

Smiles Agreement Form



This Agreement is made between:

Sawbridgeworth Dental Surgery of
Townsend House, 99 London Road,
Sawbridgeworth, CM21 9JJ and:

“The Patient”

Mr Mrs Ms Other (please specify).....

Forenames: Surname:

Address: Post Code:

Telephone number: Daytime: Evening:

1. The Patient will pay Ashwell Dental Surgery a monthly fee of:
£

Payments will be made on the 5th day of each month,

The first payment being made on:..... 20.....

2. In consideration of the payment by the Patient of the monthly fee, Sawbridgeworth Dental Surgery agrees to provide the dental services described in Annex 1 to this agreement.

3. The following treatment is excluded from the agreement:

- orthodontic treatment
- implants
- necessary medicines and drugs for home use
- general anaesthesia, IV sedation, hypnosis, inhalation sedation
- local anaesthesia charge with the hygienist (£5 per visit)
- oral hygiene products and aids
- treatment provided on referral to another dentist
- out-of-hours emergency treatment
- charges for broken appointments (and see clause 9 of the agreement).

4. The Patient may terminate this agreement by giving at least 3 months' written notice to Sawbridgeworth Dental Surgery. Sawbridgeworth Dental Surgery may terminate this agreement by giving 3 months' written notice.

5. The cost of our plans will be reviewed every year and you will be notified at least on or before 1st December each year of the charges which will apply from the following 1st April.

6. In the event of the monthly fee being unpaid for one month after it has become due, Sawbridgeworth Dental Surgery may terminate the agreement by giving one month's written notice to the Patient. The Patient will be liable for all sums due to Sawbridgeworth Dental Surgery under this agreement until the date the agreement terminates, that is two months after the payment was due. If the Patient then wishes to rejoin a Plan, a fee of £10.00 will be charged to cover administration costs.

7. The fee will be payable to the Ashwell Dental Surgery by monthly direct debit. The monthly fee will continue to be payable until the agreement is terminated under Clause 4 or 6.

8. The Patient will attend the practice when asked to do so for treatment/examination purposes. 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 examination/hygiene

appointments available under the scheme. If the patient fails the second appointment as well as the first, the Dentist may terminate the agreement under Clause 4 or 6.

9. This agreement is personal to Sawbridgeworth Dental Surgery dentists practicing there. Benefits cannot be transferred to treatment provided by any other dental practitioner or at any other practice.

10. Any disputes arising under this agreement, if they cannot be settled through the Practice complaints procedure, will be settled by arbitration.

11. For the avoidance of doubt no refund or carry forward of monies/treatments will be undertaken in the event that the patient fails to attend for the minimum visits as per the chosen plan within one year of commencement. Similarly if the plan is cancelled by the patients any monies owed need to be settled and vice versa.

12. All written notice should be sent by recorded delivery post to the last known address of Sawbridgeworth Dental Surgery or Patient.

Date of commencement of the Agreement: 20

Signed: Patient/Guardian:

Date:

Signed: Sawbridgeworth Dental Surgery:

Date:

Annex 1

Standard level

- 2 dental examination each year
- 2 hygiene/prevention visits to provide plaque control and plaque removal
- Guaranteed regular appointments
- Routine x-rays when required
- 10% discount off other treatment costs (fillings, crown etc)

Extended level

- 2 dental examination each year
- 4 hygiene/prevention visits to provide plaque control and plaque removal
- Guaranteed regular appointments
- Routine x-rays when required
- 10% discount off other treatment costs (fillings, crown etc)