



Maycroft Dental Care Agreement

Dentist	Patient Reference (for Maycroft use)	Title	First Name	Surname

Start Date	Category	Fee amount	Reg. Fee	DOB	Sex - M/F
01/ /					

Address	Telephone numbers
.....Postcode.....

Account Name	Bank Name	Sort Code	Account Number

Notes and Exclusions

.....

Additional Family Member

Dentist	Patient Reference	Title	First Name	Surname

Start Date	Category	Fee amount	Reg. Fee	DOB	Sex - M/F

Notes and Exclusions

--

I hereby accept the offer to join the Maycroft Dental Care Plan. I understand that there are terms and conditions which I agree to.

Signature:

Name	Signed	Date

Instruction to your Bank or Building Society to pay Direct Debits



Please fill in the whole form and send it to:
Dental Payment Administration Services Limited, Fonthill Bishop, Salisbury, SP3 5ZY

1. Name and full postal address of your Bank or Building Society branch

To: The Manager	Bank or Building Society
Address:	
Postcode:	

2. Name(s) of account holder(s)

--

3. Branch sort code (from the top right hand corner of your cheque)

--	--	--

Originators Identification Number

9 4 2 2 1 6

4. Bank or Building Society account number

--	--	--	--	--	--	--	--	--	--

5. Reference number

--

6. Instruction to your Bank or Building Society.
Please pay Dental Payment Administration Services Limited 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 Dental Payment Administration Services Limited and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s):

--

Date:

Banks and Building Societies may not accept Direct Debits 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, you will be told of this in advance by at least 14 days as agreed.
- If an error is made by Dental Payment Administration Services Limited 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.



The Maycroft Dental Care Plan Agreement, Terms and Conditions

Welcome to the Maycroft Dental Care Plan. This agreement means you can enjoy the benefits of all-round preventive dental care, including cover for an element of Supplementary Insurance. This enables you to easily budget for all your treatment needs.

This plan is an independent plan provided only for patients of Maycroft Dental Care Centre to enable patients to budget and pay for their treatment at Maycroft Dental Care Centre by Direct Debit. The collection of payments, passing your payments onto your dentist on a regular basis and organisation of the insurance aspect is run by an organisation called DPAS. DPAS's role is to provide these administrative services only. Please remember, your contract is with your dentist at Maycroft Dental Care Centre and is not transferable to another. The following points make up the 'conditions' of your Contract with your dentist and are effective from 14th September 2003. These are very important and we strongly advise that you read them through carefully and keep them in a safe place, so that you can refer to them in the future, should you wish to.

1. Explanation of terms used

In this Agreement 'the Contract' means these conditions and the Contract between you and your dentist, which you have signed; 'your dentist' means the dentist named in the Contract form.

2. Treatment to which you are entitled

The Preventive Care Plan entitles you to receive two examinations of the gingivae, teeth and mouth, per year including a check for oral cancer, routine intra oral radiographs and oral healthcare advice. Depending upon the level of cover chosen the plan entitles you to one, two or up to four hygiene sessions with either a hygienist or dentist. It also includes supplementary insurance, up to the limits printed on the current Maycroft Dental Care Plan leaflet, giving you emergency out of hour's cover and UK and Worldwide accident and emergency cover.

The Comprehensive Care Plan entitles you to receive two examinations of the gingivae, teeth and mouth, per year including a check for oral cancer, routine intra oral radiographs and oral healthcare advice. Depending upon the level of cover chosen, and with the agreement of the dentist the plan entitles you to a limited number of hygiene sessions with either a hygienist or dentist. This number may be one, two, three or four hygiene visits per year. You are entitled to all routine fillings, extractions, rootfillings and 50% discount on crowns and bridges. It also includes supplementary insurance, up to the limits printed on the current Maycroft Dental Care Plan leaflet, giving you emergency out of hour's cover and UK and Worldwide accident and emergency cover.

3. Treatment to which you are not entitled

The Contract does not entitle you to;

Treatment which you and your dentist agreed, would be excluded at the start of the Contract

Orthodontic appliance therapy

The provision, repair or replacement of dental implants and related superstructures

Treatment for the consequence of injury (although this may be subject to insurance under condition 5)

Referral to a specialist and specialist treatment, which is necessary in the reasonable opinion of your dentist

Cosmetic dental treatment

Any treatment, which is not clinically necessary in your dentist's opinion;

Treatment carried out anywhere other than at Maycroft Dental Care Centre and by your dentist (except in the case of temporary emergency treatment — see condition 5)

General anaesthetic and sedation fees

Prescriptions and pharmaceutical items

4. Emergency arrangements and insurance entitlements

Your own dentist is obliged to provide reasonable access to out-of-hours emergency treatment either directly, or through participation in an emergency cover arrangement

DPAS maintains Supplementary Insurance for you on your dentist's behalf and you become entitled to it on the first day of the next month after DPAS receives your application. A claim will be paid after this date and once we have received your initial registration fee and first monthly payment

Three benefits are available, subject to policy limits;

Accident insurance for the treatment for dental injury

Temporary emergency treatment from a dentist unconnected with your dentist while away from home in the UK or abroad

Hospital cash benefit for dental treatment as an in-patient

A list of benefits and policy terms are available on request

You will, however, be required to pay a small excess for an out-of-hours call-out should a dentist be required to re-open his or her surgery, although the remainder of the call-out fee will be covered up to the policy limit.

