



**newton dental practice**

# Care Plan Registration

Please read the following terms and conditions before completing this form and signing to indicate your acceptance.

1. All Care Plan patients must sign this registration form before being accepted into the plan.
2. Care Plan benefits are subject to patients attending the specified number of check-up and hygiene appointments in their plan.
3. Missed visits cannot be 'saved up'. (For example, if a patient does not use up their two permitted check-ups within a 1-year period, that patient cannot have three such visits in the next year.)
4. All patients must complete and sign a Standing Order Form instructing their bankers to make the appropriate monthly payment into Newton Dental Practice Care Plan Account.
5. Such monthly payments should be made on the first day of each calendar month, and the plan will be deemed to be in force on the date the first payment is received.
6. If a payment is missed for any reason, plan benefits will be withdrawn immediately and any treatment received will be charged at our usual rate.
7. If a payment is missed for any reason, a charge of 2 x monthly subscription will become due. (As a result of no notice being given.)
8. Any special offers occurring from time to time will apply IN ADDITION to the plan benefits, and will be put into effect AFTER the plan benefit is applied.
9. Two months written notice from either party is required to terminate the plan.
10. Any treatment prescribed at the initial consultation prior to plan entry will not be eligible for plan discount.

I would like to be a member of Newton Dental Practice Care Plan 1   
(inc 2 Hygiene Appointments)  
Care Plan 2   
(inc 4 Hygiene Appointments)

Patient Name \_\_\_\_\_

Dentist Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Post Code \_\_\_\_\_

Tel. Nos. Home \_\_\_\_\_ Work/Mobile \_\_\_\_\_

I have read and understand the terms and conditions of the Newton Dental Practice Care Plan.  
I have been issued with a written statement detailing the features and benefits of plan membership.  
I would like to subscribe to Newton Dental Practice Care Plan

Signed \_\_\_\_\_ Date \_\_\_\_\_

