information, including to and by the Inland Revenue. Information provided on this form may be made available to other Departments/Agencies for Health & Social planning purposes and preventing or detecting fraud.				
Part A REGISTRATION OF PATIENTS - I would like to be accepted on to the dentist's list for 15 months. I shall try to attend regularly for care and treatment. I am not under the care of another dentist within HS arrangements. - I am already on the dentist's list and would like to remain so for the next 15 months. - I am already under the care of another dentist, but wish to transfer to the list of the dentist named overleaf. - I am on the list of another dentist at this practice. - I am 17 and wish to be accepted on to the list of the dentist for continuing care from my 18th birthday.				
Part B OTHER PATIENTS - I agree to the dentist providing occasional treatment only. I am under the care of another dentist within HS arrangements. I am not under the care of another dentist within HS arrangements. - I agree to the dentist providing treatment on referral from the dentist who provides my regular care.				
Part C I HAVE TO PAY NHS CHARGES I am liable for the HS statutory charge and may have to pay the full amount prior to treatment. I have, or my partner has, a current HS charges certificate which limits my charge to a maximum of £ . I am the patient. I am signing on behalf of the patient (give details below). Name (in CAPITALS) Relationship to patient Signature Date Part D I DO NOT HAVE TO PAY NHS CHARGES BECAUSE: I am aged under 16. I am aged 16 in full time education. I am expecting a baby on I had a baby in the last 12 months on I have, or my partner has, a current HS charges certificate. I receive, or my partner currently receives: I hold, or my partner currently holds: Give details of the person receiving one of the Social Security benefits or Tax credits listed below. This may be you or your partner. <table style="width: 100%;"> <tr> <td style="width: 50%;"> Name ☐ Income Support ☐ A HS Working Families' Tax Credit Exemption Certificate </td> <td style="width: 50%;"> ☐ NI number or Date of Birth ☐ A HS Disabled person's Tax Credit Exemption Certificate ☐ Income-based Jobseeker's Allowance </td> </tr> </table> I am the patient. I am signing on behalf of the patient (give details below). Name (in CAPITALS) Relationship to patient Signature Date Part E TO BE COMPLETED BY, OR ON BEHALF OF, THE PATIENT AFTER TREATMENT As far as I know, the treatment has been completed. If you previously completed Part C but your circumstances have since changed and you do not now have to pay HS dental charges please complete below:- On when the charge was made, I or my partner received one of the benefits / tax credits specified in Part D or had a current HS charges certificate. Name NI number or Date of Birth Type of Benefit, Tax Credit I have paid, or agree to pay, HS charges for this course of treatment of £ . (Enter NIL, if you do not have to pay) I agree, if necessary, to be examined by a Dental Officer and to the disclosure of any information necessary for the purposes of verifying treatment given under the Health Service. I declare that the information I have given on this form is correct and complete and I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption or remission. I am the patient. I am signing on behalf of the patient (give details below). Name (in CAPITALS) Relationship to patient Signature Date			Name ☐ Income Support ☐ A HS Working Families' Tax Credit Exemption Certificate	☐ NI number or Date of Birth ☐ A HS Disabled person's Tax Credit Exemption Certificate ☐ Income-based Jobseeker's Allowance
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[illegible]

Registered HS Patients

- Registered for 24 months
1. Continuing Care if aged 18+ years
 2. Capitation if aged <18 years (includes e.g. exam, radiographs, S/P)



GDPs Must Provide

- “the care and treatment (which the patient is willing to undergo) necessary to **secure** and **maintain** oral health”.
- **Oral Health** is defined as “...such a **standard** of health of the teeth, their supporting structures and other tissues of the mouth, and of dental efficiency, as in the case of any patient is reasonable having regard to the need to safeguard his general health.”

