



**PATIENT APPLICATION FORM**

<b>Surname:</b>	<b>First Name:</b>	<b>Title:</b>
<b>Address:</b>	<b>Daytime Tel:</b>	
<b>Post Code:</b>	<b>Date of Birth:</b>	
<b>Email:</b>		

*A one-off £12 registration fee will be collected at the same time as your first monthly payment.*

<b>Maintenance Plan</b> <b>2 Dental Examination per year incl. simple scale &amp; polish</b> <b>Bite Wing X Rays</b>  <b>£18.00 Per Month</b> <input type="checkbox"/>	<b>Maintenance Plus Plan</b> <b>2 Dental Examinations per year</b> <b>2 x 30 minute Hygiene appointment</b> <b>Bite Wing X Rays</b>  <b>£22.00 per month</b> <input type="checkbox"/>
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**DATA PROTECTION:** The information on this form contains your personal data. Smilecare Limited processes and holds your personal data on behalf of the practice in accordance with the General Data Protection Regulation 2018 (GDPR). Your personal data will only be used by Smilecare Limited in the administration of your dental plan and for no other purpose and by no third party.

**DECLARATION:** I am a patient of **Dr V Patel (78889)** and request Smilecare Ltd to collect direct debits as detailed above. I understand that Smilecare Ltd (on behalf of Broadway Dental) are the administrator of the payment scheme and the responsibility for my dental care remains with my dentist.

**Signature:** ..... **Date:** .....

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



Please complete this form and return to Smilecare Limited, Pure Offices, Midshires Business Park, Smeaton Close, Aylesbury, HP19 8HL

**Originator's Identification Number**

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**Name and full postal address of your Bank/Building Society**

<b>To the Manager</b>	<b>Bank/Building Society</b>
<b>Address</b>	
<b>Postcode</b>	

**Instruction to your Bank or Building Society**

Please pay Smilecare 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 Smilecare Ltd on behalf of Broadway Dental and, if so, details will be passed electronically to my Bank/Building Society.

<b>Signature</b>
<b>Date</b>

<b>Name(s) of Account Holder(s)</b>
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**Smilecare Office Use Only**

<b>Reference No.</b>																			
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Banks and Building Societies may not accept Direct Debit instructions for some type of accounts

The guarantee should be detached and retained by the payer.  
**The Direct Debit Guarantee**



- The 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 Smilecare Ltd (on behalf of Hewett's Dental) will notify you in 5 working days in advance of your account being debited or as otherwise agreed. If you request Smilecare Ltd (on behalf of Hewett's Dental) 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 Smilecare 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 Smilecare 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.