

Please select one of the dental practices below as your base practice.

ABERDEEN Tel: 01224 638745	<input type="checkbox"/>	HORSHAM Tel: 01403 258638	<input type="checkbox"/>	SLOUGH Tel: 01753 213091	<input type="checkbox"/>
AYLESBURY Tel: 01296 424071	<input type="checkbox"/>	INVERNESS Tel: 01463 248871	<input type="checkbox"/>	ST ALBANS Tel: 01727 739171	<input type="checkbox"/>
BEDFORD Tel: 01234 347804	<input type="checkbox"/>	LEEDS Tel: 0113 2207090	<input type="checkbox"/>	THE STRAND Tel: 0207 9303136	<input type="checkbox"/>
BIRMINGHAM Tel: 0121 6333790	<input type="checkbox"/>	MAIDENHEAD Tel: 01628 586 911	<input type="checkbox"/>	UXBRIDGE Tel: 01895 619911	<input type="checkbox"/>
BOURNEMOUTH Tel: 01202 587131	<input type="checkbox"/>	MANCHESTER Tel: 0161 831 9409	<input type="checkbox"/>	WATFORD Tel: 01923 691621	<input type="checkbox"/>
BRIGHTON Tel: 01273 773028	<input type="checkbox"/>	MILTON KEYNES Tel: 01908 396301	<input type="checkbox"/>	WOKING Tel: 01483 221831	<input type="checkbox"/>
BROMLEY Tel: 0208 3150532	<input type="checkbox"/>	NEWCASTLE Tel: 0191 211 2552	<input type="checkbox"/>	WORTHING Tel: 01903 217316	<input type="checkbox"/>
CAMBRIDGE Tel: 01223 454271	<input type="checkbox"/>	NOTTINGHAM Tel: 0115 9477941	<input type="checkbox"/>	YORK Tel: 01904 621628	<input type="checkbox"/>
CARDIFF Tel: 02920 660780	<input type="checkbox"/>	OXFORD Tel: 01865 208521	<input type="checkbox"/>		
CHELTENHAM Tel: 01242 223851	<input type="checkbox"/>	OXFORD STREET Tel: 0207 287 9618	<input type="checkbox"/>		
EDINBURGH Tel: 0131 220 5939	<input type="checkbox"/>	PETERBOROUGH Tel: 01733 295 891	<input type="checkbox"/>		
GLASGOW Tel: 0141 222 9971	<input type="checkbox"/>	READING Tel: 0118 9337310	<input type="checkbox"/>		
HARROGATE Tel: 01423 533051	<input type="checkbox"/>	SHREWSBURY Tel: 01743 281 901	<input type="checkbox"/>		

Terms & Conditions of Membership for The Dental Clinic Patient Membership Scheme

Please ensure you have read all of the terms and conditions.

1. Definitions

“We” means **The Dental Clinic**,

“You” means the individual who has signed the application form,

“Term” means a twelve month period,

“Application Form” means the Application form for the The Dental Clinic Patient Membership Scheme,

2. Commencement and Duration

Your membership of the Scheme will commence on the date on which you submit and we accept your application form and the first Scheme term will end on the first anniversary of that date, unless we have terminated it earlier in accordance with these conditions. The next Scheme term will start on the first day after the anniversary date unless you have notified us in writing to cancel the Scheme. We reserve the right to refuse any applications for membership.

3. Payment

You will pay the monthly fee by monthly Direct Debit through a bank account established within the United Kingdom and approved by us. Once your membership of the Scheme has commenced, you will be legally obliged to pay the monthly fee for the full twelve month term, unless you terminate your membership under paragraph 6.1.

4. Your Entitlements per Term

4.1 - In return for the payments made by you during your membership of the Scheme you will be entitled to the following benefits:-

4.1.1 - Up to two dental examinations as prescribed by your dentist, at no additional cost to yourself,

4.1.2 - Up to 40 minutes of Oral Hygiene Treatment, as prescribed by your dentist, at no additional cost to yourself,

4.1.3 - A discount of 15% on all other treatments performed upon you by us during the term of your membership of the Scheme. This discount will not be applicable to any goods which you purchase from us, neither will it apply to any changes which we make to you in respect of Referral Services.

4.2 - In order to have them carried out at no cost, all treatments set out in paragraph 4.1 must be performed during the term of your membership of the Scheme at our normal charging rates, as applicable at the time when the treatment is performed.

4.3 - The benefits available under your membership of the Scheme cannot be used in conjunction with any other offer or promotion being made or conducted by us unless the terms of that offer or promotion state otherwise.