Registered HS patients entitled to:

- Access to HS treatment and 3months' written notice of withdrawal of this service
- Emergency cover
- Written treatment plans / cost estimates
- Free replacement of certain restorations which fail within 1 year
- Care and treatment summary report when changing dentists

HS45DC

- Patient Treatment Plan
- Patient Estimate Form

HS45 DC

HEALTH SERVICE DENTAL CARE
PATIENT TREATMENT PLAN AND ESTIMATE FORM

Treatment Required	Approximate Total Patient Contribution
EXAM (already carried out) ☐	
X- RAYS ☐	
STUDY MODELS ☐	UP TO £20 ☐
FILLINGS (number of) FRONT TEETH ☐	£20 - £50 ☐
BACK TEETH ☐	£50 - £100 ☐
ROOT CANAL TREATMENT ☐	£100 - £200 ☐
EXTRACTIONS ☐	£200 - £400 ☐
CROWNS ☐	or
BRIDGES ☐	
DENTURES ☐	
GUM TREATMENT ☐	
OTHER TREATMENT	
NO TREATMENT REQUIRED ☐	

Patient's Name (PRINT)

Signature Date

Dentist/Receptionist Name (PRINT)

Signature Date

THIS FORM IS AN OUTLINE OF YOUR TREATMENT NEEDS AND AN ESTIMATE OF THE COST OF THAT TREATMENT UNDER THE HEALTH SERVICE. IF YOU ARE ALSO HAVING PRIVATE TREATMENT ASK YOUR DENTIST FOR A SEPARATE ESTIMATE OF THE COST OF THAT TREATMENT.

Notes:
Paying for Health Service Dental Treatment: Information on health service charges is contained in Leaflet HC12. Information on who is entitled to help with the cost of health service treatment is contained in Leaflet HC11. Both are available from many Post Offices and Pharmacies. *If you are claiming entitlement to free or reduced cost dental treatment you will be asked to show proof of entitlement.*

Emergency Arrangements: Whenever possible, contact your dentist about emergencies during normal surgery hours. If you need to be seen the same day, please get in touch as early in the day as possible. If an emergency arises when your dentist is closed, telephone the surgery for advice. If treatment is necessary he will do his best to arrange it within 24 hours.

Cancelling Appointments: If you have to cancel an appointment please give the surgery as much notice as possible. The dentist can make a charge if you do not give reasonable notice.

Other Types of HS Treatments

Occasional Treatment

- Not Registered
- Reduced list of treatments
- pp36-49

Incomplete Treatment

- Patient not returned > 2 months
- pp 50-53

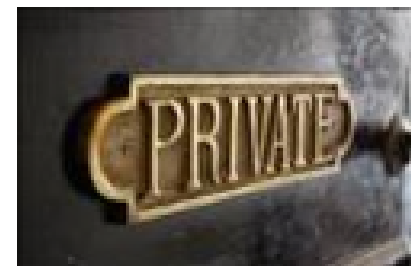
Must offer HS option to registered HS patients if available

Patient can then opt for private option if they wish



Private Only Treatment

- Posterior Composites involving Occlusal Surface (there are exceptions to this)
- >60% gold crowns
- Metal ceramic crowns on Molars
- Other “cosmetic” crowns
- Sports Mouthguards
- Bleaching
- Implants
- Can’t “mix” on the same tooth



Free Treatment

- <18
- 18 + full time education
- Pregnant
- Baby < 12 months
- Income Support
- Pension Credit Guarantee
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- Tax Credit HS Exemption Certificate



HC1 Form

- HC2 Certificate – Full Remission
- HC3 Certificate – Partial Remission

HC1 **Claim for help with health and travel costs**



DO USE THIS FORM

- to claim help with paying health/travel costs for:
 - HS prescriptions • HS dental treatment • HS wigs and fabric supports
 - Sight tests, glasses and contact lenses • Travel to hospital for HS treatment
 You might be able to get them free, or get help with paying for them.
- You should use this form to claim help with the cost of Prison Visits and expenses prior to your visit.
- to claim help for: • you • your partner • your children
- at any time before you need treatment

You *don't* have to wait until you need help with paying health costs

Important Note – For people aged 60 or over your claim will be dealt with by the Pension Service, they can be contacted on 0808 100 6165.

DON'T USE THIS FORM

- you cannot get help if you or your partner have more than:
 - £16,000 in property, savings or any other money (don't count the place where you live)
 - £21,000 in property, savings or any other money if you live permanently in a care home.
 Note - if you have a partner, their property, savings or any other money is counted with yours
- you are already entitled to full help with health costs if you or your partner are getting:
 - Income Support
 - Pension Credit Guarantee Credit
 - Income-based Jobseeker's Allowance; or
 - You are named on or entitled to a Tax Credit HS Exemption Certificate

But, if you paid any health or travel costs *before* you were getting any of these benefits or became entitled to your Tax Credit HS Exemption Certificate, read the back cover of this form to see what to do to claim your money back.

