

PATIENT APPLICATION FORM

Surname:	First Name:	Title:
Address:	Daytime Tel:	
Post Code:	Date of Birth:	

A £12 one-off initial registration fee followed by a monthly fee as below. Please tick one box:
(The £12 one-off registration fee will be collected at the same time as your first monthly payment.)*
***The Registration fee will be waived for applications until 1st October 2017**

Please tick the box which relates to your usual number of routine appointments to the practice in one year.

Essentials: £ 8.00 per month <input type="checkbox"/>	Bronze: £11.50 per month <input type="checkbox"/>
Silver: £15.00 per month <input type="checkbox"/>	Gold: £22.00 per month <input type="checkbox"/>

I am a patient of *Dr Andrew Taylor (85277)/*Dr Melissa Taylor (85235)/*Dr Stephen McCrory (193130)/
 *Dr Katy-Ann Rowe (244955)/*Dr Brian Needham (251822)/*Dr Matt Perry (258373)/Dr Antonia Gibson
 (258213) *delete as appropriate and request Smilecare Ltd to collect direct debits as detailed above. I
 understand that Smilecare Ltd (on behalf of Wadebridge Dental Care) is the administrator 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 in the enclosed pre-paid envelope

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 Wadebridge Dental Care 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 Wadebridge Dental Care) 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 Wadebridge Dental Care) 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.