

Child Smile Plan



This agreement is made between: **Clover House Dental Practice Sleaford Limited, T/A Sleaford Smile Centre, 11 Clover House, Boston Road, Sleaford, Lincolnshire NG34 7HD** - "The Practice"
And the Patient(s) named below. - "The Patient"

Your Details

Title: Mr / Mrs / Miss / Other _____	Full Name: _____	Additional Patients For Multiple Patient Plans
Address: _____		1. Name: _____ DOB: ___ / ___ / ___
_____	Postcode: _____	2. Name: _____ DOB: ___ / ___ / ___
Tel. No.: _____	Email: _____	3. Name: _____ DOB: ___ / ___ / ___
D.O.B: ___ / ___ / ___	Patient No.: (if known) _____	4. Name: _____ DOB: ___ / ___ / ___
Current Dentist Name: _____		

Your Direct Debit

Instruction to your Bank or Building Society to pay by Direct Debit	
Name(s) of Account Holder(s) _____	Originators Identification Number 6 7 9 9 5 9
Branch Sort Code _____ _____ _____ _____ _____ _____	Reference Number (For Office Use) _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Bank/Building Society account number _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	Instructions to your Bank or Building Society Please pay Insurance Broking Finance Ltd Direct Debits from account detailed in this instruction subject to the safeguards assumed by the Direct Debit Guarantee. I understand that this instruction may remain with Insurance Broking Finance Ltd and, if so, details will be passed electronically to by Bank/Building Society.
Signature(s) _____ _____ _____	DD15
Date _____	
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 Insurance Broking Finance Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Insurance Broking Finance Ltd 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.

Insurance Broking Finance Ltd. Registered in England No. 04981657.
Registered Office: Affinity House, Bindon Road, Taunton, TA2 6AA

Your Declaration

<p>This is our standard agreement upon which we intend to rely. For your own benefit and protection you should read these terms, which continue overleaf, carefully before signing them.</p>	<p>By signing this form you are also consenting to the use of personal information as described in clause 4.1 overleaf.</p>
Patient Signature _____	Date _____

Your Plan

Monthly Fee: £ _____	Joining Fee (if applicable): £ _____	Date of Commencement: ___ / ___ / ___
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1. Fees payable by the Patient

- 1.1 The Patient is required to fulfil a minimum of 12 months payment. After the initial 12 months has passed, there is a 6 month rolling contract.
- 1.2 Payments will be taken by Direct Debit, through Insurance Broking Finance Ltd, who administer the direct debit facility on behalf of the Practice.
- 1.3 The first payment may be taken up to 2 months after the date of this Agreement due to administrative reasons and will consist of a "double payment" to include payment for the first and second months.

2. Services provided by the Practice

- 2.1 In consideration of the fees outlined in 1.1 above, the Practice agrees to provide the dental services described in clause 2.2 below either by the dentist or by a suitably qualified partner, member of staff, deputy or locum.
- 2.2 Child Plan Prices:

Under 5's - FREE examinations

- Up to 50% off all treatments
- 5-10 year olds - £4.00
- Up to 50% off all treatments
- 11-15 year olds - £4.50
- Up to 25% off all treatments

Once the Patient reaches the age of the next tier, their payments will automatically increase to reflect those of the next tier. Once the Patient reaches 16 they will automatically be transferred onto the Adult Smile Plan.

All plans include:

- 2 examinations per annum
- 2 standard scale and polish per annum
- Includes all xrays
- Free fluoride therapy
- Worldwide Accident and Emergency cover

- 2.3 For the purposes of clause 2.2, years will run from the date of this Agreement and each anniversary of that date.
- 2.4 The fees paid under this Agreement do not cover costs associated with treatment which has been specifically agreed to be excluded between you and your Dentist, treatment carried out at another Practice (other than for temporary emergency treatment covered by the insurance as described in clause 2.2 above), pharmaceutical items, laboratory fees, prescription fees, extraction of wisdom teeth, sedation fees, or referral to specialists. These will be charged separately.

3. Responsibilities of the Patient

- 3.1 You must pay the Monthly Fee. If the Direct Debit cannot be taken, then all benefits under the Plan will cease from the date it was due to be taken.
- 3.2 The Patient shall continue to be responsible for any outstanding payments due under this Agreement.
- 3.3 You are responsible for ensuring that you make appointments with the Practice. There will be no refunds for any "unused" services, nor can they be carried forward from one year to another.
- 3.4 You must keep appointments made with your dentist or pay the appropriate missed appointment fee.
- 3.5 You must ensure that you attend regular check-up examinations, receive the treatment the Dentist advises and promptly inform your Dentist of any injury, problem or material matter affecting your oral health. If this condition is not met and you require treatment which could reasonably have been avoided had you done so, then you may be charged separately for such treatment.

4. Administration

- 4.1 Administration of this scheme is undertaken (on behalf of the Practice) by Lloyd & Whyte Ltd and Insurance Broking Finance Ltd (in respect of arranging the Accident & Emergency Insurance and collection of Direct Debits respectively). By signing this agreement you consent to these companies using the data you provide in order to complete such administration, but your personal details will not be used by them for any other reason.
- 4.2 Lloyd & Whyte Ltd and Insurance Broking Finance Ltd are not party to this Agreement and as such have no liability to the Patient (whether in respect of negligence, breach of contract, defective or unsatisfactory treatment or otherwise) but they may rely on the provisions of this Agreement despite the terms of the Contracts (Rights of Third Parties) Act 1999.

5. Complaints

- 5.1 Any complaints should be made in writing to the Practice. Such complaints will be treated fairly and promptly.

6. Changes to the Plan

- 6.1 The Practice may change the fees payable or extent of services provided under this agreement at any time. The

Patient will always be given at least one month's Notice of such changes. Under normal circumstances, fees would only be reviewed once each year.

- 6.2 Any Notice will be deemed to be valid if sent to your last known address by ordinary post.

7. Termination of this Agreement

- 7.1 The practice can terminate this agreement at any time, the patient can terminate the agreement with 1 months' notice [see 7.3]. Any outstanding balances will need to be paid and benefits will cease.
- 7.2 If the Patient wishes to cancel this must be put in writing to the Practice, 1 month in advance, prior to termination of the direct debit. However, they shall be responsible for any outstanding balances in accordance with this Agreement.
- 7.3 On termination of this agreement:
 - All services will cease immediately
 - If less than 12 months have passed since the commencement of this agreement then as per clause 1.1 the patient will be liable for paying any difference of amount of fees paid and service costs up until the end of the 12 month period.
 - If more than 12 months have passed and less than the 6 months as per clause 1.1 the patient is responsible to pay for all services received within this period.
 - There will be no refund for any "unused services"
- 7.4 If a patient wishes to re-join the Plan, then this is at the discretion of the Practice and may incur a charge which would be advised prior to re-joining.

8. Change of Dentist

- 8.1 The Patient may request to change to a different dentist within the Practice. If that dentist agrees to treat the Patient under this Plan then the new dentist shall become the Dentist for the purpose of this Agreement.
- 8.2 If the Patient moves to a different Practice this Agreement will terminate and any outstanding fees under this Agreement shall be due.

9. Governing Law & Jurisdiction

- 9.1 This Agreement is governed by and constructed in accordance with English Law and the parties hereby irrevocably submit to the exclusive jurisdiction of the English Courts.