Important Note – If you are living in a care home you may need a different form. Please contact your local Social Security or Jobs & Benefits office if you are under 60, or if you are aged 60 or over the Pension Service on 0808 100 6165.

HS

Free to All

- Abnormal Haemorrhage
- Removal of plugs / sutures
- Recement Bridge
- Denture Repairs
- Domiciliary Visits
- Recalled Attendance
- Capitation / Continuing Care payments



Patient's Charge = 80% of NHS Dentist's Fee

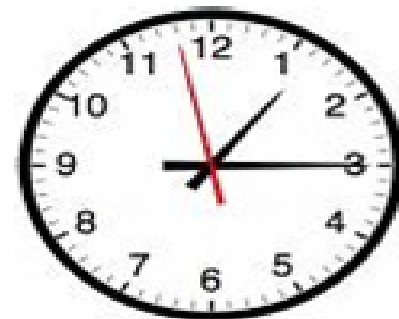
Up to Maximum of £384

Prior Approval Limit

£440(Dentist's Fee)
= £352 Patient's Charge

Some Time Bars

- Basic Exam (0101) – 5 complete calendar months
- Simple S/P (1001) – 5 complete calendar months
- CoCr P/- - 3 months after extn(prior approval)
- Bridge – 6 months after extn



Time Bars Examples

- 1. Patient has basic Exam on 1st Jan 2026

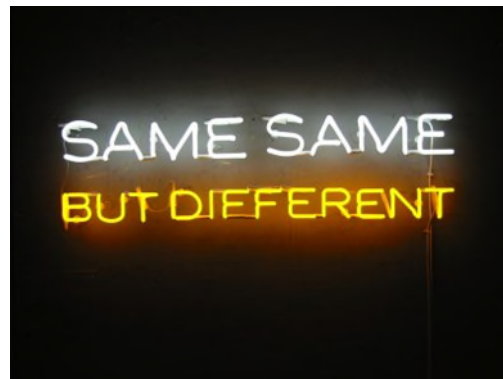
Soonest can claim fee for another basic Exam is 1st July 2026

- 2. patient has basic Exam on 31st Jan 2026

Soonest can claim fee for another basic Exam is 1st July 2026

“Same Dentist Rule” Applies to Time Bars

Any dentist with whom there are any financial arrangements or the partner, associate, deputy or assistant of any of them.



Exercise 1

- 01/01/26
- Exam
- S/P
- Total Dentist's Fee/Pt Charge

Exercise 1

• Exam	10.44	8.35
• S/P	<u>+16.57</u>	<u>+13.26</u>
• Total	£27.01	£21.61

Exercise 2

- 15/06/25
- Exam
- 2 BWS
- MOD amalgam filling LR6
- Total Dentist's Fee/Pt Charge

Exercise 2

• Exam	0.00	0.00
• 2 BWS	7.27	5.82
• MOD	<u>+35.53</u>	<u>+28.42</u>
• Total	£42.80	£34.24

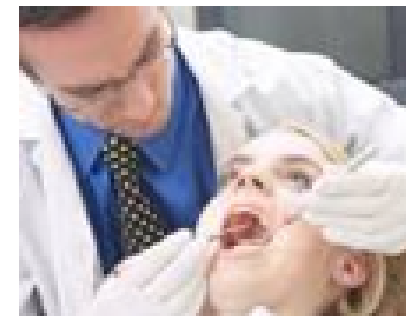
Appropriate Radiographs

- Endodontics
- Crowns
- Bridges
- Surgical Extns
- 3+ Visit Perio



Examination & Report

- 1. Basic Exam (0101) – incl monitor perio
- 2. Extensive Exam (0111) – incl BPE charted, e.g. new patients
- 3. Full Case Assessment (0121) – incl full perio charting, e.g. 3+ visit perio, bridges and treatment of special complexity



Periodontal Treatment

- Simple S/P (1001) - 5 complete calendar months
- 2 visit S/P (1011) – 11 complete calendar months
- 3+ visit S/P (1021) –11 complete calendar months, full perio charting



