



MenstonDentalPractice
ADVANCED DENTAL CARE

90 Main Street
Menston
Ilkley
LS29 6HY

0345 548 8001
www.menstondental.co.uk
Info@menstondental.co.uk

APPLICATION FORM

SECTION A

PLEASE COMPLETE IN BLACK INK USING CAPITALS.

Patient No:

To apply for Menston Payment Plan membership complete SECTIONS A to E. Please check all details on the application. If any details are incorrect put a line through them, write in the correct details and initial the change. If you need help completing your application form please call us.

Title: Forename(s): Surname:

Address :

Postcode: Mobile No:

Date of birth: Email Address:
(must be unique to you only)

- Plan Applied for:
- | | | |
|--------------------------|---------------------|------------------|
| <input type="checkbox"/> | Essential Care | £11.67 per month |
| <input type="checkbox"/> | Essential Care Plus | £23.33 per month |
| <input type="checkbox"/> | Premium Care | £86.92 per month |
| <input type="checkbox"/> | Child Care | £11.45 per month |

Plan Start Date: _____

A one off Setup Fee of £15 will apply to all plans.

All Plans have the following exclusions:

The following treatments are NOT included in the plans above:

Cosmetic treatment; Implant treatment; Orthodontic treatment; Dentures; Treatment provided by a third party;
Referral to a specialist and specialist treatment; Laboratory fees and prescriptions; Pre-existing conditions

You will also have the exclusive benefit of a 10% discount on the cost of any treatment not included within your plan.
Please see attached documentation for full terms and conditions.



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SECTION B – PARTNER & DEPENDANT DETAILS

(Complete only if there are other people to be covered by this policy. If you have more than four dependants attach their details on a separate sheet).

Partner

Title Mr ___ Mrs ___ Miss ___ Ms ___ Other ___

Forename(s) _____ Surname _____

Date of birth ___/___/___ Mobile No _____

Plan Applied for: _____ Email Address _____
(Must be unique to you only)

Dependant 1

Title Mr ___ Mrs ___ Miss ___ Ms ___ Other ___

Surname _____

Forename(s) _____

Date of birth _____

Plan Applied for: _____

Dependant 2

Title Mr ___ Mrs ___ Miss ___ Ms ___ Other ___

Surname _____

Forename(s) _____

Date of birth _____

Plan Applied for: _____

Dependant 3

Title Mr ___ Mrs ___ Miss ___ Ms ___ Other ___

Surname _____

Forename(s) _____

Date of birth _____

Plan Applied for: _____

Dependant 4

Title Mr ___ Mrs ___ Miss ___ Ms ___ Other ___

Surname _____

Forename(s) _____

Date of birth _____

Plan Applied for: _____



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SECTION C – HOW TO PAY

You can choose to pay annually by Credit/Debit card or monthly by Direct Debit. If paying annually by credit or debit card please contact the surgery to make your payment. If paying monthly by Direct Debit please note that payment will be collected on or around the 10th of each month.

SECTION E – MENSTON DENTAL PRACTICE POLICY DECLARATION TO BE SIGNED BY PRINCIPAL MEMBER

- I understand that this Application is subject to written acceptance by Menston Dental Practice
- I understand that by signing this declaration I am applying on behalf of all applicants to be covered by this plan and am doing so with their full consent. I also agree to receive all plan related documentation on behalf of all applicants
- The MDP Plans are for a minimum period of twelve months. The monthly fee is subject to review in January each year. You can cancel your plan at any time. You are required to give one complete calendar months notice in writing.
- Unpaid Direct Debits will incur an administration fee of £15.00 per failed direct debit.

Signature of Principal Member _____
on behalf of all applicants

Date: _____



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Please fill in the whole form using a ball point pen and send it to:

Ibrahim & Adam Ltd
Menston Dental Practice
90 Main Street, Menston
Ilkley
LS29 6HY



Originator's Identification Number

9	7	3	9	1	3
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Reference Number

REF00

Name(s) of Account Holder(s)

--	--

Bank/Building Society account number

--	--	--	--	--	--	--	--	--	--

Branch Sort Code

--	--	--	--	--	--

Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

Instruction to your Bank or Building Society

Please pay Ibrahim and Adam 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 Ibrahim and Adam Limited 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 account

This guarantee should be detached and retained by the Payer



“The Direct Debit Guarantee

- ❖ This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- ❖ If the amounts to be paid or the payment dates change Ibrahim and Adam Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- ❖ If an error is made by Ibrahim and Adam Limited or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- ❖ You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.



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Ibrahim & Adam limited- Payment Plan Agreement Terms

1. Fees Payable By The Patient Or The Payer

The patient will, or if a Payer is named on the Application Form will procure that the payer will, pay to Ibrahim & Adam Ltd:

1.1 the monthly fee specified on the Application form monthly in advance for the dental services listed in clause 2.3 to be provided to the patient (“the services”) and

1.2 the registration fee specified on the application form, which is payable on signature of the application.

1.3 payments will be taken by direct debit, or through a third party from time to time, to administer the direct debit facility and certain aspects of the dental schemes offered by Ibrahim & Adam Ltd, such third party operating under contract with Ibrahim & Adam Ltd and being referred to as “the scheme Administrator” for the purpose of this agreement. Payments will be taken out on or shortly after the 10th day of each month. The registration fee and the first payment of the monthly fee may be taken up to 2 months after the date of commencement of this agreement due to the length of time it takes to complete certain administrative tasks and may therefore consist of a “double payment” to include payment of the monthly fee for the first and second months as well as the registration fee

1.4 Ibrahim & Adam Ltd may, in its sole discretion, agree in writing to payment of the monthly fees and/or registration fee specified in clause 1.1 and 1.2 other than by monthly direct debit, in which case these terms shall apply other than to the extent varied by agreement in writing between Ibrahim & Adam Ltd and the patient.

