

**Primary Care Services**  
Crookall House  
Demesne Road  
Douglas, Isle of Man  
IM1 3QA  
Telephone: (01624) 642687

Email: [Dental@gov.im](mailto:Dental@gov.im)

Dear Sir/Madam

In accordance with Regulations made under the National Health Service Act, Manx Care has discretionary powers to provide the maximum assistance available in respect of Ophthalmic/Dental Services, for those persons who do not automatically qualify but for whom the cost of treatment would be a financial hardship.

Persons automatically entitled to maximum assistance towards **Dental Treatment** include those in receipt of Income Support, Employed Persons Allowance, Income Based Jobseekers Allowance, a War Disablement Pensioner or Registered Blind.

Persons automatically entitled to a Voucher towards the cost of **glasses** include those in receipt of Income Support, a War Disablement Pensioner or Registered Blind.

If you do not qualify by being in receipt of a benefit as detailed and you consider that the circumstances of your case are such as to entitle you to maximum assistance on low income grounds, you are invited to complete the form of application overleaf. Please bring or send it to this Office as soon as possible.

The information you are asked to give will be used only for the purpose of determining your entitlement, and will be restricted to the officers dealing with your case.

Yours faithfully

**PRIMARY CARE SERVICES**

**F1 FORM – PLEASE COMPLETE ALL SECTIONS IN FULL**

**SECTION 1 PERSONAL CONTACT INFORMATION**

Full Name:	DOB:
Address	Marital Status:
Post Code:	Occupation:

**SECTION 2 NATURE OF TREATMENT (please tick as appropriate)**

DENTAL  OPTICAL

**SECTION 3 FINANCIAL OBLIGATIONS**

HOME OWNER  TENANT  LODGER   
PLEASE DETAIL AMOUNT OF RENT/MORTGAGE/LODGINGS £ \_\_\_\_\_ per week

DEPENDANTS (please tick as appropriate)  
WIFE  HUSBAND  PARTNER  Number of children under 16

Income from all sources – **Per Week** (Including income of your wife/husband/partner)  
Please describe the source of each item of income e.g. Pension, Benefits. \*By listing any benefits you consent for Manx Care to contact the Department of Health & Social Security to confirm you are in receipt of those listed.

(If you are a student in full time education, please list your annual income from all sources – including wages from any seasonal work undertaken)

SOURCE	AMOUNT £ per week

TOTAL £ \_\_\_\_\_

Please give brief details of any bank accounts or other capital resources held by yourself and your wife/husband/partner/civil partner

SOURCE	AMOUNT

TOTAL £ \_\_\_\_\_

Any other information which you may think may have a bearing on your case.

\_\_\_\_\_

**SECTION 4 DECLARATION**

I declare that to the best of my knowledge and belief that the above statements are true and correct and hereby claim exemption from the payment of the authorised charges in respect of my treatment.  
NB A false statement made with the fraudulent intent by the applicant may lead to legal proceedings.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR OFFICE USE

DENTAL – APPROVED/NOT APPROVED SIGNED \_\_\_\_\_ DATED \_\_\_\_\_  
OPTICAL – APPROVED/NOT APPROVED SIGNED \_\_\_\_\_ DATED \_\_\_\_\_