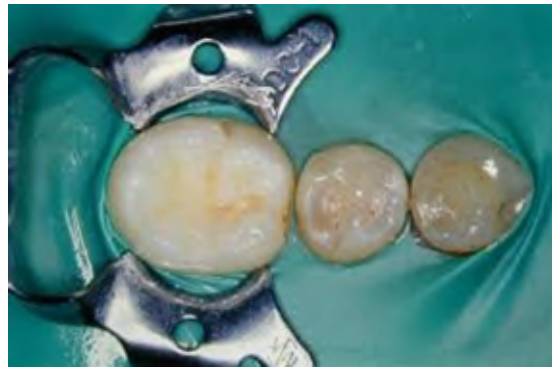
Preventive Fissure Sealants (0701)

- 6s – under 9
- 7s – under 13
- 8s – within 2 yrs of eruption



Preventive Resin Restorations (1441)

- Must be fissure caries
- Any tooth (with pits & fissures)
- No age restriction
- If > Six PRR's then radiographs



Permanent Fillings

- Amalgam, composite, glass ionomer
- Includes any dressings, pulp capping etc
- Max fees per tooth when combination of fillings



Article 10(2) of Regulation (EU) 2017/852 on Mercury

- From 1 July 2018, dental amalgam shall not be used for dental treatment of
 - deciduous teeth
 - children under 15 years
 - pregnant or breastfeeding women
- except when deemed strictly necessary by the dental practitioner based on the specific medical needs of the patient.

Under 15 Years

- 1405 occlusal surface
- 1406 2 or more surfaces where the occlusal surface is involved
- 1407 2 or more surfaces: MO or DO
- 1408 3 or more surfaces: MOD

Pregnant or Breastfeeding

- 1471 Treatment of any surface of a permanent tooth

Endodontic Treatment

- Fee includes any opening canals for drainage, pulp extirpation, incision of abscess, dressings, preparation and root filling
- Same fee regardless of number of visits
- Appropriate radiographs



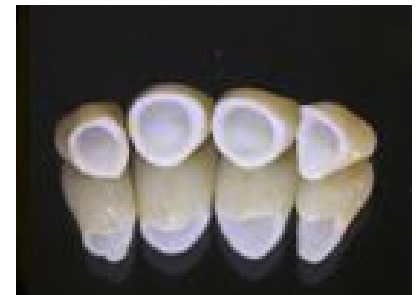
Porcelain Veneers

- Normally patient 17+ years old
- Upper Anteriors only (321/123)
- Additional fee for 1st tooth treated
- Prior Approval required



Common NHS Crowns

- Normally patient 17+ years old
- Metal Ceramic precious or non-precious (not molars)
- Metal precious or non-precious
- NB Additional fee for first crown in each arch
- Additional fees for post and cores



Bridges

- Usually require prior approval (if >£400, or >4units or posterior missing teeth)
- Normally patient 17+ years old
- >6 months after extraction
- 0121 Exam
- Study Casts
- Appropriate radiographs (IOPAs of abutment teeth, bitewings)
- Can do metal ceramic retainers on molar abutments
- Can do >60% gold retainers on molars and premolars



Extractions

- Forceps Extractions – Additional fee for each visit
- Separate fees for surgical extractions



Dentures

- Fee includes any clasps, rests, strengtheners and reasonable adjustments
- Acrylic
- Co/Cr- (Prior Approval required)
- Additional fee for lab constructed special trays
- Repairs are free to all patients
- Additions, relining etc are not



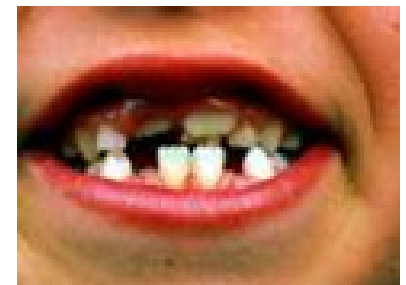
Therapeutic Acrylic Splints

- E.g. bruxist, migraine
- Code 2941
- Study Casts
- 3 months between 1st and last visit



Capitation Patients

- <18 years
- Capitation fee normally includes exam, radiographs, S/P
- Separate fees for fillings, pulpotomies and stainless steel crowns on deciduous teeth
- Can claim fee for any item of treatment including exam & radiographs if trauma causing #
to > 2/3 of clinical crown



Code 4001

- “For treatment necessary to secure and maintain oral health, but not included elsewhere in this fee scale”
- Requires prior approval

RDO Checks

- Examination by Dental Officer
- Records Checks
- FDs will have 10 record cards called for examination post-treatment



Is the SDR an Ideal Payment System?

Any Questions?

