

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 DDMMYYYY

Treating Dentist's initials

Signed for and on behalf of the Dentist Date DDMMYYYY

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 TRUST

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 DDMMYYYY

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



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

agilio | 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



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.

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.

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.

- 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



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.

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



**Monday to Friday:  
8.45am – 5.30pm**

## Dental Plan Agreement

<p><b>BETWEEN</b></p> <p><b>"THE DENTAL SURGEON"</b></p> <p>Dr. James Main BDS(Edin), MFGDP, RCS (eng) GDC No. 58661</p>	<p>Trust Dental 50 High St Street, BA16 0EQ</p> <p>Agreement start date</p> <table border="1" style="margin-left: auto;"> <tr> <td>0</td><td>1</td><td>M</td><td>M</td><td>2</td><td>0</td><td>Y</td><td>Y</td> </tr> </table> <p><input type="checkbox"/> Backdated</p>	0	1	M	M	2	0	Y	Y
0	1	M	M	2	0	Y	Y		

**AND**

**THE "PATIENT/PAYER" WHO IS THE CONTRACT HOLDER**

---

Title Mr/Mrs/other	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>		
Date of birth	<input type="text"/>	Dentist initials	<input type="text"/>
Address	<input type="text"/>	Gender	<input type="text"/>
Town	<input type="text"/>		
County	<input type="text"/>	Postcode	<input type="text"/>
Email	<input type="text"/>		
Telephone	<input type="text"/>	Monthly fee £	<input type="text"/>

---

Title Mr/Mrs/other	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>	Age	<input type="text"/>
Date of birth	<input type="text"/>	Dentist initials	<input type="text"/>
		Monthly fee £	<input type="text"/>

---

Title Mr/Mrs/other	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>	Age	<input type="text"/>
Date of birth	<input type="text"/>	Dentist initials	<input type="text"/>
		Monthly fee £	<input type="text"/>

---

Title Mr/Mrs/other	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>	Age	<input type="text"/>
Date of birth	<input type="text"/>	Dentist initials	<input type="text"/>
		Monthly fee £	<input type="text"/>

---

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

**Total**