



WOODBURY DENTAL PRACTICE®

149 HIGH STREET, TENTERDEN, KENT. TN30 6JS

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CENTRE FOR COSMETIC AND RECONSTRUCTIVE DENTISTRY™

DENTIST/ PATIENTS AGREEMENT - EFFECTIVE DATE: 7th _____ 20_____

"THIS CONTRACT IS MADE BETWEEN: CCRD of 149 HIGH STREET, TENTERDEN, KENT TN30 6JS"

and
"THE PATIENT"

TITLE: _____ FORENAMES: _____

SURNAME: _____

ADDRESS: _____

TEL NO: _____ POST CODE: _____

Patients Signature _____

For and on behalf of the Dentist: _____

Date: _____

INITIAL CHARGE OF £ _____

OR MONTHLY FEE OF £ _____

1. The patient will pay the CCRD GOLD Membership Scheme as above

1.2 A monthly fee ("the monthly fee") of £20.00 per month, OR an annual fee of £ 240.00 in respect of the Cosmetic & Implant Dental Care Plan. (If paying by monthly Direct Debit, this will be collected on or about the 7th of every month.)

2. In consideration of the payment by the patient of the initial registration charge and monthly/annual fee the dentist agrees to provide the following dental services either by himself/herself or by a qualified member of his/her staff or in the event of emergency call outs and treatment given on such call outs by a qualified dentist not on his/her staff:

2.1 Two dental appointments per year to provide: clinical examination screening for oral cancer, diagnostic salivary test/diet advice and x-rays where clinically necessary.

2.2 Two hygiene visits per year for scale and polish, periodontal advice and the use of preventive techniques to reduce decay & gum disease.

2.3 Assessment of emergencies and dental pain with any temporary treatment required, carried out at the practice during normal surgery hours.

2.4 All treatment planning for your future dental needs.

2.5 Production of study models when required.

2.6 All subsequent remedial work within 12 months of recommended restorative work.

2.7. 20% discounts on all other routine dental treatment - Includes crowns, bridgework, Dentures, Ceramic Restorations, Tooth Whitening, Implant Dentistry, CAD-CAM Restorations, Periodontal Therapy, Complex Surgical Extractions and Tooth Coloured Restorations.

2.8 World wide emergency call out, trauma, (including hospitalisation and facial scarring) and oral cancer cover.

3. The following treatment is excluded and is not covered by the monthly charge:

3.1 Treatment (other than as detailed in the Plan) over and above treatment covered by insurance.

3.2 Treatment in addition to or by any method alternative to that which is considered reasonable and appropriate by your dentist to maintain healthy teeth.

3.4 The replacement, repair, or provision of dental implants and related superstructures.

3.5 Treatment required as a result of injury other than trauma as defined.

3.6 Pharmaceutical prescription costs.

3.7 Laboratory charges over and above dental work carried out under the scheme.

4.1 The dentist may increase the monthly fee on 1st January in each year and will give two months notice of such increase.

4.2 The dentist may increase the charges on his/her fee per item at any time. Any course of discounted treatment (as referred to in paragraph 2) commenced before the increase will be charged at the original discounted price.

5.1 The patient may terminate this agreement by giving not less than one months notice to the dentist. The dentist may terminate this agreement by giving to the patient not less than one months notice unless the patient has embarked on a course of treatment which will take longer than one month in which case the agreement will terminate on the completion of treatment.

5.2 In the event of the monthly charge being unpaid one month after it has become due the dentist may terminate this agreement by giving notice to the patient to that effect. In that effect all insurance cover will cease but the patient will be liable for all monies then outstanding and due to the dentist.

5.3 In the event that the patient leaves the practice within 12 months of receiving discounted treatment or within 12 months from the end of a course of discounted treatment, the patient will be liable to refund to the dentist the full cost of the discounted treatment or course of discounted treatment received.

6. The monthly fee will be payable by Direct Debit to Centre File. The patient will pay the monthly fee until the contract is terminated. Centre File is only the administering and collecting agent of the dentist and accepts no responsibility for standards of treatment or affairs of a clinical nature. Any disputes relating to treatment are strictly a matter between Dentist and Patient.

