

“TRUST Dental PLAN

Total Lifelong Care for Teeth



Why join the TRUSTDental Plan?

Regular check-ups and hygiene treatment are essential for a sparkling smile and good oral health. The DentalPlan brings you the latest preventative dental care for a low monthly fee.

Who can join the TRUSTDentalPlan?

All existing patients of TRUST Dental are eligible to join the plan and all new patients to TRUST Dental are eligible to join the plan once they have completed a new patient examination.

Four Year Guarantee

All recommended treatment will be guaranteed for four years so long as you attend for regular maintenance. The TRUSTDentalPlan will assist in maintaining your guarantee.

What does the plan include?

- Up to two check-ups per year
- All necessary intra-oral x-rays
- Up to two hygiene appointments per year for cleaning and polishing
- Oral hygiene and dietary instruction
- Access to our dental emergency service during normal hours (fees apply)
- A discount on private fees for general dental treatments (exclusions apply)
- A further 5% discount on advance payments for treatment over £1,000
- Priority appointments

**Plan members benefit from a
10% discount on their routine examination
and hygiene appointments**



Join today and start enjoying the benefits

Simply fill out the application form then hand it in to our receptionist or post it to the address on the back of the form. There is a one-off joining fee of £10, which will be collected together with the first monthly payment.

Your registration

You may withdraw from the plan at any time by giving 3 months notice in writing to CODEplan.



Practice opening times

**Monday to Friday:
8.45am – 5.30pm**

BETWEEN

“THE DENTAL SURGEON”

Dr. James Main
BDS(Edin), MFGDP, RCS (eng)
GDC No. 58661

Trust Dental
50 High St
Street, BA16 0EQ

Agreement start date

0 1 M M 2 0 Y Y

Backdated

AND

THE “PATIENT/PAYER” WHO IS THE CONTRACT HOLDER

Title Mr/Mrs/other First name

Surname

Date of birth Dentist initials Gender M F

Address

Town

County

Postcode

Email

Telephone

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 £

Title Mr/Mrs/other First name

Surname

Date of birth Dentist initials Monthly fee £

If you have more than 4 in your group please attach an additional form

Total

Method of payment

Collected monthly by Direct Debit on the first working day of each month

I accept this agreement:

Patient/Payer's signature Date

Treating Dentist's initials

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

Service user number

Instruction to your bank or building society: Please pay 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 GUARANTEE



- This 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 CODEplan Ltd will notify you 5 working days in advance of your account being debited or as otherwise agreed.
- If you request CODEplan Ltd 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 CODEplan 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 CODEplan 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.

Please complete this form, detach it and post it to:
CODEplan, Elm Tree House, Bodmin Street, Holsworthy, Devon, EX22 6BB



Questions

If you have any questions please call the practice or speak to your dentist who will be happy to help.

Problems

If you have any problems please contact our Practice Manager. We have a complaints procedure that we follow to ensure that complaints are resolved as quickly and easily as possible.

Our dentists

Dr. James Main
BDS(Edin), MFGDP, RCS (eng)
GDC No. 58661

Trust Dental

50 High St
Street
BA16 0EQ

T: 01458 840033

E: info@trustdental.care

W: www.trustedental.care

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collection of
subscriptions on
our behalf.

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