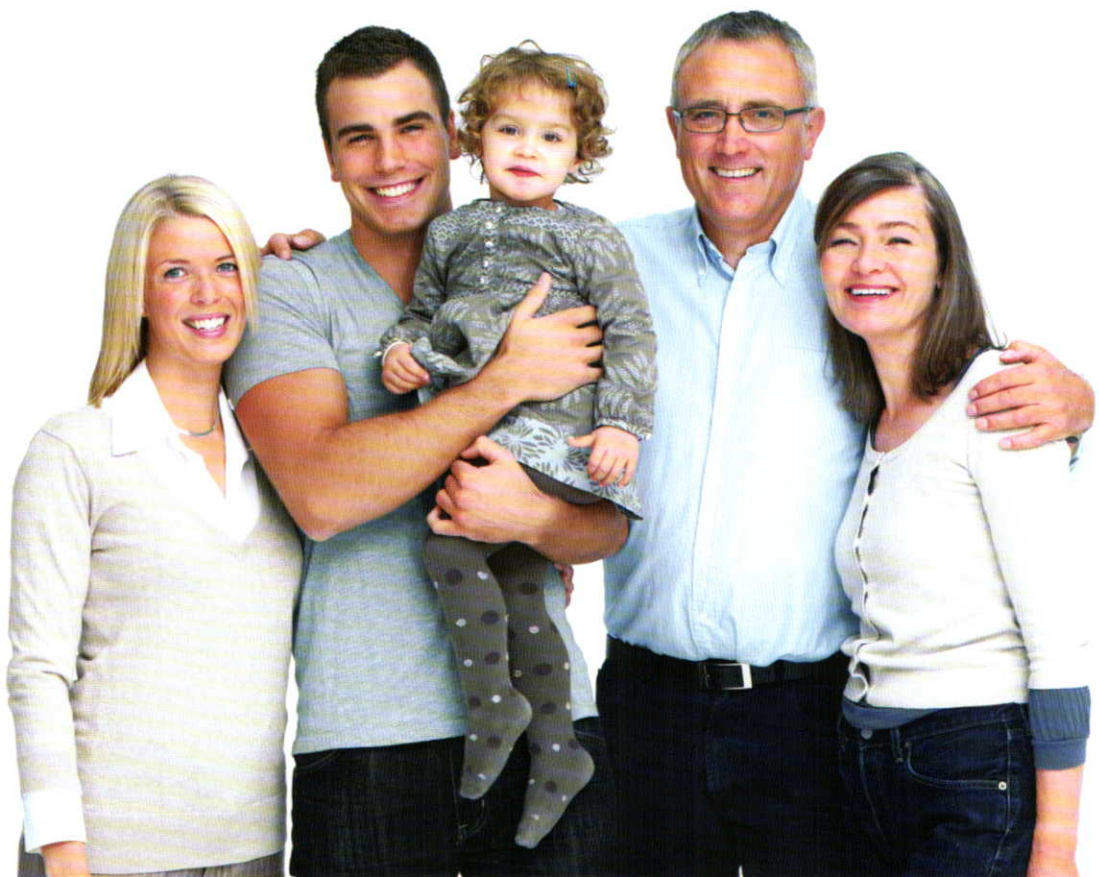




SmilePlan

It all starts with a smile



WELCOME TO OUR PRACTICE

Welcome to Ashford Dental Practice in the heart of Ashford town centre. Whatever your needs, whether routine dental care to protect your dental health or more complex care involving dental implants, aesthetic dentistry or orthodontics, you can be secure in the knowledge that we will put your needs first and deliver the treatment that you require in a relaxed and caring manner.

We have all been trained to make you feel at ease and treat you as though you were a member of our own family. We pride ourselves in being both friendly, caring and professional. We work hard to bring you first class, cutting edge dentistry in a state of the art environment, and with this in mind would like to introduce our new SmilePlan.

The SmilePlan has been designed to help you achieve a healthier smile for life through affordable monthly payments. Please take a moment to read through this brochure and allow us to explain the fantastic benefits available to plan members.

We are delighted that you have chosen us as your dental practice and as always we welcome your feedback. If you have any questions about the plan or any comments or suggestions to help us improve our care please feel free to speak to any team member and we'll be happy to help.

With warmest regards,
The Team at Ashford Dental Practice



Insurance

The Ashford SmilePlan includes insurance for dental accidents and emergencies, for full details please see the insurance terms and conditions.