5. Non Transferability

The benefits set out in paragraph 4.1 are for your personal use only, and will not be applicable in respect of treatments or services provided for the benefit of any other individual.

6. Termination

6.1 - You may terminate your membership of the Scheme, provided we receive written notice from you within thirty days of the date of which your membership term commenced. If you terminate your membership in this way or at any other point during the 12 months period, you must pay in full, at the prices set out in our current price list, for any treatment or services which you have received from us during your membership but will not be obliged to make any further Direct Debit payments to us.

6.2 - We may terminate your membership of the Scheme with immediate effect by giving written notice to you if you fail to make any of the monthly payments in accordance with paragraph 3, or if you fail to notify us of any changes in your details as required by paragraph 7. If we do this, however, you will still be liable to make the full twelve payments to us as required by paragraph 3.

7. Change to Details

You must inform us immediately, in writing to: **The Dental Clinic**, Membership Scheme, 5 Deerdykes Road, Westfield, Cumbernauld, G68 9HF if any details you have given us about yourself on your Application Form (including, but not limited to, your address or bank details) should change at any time during your membership of the Scheme.

The Direct Debit Guarantee

- The guarantee is offered by all Banks and Building Societies that take part in the Direct Debit scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amount to be paid or the payment dates change **The Dental Clinic** will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by **The Dental Clinic** or your Bank or Building Society you are guaranteed a full and immediate refund from your branch for the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.



Patient Membership Scheme

Benefits

- Save money
- Spread the cost of your dental care
- Discount on selected treatments

The Dental Clinic

www.thedentalclinic.com

Introduction

At **The Dental Clinic** we are focused on preventing teeth and gum problems and are committed to providing advice and education on how you can maintain a healthy smile. We want to help you to increase your self confidence through improved dental appearance based on a foundation of good dental health.

Our Patient Membership Scheme now makes it even easier for you to achieve this. The scheme allows you to spread the cost of regular dental examinations and preventative hygiene treatments and also offers discount on additional treatments as outlined below.

Offer Details

Pay £12.50 per month (41p per day) and receive each year:

- Up to 2 Routine Dental Examinations*
(excludes Initial Dental Examination)
- Up to 40 minutes of hygiene treatment*
- 15% discount on any further dental or hygiene treatment

*As prescribed by your dentist

How to Complete the Application Form

To join the Scheme simply complete the form, attached and return it to your practice.

Please ensure all fields are complete otherwise this may delay your membership.

Your Questions Answered

Q – Will I receive any discount off promotional offers?

A – No, but you will always be able to take your treatment at the best price. If we have a 10% discount offer you will receive the 15% members discount. If we have a 1/3 off offer you will receive the larger discounted amount. You cannot take two offers together.

Q – Will there be an end payment date?

A – The Scheme is for a 12-month period, which is automatically renewed annually.

Q – What happens if the price of the examinations or hygiene treatments change within the membership period?

A – Nothing, you will still pay a fixed price of £12.50 per month during your 12 month membership period.

Q – Is there a cancellation notice period?

A – Yes, 30 days. Simply call our helpline on 0870 243 0242 if you wish to cancel your membership. Please note that should you withdraw within this period you will be required to pay the full amount of any treatment already taken within the notice period, but will not be obliged to make any further payments to us.

Q – Can family members join with one direct debit payment e.g.

Can a husband and wife make one payment of £25 per month?

A – Any number of family members can join the Membership Scheme, or Children’s Membership Scheme. However, each applicant must complete a separate Direct Debit form. This is for legal reasons regarding patient data confidentiality.

Dental Membership Direct Debit Application Form

PLEASE COMPLETE USING BLOCK CAPITALS

Patient’s Details	
Title Mr, Mrs, Ms, Miss.	
First Name	Surname
Address	
Postcode	
Daytime Telephone Number	
Mobile Phone Number	
e-mail address	
Date of Birth	Exact Patient Number

Patient’s Details	
To: The Manager	
Name of Bank or Building Society	
Address	
Postcode	

Branch Sort Code

Bank or Building Society Account Number

Name of Account Holder

Signature Date

Office use only:

The Dental Clinic Reference

Dentists Full Name

Dentists SAP Number or Dentists Staff Number

Originator’s Identification Number

Please select your base practice by ticking one of the locations overleaf.

Instructions to your Bank or Building Society

Please pay **The Dental Clinic** Direct Debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with **The Dental Clinic** and if so, details will be passed electronically to my Bank/Building Society. Banks and Building Societies may not accept Direct Debit instructions for some types of account.

The Direct Debit Guarantee



- This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change **The Dental Clinic** will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by **The Dental Clinic** or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.