

# Dental Plan Agreement

## BETWEEN

### “THE DENTAL SURGEON”

Dr Jeet Parekh and associates

Queensway Dental Care  
1st Floor, 32 Queensway  
London W2 3RX

Agreement start date

0 1 M M 2 0 Y Y

Backdated

## AND

### THE “PATIENT/PAYER” WHO IS THE CONTRACT HOLDER

Title Mr/Mrs/other     First name

Surname

Date of birth             Dentist initials   Gender  M  F

Address

Town

County

Email

Telephone

Monthly fee £

Optional dental accident and emergency cover 97p per month  Y  N

Group discounts: 2 persons 5%, 3 persons or more 10% \*

The following group members are included in this plan

Title Mr/Mrs/other     First name

Surname

Date of birth             Dentist initials   Monthly fee £

Optional dental accident and emergency cover 97p per month  Y  N

Title Mr/Mrs/other     First name

Surname

Date of birth             Dentist initials   Monthly fee £

Optional dental accident and emergency cover 97p per month  Y  N

Title Mr/Mrs/other     First name

Surname

Date of birth             Dentist initials   Monthly fee £

Optional dental accident and emergency cover 97p per month  Y  N

If you have more than 4 in your group please attach an additional form

\* Children under 5 do not increase group discount

Total monthly fee

The monthly fee for adults is £11.75, children under 5 are free so long as one parent or carer is on the plan. For children aged 5 to 17 years it costs just £5.75 per month. Family discounts apply.

Method of payment

Collected monthly by Direct Debit on the first working day of each month

I accept this agreement:

Patient/Payer's signature [ ] Date DD MM YYYY

Treating Dentist's initials [ ] Name [ ]

Signed for and on behalf of the Dentist [ ] Date DD MM YYYY

Data Protection Act: your data will be kept confidential but we may send it confidentially to other companies for processing payments or correspondence about your membership. By signing this Agreement you are consenting to such use of personal details.

Instruction to your bank or building society to pay by Direct Debit



Name and address of your bank or building society

To the manager [ ] Bank/building society

Address [ ]

[ ] Postcode [ ]

Name(s) of account holder(s)

[ ]

Branch sort code [ ] Bank account number [ ]

Reference QUEENSWAY

Service user number 688109

Instruction to your bank or building society: Please pay CODEplan 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 CODEplan Ltd and if so details will be passed electronically to my bank/building society.

Signature(s) [ ] Date DD MM YYYY

Banks and building societies may not accept Direct Debit instructions for some types of accounts.

THE DIRECT DEBIT GUARANTEE



- This 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 CODEplan Ltd will notify you 5 working days in advance of your account being debited or as otherwise agreed.
• If you request CODEplan 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 CODEplan 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 CODEplan 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.

Please complete this form, detach it and post it to:

CODEplan, Elm Tree House, Bodmin Street, Holsworthy, Devon, EX22 6BB