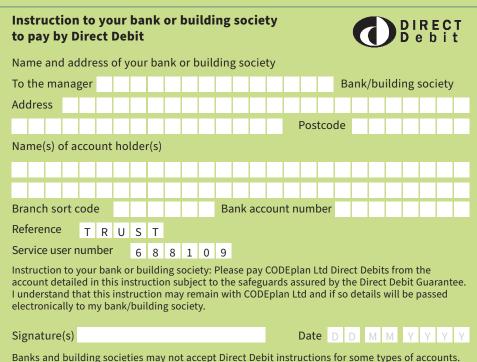
Method of payment

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

I accept this agreement:										
Patient/Payer's signature				Date	D D	М	М	Υ	ΥΥ	,
Treating Dentist's initials										
Signed for and on behalf										
of the Dentist				Date	D D	М	М	Υ	YY	,
Data Protection Act: your dat	a will be ke	ept confider	ntial but we r	nay send i	t confid	dential	ly to ot	her c	ompa	nie

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



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
- 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



Questions

If you have any questions please call the practice or speak to your dentist who will be happy to help.

Problems

If you have any problems please contact our Practice Manager. We have a complaints procedure that we follow to ensure that complaints are resolved as quickly and easily as possible.

Our dentists

Dr. James Main BDS(Edin), MFGDP, RCS (eng) GDC No. 58661

Trust Dental

50 High St Street BA16 0EQ

T: 01458 840033
E: info@trustdental.care
W: www.trustdental.care

QUI IO | DENTAL | PLANS

Agilio Dental Plans is a trading name of CODEplan Ltd.
CODEplan Ltd administers the collection of subscriptions
on our behalf.

"TRUST Dental PLAN

Total Lifelong Care for Teeth



Why join the TRUSTDental Plan?

Regular check-ups and hygiene treatment are essential for a sparkling smile and good oral health. The DentalPlan brings you the latest preventative dental care for a low monthly fee.

Who can join the TRUSTDentalPlan?

All existing patients of TRUST Dental are eligible to join the plan and all new patients to TRUST Dental are eligible to join the plan once they have completed a new patient examination.

Four Year Guarantee

All recommended treatment will be guaranteed for four years so long as you attend for regular maintenance. The TRUSTDentalPlan will assist in maintaining your guarantee.

What does the plan include?

- Up to two check-ups per year
- All necessary intra-oral x-rays
- Up to two hygiene appointments per year for cleaning and polishing
- Oral hygiene and dietary instruction
- Access to our dental emergency service during normal hours (fees apply)
- A discount on private fees for general dental treatments (exclusions apply)
- A further 5% discount on advance payments for treatment over £1,000
- Priority appointments

Plan members benefit from a

10% discount on their routine examination
and hygiene appointments



Join today and start enjoying the benefits

Simply fill out the application form then hand it in to our receptionist or post it to the address on the back of the form. There is a one-off joining fee of £10, which will be collected together with the first monthly payment.

Your registration

You may withdraw from the plan at any time by giving 3 months notice in writing to CODEplan.





Practice opening times

Monday to Friday: 8.45am - 5.30pm



Dental Plan Agreement

BETWEEN

"THE DENTAL SURGEON"

Dr. James Main
BDS(Edin), MFGDP, RCS (eng)
GDC No. 58661

Trust Dental 50 High St Street, BA16 0EQ

Agreement start date



Backdated

AND

THE "PATIENT/PAYER" WHO IS THE CONTRACT HOLDER

Title Mr/Mrs/o	the	r						Fi	rst	nar	ne											
Surname																						
Date of birth	D	D	M	М	/	Y '	Υ		De	nti	st ir	nitia	als					Ge	end	er	М	F
Address																						
Town																						
County														Pos	stco	de						
Email																						
Telephone																M	ont	hly	fee	£		

itle Mr/Mrs/o	the	er							Fi	rst ı	nan	ne										
Surname														A	ge			Ge	nde	er	М	F
ate of birth	D		М	M	Υ	/ Y	/ Y	Y	D	enti	ist i	niti	als			М	ont	hly	fee	£		

Title Mr/Mrs/c	ther					First	nan	ne									
Surname										Ag	ge			Ger	nder	М	F
Date of birth	D D	M	Л Y	Y	YY	Dent	ist i	nitia	als			М	ontl	nly f	ee £		

Title Mr/Mrs/other First name		
Surname Age Gender	М	F
Date of birth D D M M Y Y Y Dentist initials Monthly fee £		

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

Total