

# 10690 – Old Grammar School Dental Surgery Registration Form

Please complete this form and a Direct Debit mandate clearly and ensure they are returned as soon as possible

Title:	Forename:	Surname:	D.O.B.	Dentist:
Address:		Start date: 01/ /	Reg fee: £10.00	
Postcode:		Category:	Fee amount:	
<b>Payment details:</b>				
Bank name:		Account name:		
Sort code:		Account number:		
Notes and exclusions (for office use only)				


## Additional patients:

Title:	Forename:	Surname:	D.O.B.	Dentist:
Address: (if different from above please complete)		Start date: 01/ /	Reg fee: £10.00	
Postcode:		Category:	Fee amount:	

Title:	Forename:	Surname:	D.O.B.	Dentist:
Address:		Start date: 01/ /	Reg fee: £10.00	
Postcode:		Category:	Fee amount:	

Title:	Forename:	Surname:	D.O.B.	Dentist:
Address:		Start date: 01/ /	Reg fee: £10.00	
Postcode:		Category:	Fee amount:	

Title:	Forename:	Surname:	D.O.B.	Dentist:
Address:		Start date: 01/ /	Reg fee: £10.00	
Postcode:		Category:	Fee amount:	

<b>Notes and exclusions (office use)</b>		
<p><b>DPAS AUTHORISATION: Please read and sign this DPAS Authorisation. It forms the basis of your agreement with DPAS that they will manage and administer your dental plan payments for you.</b></p> <p>The answers on this form contain your personal data. DPAS Limited (DPAS) records, processes and holds your personal data in accordance with the Data Protection Act(s). Your personal data will only be used by DPAS and/or its subcontractors in the management and administration of your dental plan(s) and for no other purpose.</p> <p>The Supplementary Insurance policy is designed to meet the demands and needs of patients who require insurance cover for treatment costs arising from dental injury or emergency. The policy forms part of your dental plan(s) and is mandatory. No recommendation has been made in connection with the Supplementary Insurance policy.</p> <p>I/we confirm that I/we have read and fully understand the explanatory brochure and the Supplementary Insurance Policy Summary. I am/we are also aware of any registration fee(s) payable.</p> <p>I agree with DPAS that DPAS will manage and administer the payments to be made by me in respect of my/our dental plan(s). In return for its management and administration services, I authorise DPAS to deduct and retain from the total monthly payments that I/we have agreed with my/our dentist(s) from time to time a monthly charge which will not exceed £3.00 per patient*. This charge includes the premium payable in respect of the Supplementary Insurance cover and the dental emergency helpline.</p>		
 Signature of payer:	Print name:	Date:

\*The monthly charge per patient will be made up of £0.98 plus an equal share of a monthly group patient charge of £300.00 to be divided equally according to the number of patients registered under the dental plan(s). The total monthly charge will not exceed £3.00 per patient. This charge is subject to periodical review.

**Please complete and sign a Direct Debit mandate to accompany this form.**



# 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 DPAS Limited will notify you 14 working days in advance of your account being debited or as otherwise agreed. If you request DPAS Limited 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 DPAS Limited 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 DPAS Limited 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.

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



Please fill in the form and send to: DPAS Limited, Place Farm Courtyard, Court Street, Tisbury, SP3 6LW

**Name and full postal address of your Bank or Building Society:**

To: The Manager	Bank/Building Society
Address:	
Postcode:	

**Service User Number:**

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**Reference (office use):**

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10690

**Instruction to your Bank or Building Society:**

Please pay DPAS Limited 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 DPAS and, if so, details will be passed electronically to my Bank/Building Society.

**Name(s) of Account Holder(s):**

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**Branch Sort Code:**

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**Bank/Building Society account number:**

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<input checked="" type="checkbox"/> Signature of payer:	Date:
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Office use:
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Banks and Building Societies may not accept Direct Debit instructions for some types of account.