Family membership

You can save on the monthly subscription when family members join, the family discounts are:

2 group members – 5%

3 group members or more – 10%

Save money

Save on essential treatments as a plan member, and enjoy greater savings when more than one member joins the plan, with family discounts.



**On the adult plan you save £22
per year on routine treatment**



show off your smile
it's now or never...

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.

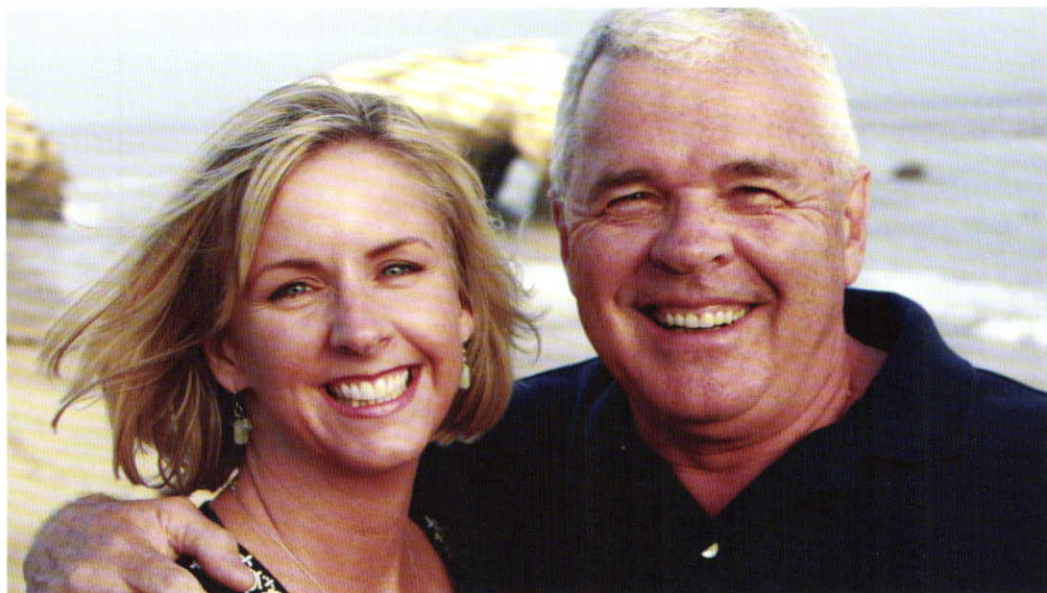
Your registration

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

Practice opening times

Monday to Friday 8.30 am to 5.30 pm

Saturday 8.30 am to 12.30 pm



Why join the SmilePlan?

- Regular hygiene visits for fresh breath and a bright smile
- Less likelihood of a dental emergency
- Prompt treatment
- The latest techniques for your treatment
- Greater choice of treatment options
- Personal care and attention
- Spread the cost of your essential dental care
- Worldwide dental accident and emergency insurance
- Peace of mind

What does the plan include?

- 2 check-ups per year
- All necessary x-rays
- 2 hygiene appointments per year for cleaning and polishing
- Oral hygiene and dietary instruction
- Access to our dental emergency service
- Worldwide dental accident and emergency insurance
- Credit arrangements to spread the cost of any additional treatments
- 10% discount on private fees for all other treatments

The cost of the adult plan is just £15 per month



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 use to ensure that complaints are resolved as quickly and easily as possible.

Your dentists

Dr D K H Patel BDS (U.Lond,Guys 1995)

Dr Roma Patel BDS (U.Sheff 1993)

and Associates.

Ashford Dental Practice

8 New Rents
Ashford
Kent
TN23 1JJ

Tel: 01233 639 289

info@ccrd.co.uk

www.ashforddental.co.uk

CODEplan Ltd administers the collection of subscriptions on our behalf; and are appointed representatives of HFIS plc who are authorised and regulated by the Financial Services Authority.



CODEplan.co.uk

Method of payment

Monthly by Direct Debit

Annually by Direct Debit

I accept this agreement:

Patient/Payer's signature

Date

DD MM YYYY

Dentist

Initials

Name

Signed for and on behalf
of the Dentist

Date

DD MM YYYY

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 number

A S H F O R D

Originator's identification number

6 8 8 1 0 9

Instruction to your bank or building society: Please pay the 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

DD MM YYYY

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