

## Membership Plan – Comprehensive Care (60:40)

Patient Name –

Patient Full Home Address –

Patient Date of Birth –

The following agreement is made between Phillips & Co Cosmetic Dentistry and yourself, the Patient and details the terms and conditions of the patient's Membership Plan.

The Membership Plan that has been mutually agreed upon is Membership Plan –Comprehensive Care (60:40), for which the monthly fee is £40 and entitles the patient to the following aspects of dental care:

- One Dental Check-up a year with the dentist.
- Hygienist appointments to be offered dependent on patient needs (up to 90 minutes a year, which we may combine with the Dental Check-ups)
- If your periodontal (gum) health requires more than 90 minutes of care a year (for any reason) additional hygiene appointments will be recommended. These additional appointments will be carried out at a discounted rate of 60% from the Practice Regular Fee at the time of planning.
- Simple Dental Treatments that are deemed to be clinically necessary such as Emergency care, Fillings, Tooth Removal, and Root Canal Therapy will be carried out at a discounted rate of 60% from the Practice Regular Fee at the time of planning.
- Simple Dental Radiographs (X-Rays), when appropriate, will be free of charge to the patient.
- Advanced Lab-based Dental Care such as Crowns, Bridges, and Dentures are not fully covered by the plan, but will be carried out at a discounted rate of 60% from the Practice Regular Fee at the time of planning.
- Advanced dental care such as orthodontic treatment and dental implant treatment is not fully covered by this Membership Plan but a significant discount will be applied to the fee detailed in the practice price list if these treatments are required or requested.
- A discount on the Dental Emergency Callout fee of £250, resulting in a charge of £50 should emergency dental care be required out of the practice's usual opening times. This service is strictly reserved for Swelling, Bleeding, Trauma and Severe Pain only, and you may make contact by email ([hello@darlingtondentistry.co.uk](mailto:hello@darlingtondentistry.co.uk)) or 07599 722 608.

This Membership Plan is a comprehensive plan that allows patients to potentially reduce charges if any dental treatment is necessary but does have the following exclusions:

- Cosmetic Dentistry and Tooth Whitening Treatments will also usually carry a charge as per the practice price list.
- There is no discount on the Dental Hygiene products available at reception.

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COSMETIC DENTISTRY

- It is worth noting that the practice will always endeavour to provide the dental care required by the patient, regardless of its express inclusion in the above plan. Our priority is your health over a long term.

The terms and condition of the Membership Plan agreement are as follows:

- Payments will be made by Direct Debit on the 1<sup>st</sup> of each month, there is no end date to the agreement unless either wish to terminate it as detailed below.
- Payments will appear on your statements as a GoCardless transaction with a unique reference prefix e.g. **GoCardless, ref:**
- The monthly fee will be reviewed towards the end of every quarter. If there were any changes to a patient's monthly fee the patient will be notified with at least one months' notice.
- If the monthly fee is unpaid for one month, Dr Scott Phillips reserves the right to terminate the patient's membership plan with one month's written notice. If payment is received before the end of the month, the plan shall remain in place however charges may be applicable if the payment is made the next month.
- The Membership Plans are contingent upon the patient maintaining their oral health as per the guidance of our team. Failure to do so may result in a deterioration of the patient dental health, in which case the practice may decide to terminate the agreement with one month's notice as the Membership Plan is no longer in line with the patient's best interests and current dental treatment needs.
- The Membership Plans entitle the patient to certain aspects of care each year, however these are not accumulative benefits and non-transferrable or refundable if they are not taken advantage of. Although we will endeavour to provide all the care stated in the agreement, it is ultimately the responsibility of the patient to ensure they receive their regular maintenance and care.
- The patient may terminate this agreement by giving at least one month's written notice unless the patient has embarked on a course of treatment which will take more than one month to complete, in which case the agreement will terminate one month after the completion of said treatment.
- The Practice will require the patient to be dentally fit before this Membership Plan is started. The practice may choose to subsidise the cost of the stabilisation treatment required if a Membership Plan is started before minor dental issues are rectified, but this is arranged on a case-by-case basis and is at the sole discretion of the practice.
- The Practice reserves the right to seek to recover treatment fees, less plan payments, if the patient cancels their policy within one year of completing any treatment plan. This will be decided on a case-by-case basis.
- The Patient will attend the Practice when they have an appointment. If the Patient fails to attend an appointment or fails to give 48 hours' notice of cancellation, this appointment will count as one of the appointments available under the scheme. If the patient fails the second appointment as well as the first, the agreement may be terminated with immediate effect.
- This agreement is personal to Phillips & Co Cosmetic Dentistry. Plan benefits cannot be transferred to treatment provided by any other dental practitioner or at any other practice.

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C O S M E T I C   D E N T I S T R Y

- Any disputes arising under this agreement, if they cannot be settled through the Practice complaints procedure, will be settled by arbitration.
- All written notice should be sent by recorded delivery post to the last known address of the Patient or the Practice, although we will always endeavour to send all communication electronically if possible.

Patient Print Name: .....

Patient Signature: .....Date: .....