- 7.1 The patient will: -
- 7.2 Attend the dental surgery when asked to do so for check-up or treatment purposes.
- 7.3 Accept advice and recommendations from the dentist in respect of remedial work which safeguards the patients general health.

7.4 Inform the dentist of any injury, difficulty or other relevant matter affecting the patients dental health generally.

Any failure to comply with the terms of this condition may result in the patient being liable to pay any fee which the dentist may require for treatment which becomes necessary as a result of such failure.

8. The patient consents to the disclosure of all the patients dental notes to the dentist.

9. This contract is exclusive to the parties is not transferable and does not cover the services of any other dentist.

10. Any dispute arising under this agreement will be submitted to arbitration under the Arbitration Acts 1959 and 1976 at the joint cost of the parties.

11. All notices given under the provisions of this agreement must be in writing and sent to the last known address of the patient or dentist by recorded delivery post.

12. A fixed sum per month will be paid to Lineglobal Insurance Ltd to provide emergency and trauma cover anywhere in the world.

12.1. Emergency call-out cover is applicable to any dentist worldwide who agrees to provide treatment. The claim cover is for a maximum of £95.00 with an excess of £25.00. The patient is obliged to pay the full emergency call-out charge to the dentist concerned then claim the balance less excess from LINEGLOBAL Insurance Ltd. In respect of emergency cover all costs recoverable under any travel insurance or other specific cover are excluded but any "call out " charge is included.

12.2. The trauma cover will be limited to £5000.00 for any one incident with a £225.00 excess. The remedial treatment caused by trauma will be provided by a qualified Dentist on CCRD list of accredited Dentist or in the event of emergency call outs and treatment given (upto £95.00) on such call outs by a qualified dentist not on CCRD accredited List:

The definition of trauma is :-

"An injury to a scheme member's dentition which results in damage to teeth, gingival tissue or alveoli resulting in mobility luxation or sub-luxation or fracture of the hard tissues or injury to the soft tissues or damage to dentures. Injury/damage caused by either direct extra-oral impact or a sudden unforeseen internal/external violent oral impact which occurs at an identifiable place and time. Trauma excludes tooth fracture which only involves enamel or enamel and dentine in the incisal two thirds of the clinical crown of the tooth".

12.3 Incorporated in the Trauma Cover are the following benefits :-

12.3.1 Disfigurement by Facial Scarring Permanent disfigurement as a result of Dental Trauma in which an Insured Person suffers scarring. Permanent disfigurement shall mean disfigurement by scarring of a part of the neck face or head normally exposed to view which has lasted for at least 12 months.

Sum Insured for Permanent Disfigurement

| | |
|---|-------|
| Up to 2.5cm in length /Up to 2.5 sq cms in area | Nil |
| 2.5cms to 5cmms in length/2.5 sq cms to 5 sq cms in area | £50 |
| 5 cms to 7.5 cms in length/5 sq cms to 7.5 sq cms in area | £100 |
| 7.5 cms to 10 cms in length/7.5 sq cms to 10 sq cms in area | £200 |
| 10 cms to 12.5 cms in length/10 sq cms to 12.5 sq cms in area | £300 |
| 12.5 cms to 15 cms in length/12.5 sq cms to 15 sq cms in area | £ 400 |
| More than 15 cms in length/More than 15 sq cms in area | £500 |

12.3.2 Hospitalisation The admission of an Insured Person into a hospital for treatment as an inpatient for a period in excess of 24 hours - Hospital Cash for every day that you spend in hospital as a result of Dental Trauma - £25.00.

(All claims should be accompanied by a receipted invoice).

12.4 If a Doctor or Specialist diagnoses Oral Cancer a payment of £1000 will be made. The definition of Oral Cancer is : A malignant tumour, with its primary site being in the Oral Cavity which is characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue. This excludes non-invasive cancer in situ, HIV-related tumours, cancers which are first manifested and/or diagnosed within the first 90 days of joining the plan or for which investigations/diagnosis have been made prior to joining the plan and cancer attributable following the chewing of tobacco products and/or prolonged alcohol abuse.

12.5 The details shown in paragraph 12 et saq are a summary of the main points. Full details of Emergency Call-out, Trauma and Oral Cancer cover and exclusions are available at the surgery.

Official use: