

BETWEEN**THE "DENTAL SURGEON"**

Dr Allen Gaon BDS (Lond 1988)

Dr Úna Monaghan BDS (Manc 1993)

Dr Karanjit Wilkhu BDS (Lond 2005)

amersham dental care
146 Station Road, Amersham
Buckinghamshire HP6 5DW

Agreement start date

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AND**THE "PATIENT/PAYER" WHO IS THE CONTRACT HOLDER**Title Mr/Mrs/Other First name Surname Date of birth Dentist initials Gender M FAddress Town County Telephone Postcode

Monthly fee £ 13.00

Group discounts: 2 persons 5%, 3 persons 10%, 4 persons or more 15% *

The following group members are included in this plan

Title Mr/Mrs/Other First name Surname Date of birth Dentist initials Monthly fee £ Title Mr/Mrs/Other First name Surname Date of birth Dentist initials Monthly fee £ Title Mr/Mrs/Other First name Surname Date of birth Dentist initials Monthly fee £

If you have more than 4 in your group please use another form

* Children under 5 do not increase group discount

The monthly fee for adults is £13.00, children under 5 are free so long as one parent or carer is on the plan. For children aged 5 to 17 years it costs just £6.50 per month. Family discounts apply.

Total monthly fee before discount Discount %Total monthly fee (with discount)

Method of Payment

- Monthly by Direct Debit Annually by Direct Debit
 Annually by cheque (please enclose cheque made payable to CODEplan Ltd) (Remember to add the joining fee of £10.00 per adult and £5.00 per child aged 5 to 17 to the cheque)

I accept this agreement:

Patient/Payer's signature Date

Dentist Initials Name

Signed for and on behalf of the Dentist Date

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 Number 0 1 8 1 4 9

Originator's Identification Number 6 8 8 1 0 9

Instruction to your Bank or Building Society: Please pay the 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

Banks and Building Societies may not accept Direct Debit instructions for some types of accounts.

THE DIRECT DEBIT SCHEME

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 date changes, CODEplan will notify you 10 working days in advance of your account being debited or as otherwise agreed. If an error is made by CODEplan 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.

Please complete this form, detach it and post it to:
CODEplan, 5a Stanhope Square, Holsworthy, Devon EX22 6AP