



WADEBRIDGE DENTAL

CARING FOR SMILES

PATIENT APPLICATION FORM

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|-------------------|-----------------------|---------------|
| Surname: | First Name: | Title: |
| Address: | Daytime Tel: | |
| | Mobile Tel: | |
| | Email Address: | |
| Post Code: | Date of Birth: | |

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

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

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| <input type="checkbox"/> Essentials: £ 8.99 per month | <input type="checkbox"/> Bronze: £12.99 per month |
| <input type="checkbox"/> Silver: £16.99 per month | <input type="checkbox"/> Gold: £24.99 per month |

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

DECLARATION: I am a patient of *Dr A Taylor (85277)/*Dr M Taylor (85235)/*Dr KA Rowe (244955)/*Dr B Needham (251822)/*Dr K Golenia (258267)/*Dr Z Harding (264605)/*Dr K Kivalu (270946)/*Dr M J Thompson (271084)/ Dr P Ray(67378) *delete as appropriate and request Wadebridge Dental Care Ltd to collect direct debits as detailed above.

Signature:

Date:

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



Please complete this form and return it to Wadebridge Dental in the enclosed pre-paid envelope

Originator's Identification Number

Name and full postal address of your Bank/Building Society

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| To the Manager | Bank/Building Society |
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Instruction to your Bank or Building Society

Please pay Wadebridge Dental Care 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 Wadebridge Dental Care Ltd and, if so, details will be passed electronically to my Bank/Building Society.

Bank/Building Society Account Number (8 digits only)

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Branch Sort Code (6 digits only)

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|------------------|
| Signature |
| Date |

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|-------------------------------------|
| Name(s) of Account Holder(s) |
| |

Wadebridge Dental Care Ltd Office Use Only

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| 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 Wadebridge Dental Care Ltd will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request Wadebridge Dental Care Ltd 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 Wadebridge Dental Care 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 Wadebridge Dental Care 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.



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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. if you are entitled to two hygienist 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 extra hygiene visit* Any treatment plan given before signing up to the plan will NOT be discounted and charged at the full rate.
- 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 also fail to attend an appointment that has been made without letting us know 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.
- You will be eligible to join the plan once you have either:
 - a) Completed a new patient examination
 - b) Completed your routine check-up
- You may change your level of plan at any time.
- If your payment is unsuccessful in any one month, we will contact you to resolve. No treatment will be carried out during this time. You will incur a £2.50 failed payment administration charge by Wadebridge Dental, who is the administrator of the plan.
- If you take out interest free credit through the practice, you will not be able to use your 10% discount as detailed in the plan

*We understand that in exceptional circumstances you may need to cancel your subscription

I agree to the terms and conditions as outlined above

Name (PLEASE PRINT):.....

Signature:Date: