

# Kirkcudbright Dental Surgery Ltd

50 St. Cuthbert Street  
Kirkcudbright  
Dumfries and Galloway  
DG6 4DZ  
Tel. 01557 330229



Date:

Dentist Name:

To Payers Name:

DOB:

Address:

Town:

Postcode:

Phone Number:

Kirkcudbright Dental Surgery Ltd 674946

Payer's Account Name:

Payer's Reference:

## **Notification of collection by Direct Debit**

### **Joining Fee of £10.00**

Direct Debit payments due in respect of the above Direct Debit Instruction will be for £ 19.00 and collected on or immediately after 05/...../..... and monthly thereafter.

Any change to the date, amount and/or frequency of your Direct Debit collection will be notified to you at least ten working days in advance.

Should you have any queries in respect of this notification please contact Kirkcudbright Dental Surgery Ltd (01557 330229), otherwise the Direct Debit will be collected as detailed above.

I declare to the best of my knowledge and beliefs, statements on this registration form are true and correct. I have read and I understand the benefits of the Kirkcudbright Dental Surgery Practice Membership Plan to which the above named is entitled and that these benefits apply only to the above name. I have read and accepted the Terms and Conditions of the Kirkcudbright Dental Surgery Practice Membership Plan **(detailed overleaf)**.

Signature:

Date:

# Kirkcudbright Dental Surgery

## Practice Membership Plan Terms and Conditions of Registration

### Definitions

In these terms and conditions save where context otherwise requires:

'The Contract' comprises the offer detailed in Kirkcudbright Dental Surgery Practice Membership Plan brochure or leaflet, the signed Kirkcudbright Dental Surgery Practice Membership Plan Registration Form and these terms and conditions. 'The Practice' means Kirkcudbright Dental Surgery. 'Your Dentist' means the dentist you are registered with and who is specified overleaf by his or her initials or name. Kirkcudbright Dental Surgery Practice Membership Plan is the service provided by Your Dentist, to which you pay a regular monthly fee. Details of what services you are entitled to are outlined in the Practice Membership Plan leaflet or brochure.

#### 1. Treatment to which you are entitled

The contract entitles you to receive dental care as agreed between you and Your Dentist and may be detailed in the Kirkcudbright Dental Surgery Practice Membership Plan leaflet or brochure or, in the case of a Treatment Plan, such treatment as shall be agreed between you and Your Dentist.

#### 2. Treatment to which you are not entitled

The Contract does not entitle you to:

- Treatment over and above that specified in the Practice Membership Plan Leaflet or brochure;
- Treatment which is in addition to, or by any method alternative to, that reasonably considered appropriate by Your Dentist to maintain your oral health.
- Placement of Implants or any Crown/Bridge/Precision attachments or Dentures associated with Implants.
- Tooth Whitening (Bleaching).
- Treatment of Gum Disease (Periodontitis) is not classed as routine scaling and polishing. However, it does attract a 25% discount.

#### 3. Prescription charges

The Kirkcudbright Dental Surgery Practice Membership Plan monthly fee does not cover pharmaceutical prescription costs.

#### 4. Treatment by another practitioner

The contract is with your dentist alone. If your Dentist arranges for an associate or perhaps a locum during a temporary absence to provide treatment on his or her behalf, this will be covered by the Contract. If, however, you are referred for specialist treatment to another practitioner for any other reason and who treats you independently of Your Dentist, this will not be included in your Contract and will be responsible for the practitioner's fees.

#### 5. Payment

You must pay the joining fee and ongoing monthly fee by Direct Debit in favour of Kirkcudbright Dental Surgery. Any other amounts due to Your Dentist, e.g. for prescription charges or treatment not covered by the Contract, are payable directly to Your Dentist. Your liability to pay the monthly fee continues until the contract is ended in accordance with these conditions. No refund of fees will be allowed except in the case of administrative error.

#### 6. Alteration of monthly fee

Your Dentist may alter the Kirkcudbright Dental Surgery Practice Membership Plan monthly fee, by giving one month written notice of this charge. See 7.

#### 7. Changes to your Direct Debit

If your monthly fee is increased, you will receive one month's written notice before the charge takes effect. If your monthly fee is decreased for any reason, your Direct Debit will be changed immediately.

#### 8. Your responsibilities

You must keep any appointments made with Your Dentist and pay any 'missed appointment' fee reasonably imposed. You must attend Your Dentist for regular examinations, take responsibility for maintaining your dental health and promptly advise Your Dentist of any injury, problem or other material matter affecting your dental health.

#### 9. Ending the contract

You or Your Dentist may end the contract by giving not less than one month's written notice to the other party. All obligations must be fulfilled on termination.

#### 10. Non-payment

If the monthly fee remains unpaid one month after it is due, Your Dentist may end the contract immediately by giving you notice to that effect. You will still be liable, however, for all sums outstanding to Your Dentist.

#### 11. Variation of these conditions

These conditions may be amended by Your Dentist from time to time and you will be given one month's written notice by Your Dentist. If you do not wish to continue the Contract having been notified of the amendments, you may end it in accordance with condition 9 above. If you do not do this by the time said notice expires, you will be deemed to have accepted the variation.

#### 12. Contract transfer

The contract is between you and Your Dentist. In the event of your Dentist leaving the practice or being absent long-term, the contract may be transferred to another dentist or terminated. You will be notified in writing of any changes of this nature and need do nothing if the arrangement is acceptable to you. If the change/transfer of contract is unacceptable, you have the right to terminate under condition 9 above.

#### 13. 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. Payment for such treatment will be as agreed between you and your Dentist.

#### 14. Governing Law

The Contract shall be governed by and construed in accordance with the law of Scotland and the parties agree to prorogate the non-exclusive jurisdiction of the Scottish Courts.

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## Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:

Service user number

6 7 4 9 4 6

For Kirkcudbright Dental Surgery Ltd official use only  
This is not part of the instruction to your  
bank or building society.

Name(s) of Account Holder(s)

Bank/Building Society account number

Branch Sort Code

Name and full postal address of your Bank or Building Society

To: The Manager

Bank/building society

Address

Postcode

### Instruction to your Bank or Building Society

Please pay Kirkcudbright Dental Surgery 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 Kirkcudbright Dental Surgery Ltd and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

Reference

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

DDI 1 5/15

This guarantee should be detached and retained by the payer.

## 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 Kirkcudbright Dental Surgery Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Kirkcudbright Dental Surgery 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 Kirkcudbright Dental Surgery 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 Kirkcudbright Dental Surgery 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.