

PATIENT APPLICATION FORM

Surname:	First Name:	Title:
Address:	Daytime Tel:	
	Date of Birth:	
	EMAIL:	

A one-off £12 registration fee will be collected at the same time as your first monthly payment.

Membership Plan £13.50 per month

- 1 x annual dental examination including necessary routine x-rays
- 2 x hygienist consultations
- 10% discount on all other treatment

DATA PROTECTION: The information on this form contains your personal data. Smilecare Limited processes and holds your personal data on behalf of the practice in accordance with the General Data Protection Regulation 2018 (GDPR). Your personal data will only be used by Smilecare Limited in the administration of your dental plan and for no other purpose and by no third party.

DECLARATION: I am a patient of Dr _____ and request Smilecare Ltd to collect direct debits as detailed above. I understand that Smilecare Ltd (on behalf of Lady Bay Dental) are the administrators of the payment scheme and the responsibility for my dental care remains with my dentist.

Signature: **Date:**

Instruction to your Bank or Building Society to pay by Direct Debit



Please complete this form and return it to Smilecare Ltd, Pure Offices, Midshires Business Park, Smeaton Close, Aylesbury, HP19 8HL

Originator's Identification Number

Name and full postal address of your Bank/Building Society

8 0 6 3 6 4

To the Manager	Bank/Building Society
Address	
Postcode	

Instruction to your Bank or Building Society

Please pay Smilecare Ltd Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Smilecare Ltd on behalf of Lady Bay Dental and, if so, details will be passed electronically to my Bank/Building Society.

Signature
Date

Name(s) of Account Holder(s)

Bank/Building Society Account Number (8 digits only)

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Branch Sort Code (6 digits only)

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Smilecare Office Use Only

Reference No.											
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Banks and Building Societies may not accept Direct Debit instructions for some type of accounts

The guarantee should be detached and retained by the payer.
The Direct Debit Guarantee



- The Guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Smilecare Ltd (on behalf of Lady Bay Dental) will notify you in 5 working days in advance of your account being debited or as otherwise agreed. If you request Smilecare Ltd (on behalf of Lady Bay Dental) to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Smilecare Ltd, or your Bank or Building Society, you are entitled to a full and immediate refund of the amount paid from your Bank or Building Society.
 - If you receive a refund you are not entitled to, you must pay it back when Smilecare Ltd asks you to.
- You can cancel a Direct Debit at any time by simply contacting your Bank or Building Society. Written confirmation may be required. Please also notify us.



Terms and Conditions of Membership Plan

- Membership is for a **minimum of 12 months**. Should you cancel your direct debit within the 12 month period, you will be required to pay the practice the value of any discounts or treatments you have received under the plan which have not already been paid for by your direct debit. e.g. you are entitled to two visits on your plan and attend both, but you only pay for 6 monthly direct debits, you will be required to pay the practice for the visit*
- It is **your responsibility** to attend your appointments as included in your level of plan. No refunds will be given for appointments not attended. Should you fail to attend, or cancel an appointment without 24 hrs notice, you will forfeit that visit as detailed in your plan.
- You will be entitled to the benefits of the plan once your first monthly payment has been received **AND** you have completed your first course of treatment.
- You are **ONLY** eligible to join the plan **AFTER** finishing a new patient exam/routine check-up and any recommended treatment.
- If your payment is unsuccessful in any one month, a double payment will be collected in the following month. No treatment will be carried out during this time. You will also incur a £1.00 failed payment administration charge by Smilecare Limited, who are the administrators of the plan.
- Treatments **NOT** discounted by the plan: implants and work done by specialist referrals

*we understand that in exceptional circumstances you may need to cancel your subscription and this will be at the dentists discretion.

I agree to the terms and conditions as outlined above.....date

.....name

.....signature