5. Treatment by another dentist

Your Contract is with your dentist. If your dentist arranges for another dentist or a locum to provide routine care on his or her behalf, this will be covered by the Contract

However, where you choose to have routine care or treatment provided by a practitioner independently of your dentist you will not be covered. Furthermore, where you are referred by your own dentist to a specialist the costs will not be covered (see condition 3 for exclusions).

6. Payment

You must pay the initial registration charge and monthly fee by Direct Debit in favour of DPAS as collecting agent for your dentist. Any other amounts due to your dentist (e.g. for prescription costs or treatment not covered by the Contract) are payable directly to your dentist and non-payment of such fees will constitute a breach of Contract. Your liability to pay the monthly fee continues until the Contract is ended in accordance with these conditions (see condition 11) and no refund of fees will be considered except in the case of administrative error or death of the patient

7. Alteration of monthly fees and categories

Your dentist will normally review your monthly fee on 1 January in any year and at other times in exceptional circumstances. Should your fees change, you will be given at least two months' written notice (correspondence sent to the last known address by ordinary post will be treated as adequate notice). Should your oral health change, your dentist may increase or decrease your category and associated fees with immediate effect.

8. Direct Debit changes

Following an increase or decrease in monthly fee your Direct Debit will be changed at the next available collection date. 'Where you are given notice of an increase in your monthly fee, your Direct Debit will be changed at the end of the notice period (see condition 8).

9. Your responsibilities

You must keep appointments made with your dentist and pay any 'missed appointment' or 'late cancellation' fees reasonably charged if you fail to do so. You must also attend your dentist for regular examinations, accept the treatment your dentist advises and promptly inform him or her of any injury, problem or other material matter affecting your oral health; if you fail to do any of this you will be liable to pay any fee reasonably charged for treatment necessary to restore your oral health, which could otherwise have been avoided. If, in the reasonable opinion of your dentist he or she is not able to maintain your oral health due to any act or omission on your part, your dentist may end the Contract immediately by giving you notice to that effect.

10. Ending the Contract

You may end the Contract by giving not less than 31 days' notice to your dentist and to DPAS, expiring on the last day of a month. The dentist may end the Contract by giving you written notice expiring on the last day of a month, after two months, or the completion of any outstanding course of treatment whichever is the latter.

11. Non-payment

If you fail to make a monthly payment, DPAS will inform your dentist accordingly and if requested to do so, will contact you requesting payment. If the sum is not paid DPAS will attempt to collect 2 payments from your account in the following month. DPAS will follow this procedure for 3 months before your dentist terminates the contract. Your dentist may, however, choose to end your Contract immediately in writing. We reserve the right to refuse any Supplementary Insurance claims relating to an incident, which occurred during the unpaid period, even if back payments are subsequently paid, and the contract reinstated.

12. Dental records

By signing the Contract form you consent to the disclosure of your dental notes and other records for the purposes of any review, assessment or consideration of the care provided by your dentist but not for any other purpose without your further consent

13. Variation of these conditions

The conditions in this Agreement may be varied on two months' written notice given by your dentist. If you do not wish the Contract to continue having regard to any variation notified to you, you may end it as detailed in condition 11. If you do not do this by the time the notice expires, you will be deemed to have accepted the variation.

14. Contract not transferable

As your Contract is with your dentist at Maycroft Dental Care Centre, you may not transfer it to another dentist at a different Dental Surgery. You may change to another dentist provided that the dentist also works at Maycroft Dental Care Centre. This would require the agreement of both dentists, the previous contract terminated and a new contract agreed and signed with an adequate length of time to make any necessary administrative changes.

15. Treatment outside the Contract

Nothing in the Contract prevents you and your dentist agreeing that he or she will provide treatment outside your entitlement under the Contract. You will be responsible for paying for all such treatment.

16. Liabilities

DPAS administers and collects monthly fees on your dentist's behalf. There is no Contract with DPAS. DPAS has no liability to a patient (whether in respect of negligence, breach of Contract, defective or unsatisfactory treatment or otherwise) in connection with any Contract it administers on your dentist's behalf

17. Disputes

If you are unhappy with any aspect of your dental care, you should, in the first instance approach your dentist directly. If you remain dissatisfied Maycroft Dental Care Centre has an in-house complaints procedure.

18. Notices

Any notice given by your dentist under these conditions is valid if DPAS gives it to you on your dentist's behalf. Any notice given by your dentist or DPAS is valid if sent to your last known address by ordinary post.