

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

| | | | | | |
|---|--------------------------|--|--------------------------|---|--------------------------|
| ABERDEEN Tel: 01224 638745 | <input type="checkbox"/> | HARROGATE Tel: 01423 533051 | <input type="checkbox"/> | SHREWSBURY Tel: 01743 281 901 | <input type="checkbox"/> |
| AYLESBURY Tel: 01296 424071 | <input type="checkbox"/> | HORSHAM Tel: 01403 213091 | <input type="checkbox"/> | SLOUGH Tel: 01753 213091 | <input type="checkbox"/> |
| BEDFORD Tel: 01234 347804 | <input type="checkbox"/> | INVERNESS Tel: 01463 248871 | <input type="checkbox"/> | ST ALBANS Tel: 01727 739171 | <input type="checkbox"/> |
| BIRMINGHAM Tel: 0121 6333790 | <input type="checkbox"/> | LEEDS Tel: 0113 2207090 | <input type="checkbox"/> | THE STRAND Tel: 0207 9303136 | <input type="checkbox"/> |
| BLUEWATER Tel: 01322 623911 | <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 612628 | <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"/> | | |

**Terms & Conditions of Membership for
The Dental Clinic Children's Patient Membership Scheme**
Please ensure you have read all of the terms and conditions.

1. Definitions
"We" means **The Dental Clinic**,
"The bill payer" means the parent/guardian of the child or the individual who has signed the application form and who is eligible to make the the monthly Direct Debit payments to **The Dental Clinic** on behalf of the child,
"The Child" is the patient who will receive treatment. The child must be 16 years of age or younger in order to be eligible for the Children's Patient Membership Scheme. If the child turns 17 during their membership of the Scheme, they will receive treatment until the end of the Scheme term. Upon renewal the child will then be required to change to the Adult's Patient Membership Scheme,
"Term" means a twelve month period,
"Application Form" means the Application form for the **The Dental Clinic** Children's Patient Membership Scheme,

2. Commencement and Duration
The Children's Patient Membership Scheme will commence on the date on which the application form is submitted and we accept the application. The first Scheme term will end on the first anniversary of that date, unless we have terminated it earlier in accordance with paragraph 6. The next Scheme term will start on the first day after the anniversary date unless we have been notified in writing, by the bill payer to cancel the Scheme. We reserve the right to refuse any applications for membership.

3. Payment
The fee will be paid by monthly Direct Debit through a bank account established within the United Kingdom and approved by us. Once the membership of the Scheme has commenced, the bill payer will be legally obliged to pay the monthly fee for the full twelve month term, unless the membership is terminated under paragraph 6.1.

4. Entitlements per Term
4.1 - In return for the payments made during the Scheme term the child will be entitled to the following benefits:-
4.1.1 - Up to two dental examinations as prescribed by the child's Dentist, at no additional cost,
4.1.2 - Up to 40 minutes of Oral Hygiene Treatment, as prescribed by the child's Dentist, at no additional cost,
4.1.3 - A discount of 15% on all other treatments performed upon the child by us during the term of their membership of the Scheme. This discount will not be applicable to any goods which are purchased from us, neither will it apply to any charges which we make to the child 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 the 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 the 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 the child's 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 - The membership of the Scheme may be terminated providing that we receive written notice within thirty days of the date of which the membership term commenced. If the membership is terminated in this way or at any other point during the 12 month period, the bill payer must pay in full, at the prices set out in our current price list, for any treatment or services which the child has received from us during their membership. They will not however be obliged to make any further Direct Debit payments to us.
6.2 - We may terminate the child's membership of the Scheme with immediate effect by giving written notice if the bill payer fails to make any of the monthly payments in accordance with paragraph 3, or if we are not notified of any changes in the bill payers details as required by paragraph 7. If we do this however, the bill payer will still be liable to make the full twelve payments to us as required by paragraph 3.

7. Change to Details
We must be informed immediately, in writing to: **The Dental Clinic**, Membership Scheme, 5 Deerdykes Road, Westfield, Cumbernauld, G68 9HF if any of the child's or bill payers details you have given us on the Application Form (including, but not limited to, your address or bank details) should change at any time during their 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 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.



Children's Patient Membership Scheme

Benefits

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

The Dental Clinic

www.thedentalclinic.com

Introduction

At **The Dental Clinic** we recognise the importance of building the best possible foundations for dental health, as early as possible in life. Not only do we want to help you in preserving and protecting your child’s teeth, we also want to assist in increasing your child’s self-confidence, through improved dental appearance.

Our Children’s Patient Membership Scheme makes it even easier for you to achieve these aims.

The Scheme allows you to spread the cost of your child’s regular dental examinations and preventative hygiene treatments. What’s more, it offers discount on additional treatments for your child as outlined below.

Offer Details

Pay £7 per month and your child will receive the following benefits each year:

- Up to 2 Routine dental examinations*
(excludes Initial Dental Examination)
- Up to 40 minutes of hygiene treatment*
(including oral hygiene instruction, dietary analysis and scaling/prophylaxis as required).
- 15% discount on any further dental or hygiene treatment on the children’s private fee scale.

*As prescribed by the Dentist

How to Complete the Application Form

For your child to join the Scheme simply complete the form attached and return it to your local practice.

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

Your Questions Answered

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, the bill payer will still be required to pay a fixed price of £7 per month during the 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 child’s membership. Please note that should you withdraw within this period the bill payer 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 one payment of £14 be made for two children?

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

Q – Will the child receive any discount off promotional offers?

A – No, but they will always be able to take their treatment at the best price. If we have a 10% discount offer they will receive the 15% members discount. If we have a 30% off offer they will receive the larger discounted amount. They cannot redeem two offers together.

Q – What is the maximum age for the Children’s Patient Membership Scheme?

A – The child must be 16 years or under in order to be eligible for the Children’s Patient Membership Scheme.

Q – What happens if my child turns 17 during the 12 month membership?

A – If the child turns 17 during their membership of the Scheme, they will receive treatment until the end of the Scheme term. Upon renewal the child will then be required to change to the Adult’s Patient Membership Scheme.

Children’s Dental Membership Direct Debit Application Form

PLEASE COMPLETE USING BLOCK CAPITALS

| | |
|---------------------------|---------------|
| Details of Patient | |
| Title Mr, Miss, Master. | Date of Birth |
| First Name | Surname |
| Address | |
| | |
| Postcode | |
| Exact Patient Number | |

| | |
|---|---------------|
| Details of Parent/Guardian or Bill Payer | |
| Title Mr, Mrs, Ms, Miss. | Date of Birth |
| First Name | Surname |
| Address | |
| | |
| Postcode | |
| Telephone Number | |
| Daytime | Mobile |
| e-mail address | |

| |
|--|
| Direct Debit Details of Parent/Guardian or Bill Payer |
| 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

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 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.