Maintenance Dental Plan

This Agreement is made between:

Address: Bonsai Dental - 237 Beverley Road, Hull, HU5 2UT

And the Patient(s) named below.

- "The Practice" - "The Patient"



- Please complete the Agreement in BLOCK CAPITAL letters -

VOLLE	Dotai	
Y (Detai	-

Signature:

Tour Details						
			DLAN	14		
Title:	Full Name "The Patient":		PLAN			
Address				99 per month		
Address:			PLAN	.49 per month		
	Postcode:		PLAN	· ·		
				1.99 per month		
Tel. No. :	Email:			per month		
	We will	contact you via email, rega	arding this Plan, unless you tick the following box fo	or contact via post:		
DOB: DD MM YYYY	Patient No. (if known):					
DOB. DD IVIIVI TTTT	r auent No. V.					
Current Dentist Name:						
Your Direct Debit						
			The Direct Debit Guarantee			
Instruction to your Bank or Build	ing Society to pay by Direct	t Debit	The Direct Debit Guarantes	3		
Name(s) of Account Holder(s) Originators Identification Number			 This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the 			
6 7 9 9 5		9				
Branch Sort Code Branch Sort Code Reference Number (For Office Use) Scheme is monitored and pro Bank or Building Society.				ected by your own		
			If the amounts to be paid or the change Insurance Broking Final			
Rank/Ruilding Society account number			you normally 10 working days	in advance of your		
Bank/Building Society account number Instructions to your Bank		or Building Society account being debited or as otherwise agreed. If an error is made by Insurance Broking Finance				
Please pay Insurance Broking Finance Ltd Direct			Ltd or your Bank or Building Society, you are			
Signature(s)	Debits from account detailed subject to the safeguards as	sumed by the your branch of the amount paid.				
	Direct Debit Guarantee. I un instruction may remain with		 You can cancel a Direct Debit writing to your Bank or Building 			
Date	Date Finance Ltd and, if so, details will be passed also send a copy of your letter to us.					
electronically to by Bank/Building Society. Penks and Building Societies may not assert Direct Debit Instructions for some types of asserts. Insurance Broking Finance Ltd are authorised and regulated by the						
Banks and Building Societies may not accept Direct Debit Instructions for some types of account. DD15 Banks and Building Societies may not accept Direct Debit Instructions for some types of account. DD15 Financial Conduct Authority. Registered in England No. 04981657. Registered Office: Affinity House, Bindon Road, Taunton, TA2 6AA						
Your Declaration						
rour Declaration						
This is the Practice's standard Agreemen	t upon which they intend to roly	By signing this form	n you are also consenting to the use of	of personal		
This is the Practice's standard Agreement upon which they intend to rely. For your own benefit and protection you should read these terms, which information as described in clause 4.1 overleaf.						
continue overleaf, carefully before signin	g them.	If you wish to receive the box.	ive marketing information from the Pra	actice please tick		
Patient Signature:	Date: DD MM	Date: DD MM YYYY				
Your Plan						
Monthly Fee: £	oining Fee (if applicable): £ 0.00	Dat	e of Commencement: 01 MM	YYYY		

Date:

DD MM YYYY

1. Fees payable by the Patient

- 1.1 The Patient will pay the Practice a Monthly Fee as stated overleaf for the Services listed in 2.2 below.
- 1.2 Payments will be taken by Direct Debit, through Lloyd & Whyte Ltd and Insurance Broking Finance Ltd, part of Lloyd & Whyte Group Ltd (L&W), 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 month.

2. Services provided by the Practice

- 2.1 In consideration of the Fees outlined in 1.1 above, the Practice agrees to provide the Services described in 2.2 below either through the Dentist or by a suitably qualified partner, member of staff, deputy or locum.
- 2.2 The services to be provided are:

PLAN 1

1 Examination & 1 Hygiene appointment - £8.99 per month

PLAN 2

2 Examinations & 2 Hygiene appointments - £15.49 per month

PLAN 3

- 2 Examination & 4 Hygiene appointment £24.99 per month
- 2.3 For the purpose of clause 2.2, 12 months will run from the Date of Commencement and each anniversary of that date.
- 2.4 The Fees paid under this Agreement do not cover the costs associated with treatment which has been specifically agreed to be excluded between you and the Practice. This would 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 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.
- 3.3 You must keep appointments made with the Practice or pay the appropriate missed appointment fee.

4. Administration

4.1 Administration of this scheme is undertaken (on behalf of the Practice) by L&W. 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 L&W 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 as least one month's Notice of such changes. Under normal circumstances Fees would only be changed once each year.
- 6.2 Any Notice will be deemed to be valid if sent to your last known preferred method of contact.

7. Termination of this Agreement

- 7.1 Either the Practice or Patient can terminate the Agreement at any time, with one month's Notice.
- 7.2 If Direct Debits cannot be taken from the Patient, then the Patient will be deemed to have terminated 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, and termination is by the Patient rather than the Practice, then the Patient will be responsible for paying any difference between the amount of Fees paid and the Practice's standard costs for Services used.
 - 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 rejoining.

8. Change of Practice

8.1 If the Patient moves to a different Practice, then this Agreement will terminate. This Agreement is not transferable.

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.

10. Data Protection

10.1 All parties will comply with all applicable Data Protection Legislation:

"Data Protection Legislation" means the Data Protection Act

2018, the General Data Protection Regulation (EU) 2016/679 (GDPR), any secondary legislation made pursuant to these, any legislation that replaces these in whole and in part and any guidelines and guidance notes issued from time to time by the Information Commissioner (ICO) (or its successor) and by all other relevant authorities.