2. Patients Oral Fitness And Services To Be Procured By Ibrahim & Adam Ltd

2.1 Ibrahim & Adam Ltd offers four schemes, MDP Essential Care, MDP Essential care plus, MDP Premium care and MDP Child care the scheme which the patient wishes to join is specified on the application form. If the patient wishes to join the MDP essential care or the MDP essential care plus scheme there is no requirement to be orally fit. In such a case services under the scheme will only commence after four

monthly payments have been made. If the patient wishes to join the MDP premium care or MDP Child care, then the patient must be orally fit before the commencement of the provision of the services and will, if requested by Ibrahim & Adam Ltd, submit to an examination by the dentist to determine whether the patient is orally fit.

2.2 In consideration of the patient agreeing to comply with its obligations under this agreement Ibrahim & Adam Ltd agrees to procure the provision of the services to the patient at 90 main street, Menston, LS29 6HY during normal surgery opening hours or at such other time as Ibrahim & Adam Ltd agrees either through the dentist named in this agreement or another suitably qualified person under contract for services or locum agreement.

2.3 Subject to terms of this Agreement

(a) If this agreement specifies that the patient is joining the MDP Essential Care the services to be provided to the patient are: routine 10 point dental examination (up to one year), all x-rays, advice on improving or maintaining dental health, up to one routine hygiene appointment per year,

preventative dental advice, emergency dental assessments, 10% discount off all additional treatment

(b) if this agreement specifies that the patient is joining the MDP Essential Care Plus the services to be provided to the patient are the same as those specified in clause 2.3(a) and in addition: routine 10 point dental examination (up to two per year), routine hygiene appointment (up to two per year)

(c) if this agreement specifies that the patient is joining the Hygiene Care Plan the services to be provided to the patient are the same as those specified in clause 2.3(b) and in addition: routine hygiene appointment (up to four per year)

(d) if this agreement specifies that the patient joining is joining MDP Premium Care scheme the services to be provided to the patient are the same as those specified in clauses 2.3(c) and in addition: Any clinically necessary treatment covered up to £2200 per plan year

(e) if this agreement specifies that the patient is joining the MDP Child Care which is a specially designed preventative programme to ensure a lifetime of good dental health for children up to the age of 17 years the services to be provided to the patient are: routine dental examination (one per year), all x-rays, advice on improving or maintaining dental health, preventative dental advice, emergency dental assessments, all clinically necessary treatment

2.4 For the purpose of clause 2.3, a year begins on the date of commencement of this agreement and each anniversary of that date.

2.5 This agreement does not cover the costs of the following for all payment plan schemes: cosmetic treatment, implant treatment, orthodontic treatment, dentures, treatment provided by a third party, referral to a specialist and specialist treatment, laboratory fees and prescriptions, pre-existing conditions

3. Responsibilities of the Patient

The patient:

3.1 must pay, or if a payer named on the application form, procure that the payer pays, all fees specified in clause 1.1 and 1.2 or as varied in accordance with clause 5.1 and the patient must pay all other fees due under this agreement. If any fees due under this agreement are not paid by the date for payment, Ibrahim & Adam Ltd may terminate this agreement and/or suspend the services and all other benefits under this agreement without further notice.

3.2 is responsible for making all appropriate appointments with the dentist. There will be no refunds for any “unused” services, nor can the services be carried forward for one year to another

3.3 must keep appointments with the Dentist or pay the Dentist’s fee from time to time for missed appointments. The missed appointments fee at the date of this Agreement is £20.00 per 20 minutes of surgery time. The missed appointments fee will not be charged if the Patient cancels and rearranges an appointment at least twenty four hours before the date of the appointment. For the purposes of this clause 3.3 a missed appointment is one where the Patient does not make himself or herself available at the surgery of Ibrahim and Adam limited, Menston Dental Practice at the arranged time.

3.4 must ensure that the Patient attends regular check-up examinations, receives all treatment the Dentist advises and



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informs the Dentist of any injury, problem or material matter affecting the Patient's oral health. If the Patient does not comply with this clause 3.4 and subsequently requires treatment which could reasonably have been avoided had the Patient complied, the Patient may be charged in full for such treatment even if some or all of such treatment would have otherwise formed part of the Services.

3.5 must inform Ibrahim And Adam Limited immediately of any changes to the Patient's and, if applicable the Payer's, contact or banking details.

3.6 warrants that (if a Payer is specified on the Application form) the Patient had obtained the agreement of the Payer: (1) to pay the fees specified in clause 1.1 and 1.2 (as may be varied in accordance with clause 5.1); and (2) to the use of the Payer's information in accordance with the terms of this Agreement.

4 Queries, Complaints & Liability

4.1 Any queries or complaints should be made in writing to Ibrahim And Adam Limited at 90 Main Street, Menston, Ilkley, West Yorkshire, LS29 6HY. Such queries and complaints will be treated fairly and promptly.

4.2 Nothing in this Agreement limits or excludes Ibrahim And Adam Limited's liability for death or personal injury caused by Ibrahim And Adam Limited's negligence.

4.3 Subject to clause, 4.2, Ibrahim And Adam Limited's aggregate liability to the Patient and Payer for all claims made in connection with this Agreement is limited to a sum equal to 150% of the total fees paid by the Patient and the Payer to Ibrahim And Adam Limited in respect of the Patient in the 12 months preceding the latest such claim.

4.4 Subject to clauses 4.2 and 4.3 and the other terms of this Agreement, Ibrahim And Adam Limited has no liability to the Patient or the Payer in respect of negligence of the Dentist.

5. Changes to This Agreement

5.1 Ibrahim And Adam Limited may change the monthly fees payable under clause 1.1 and 1.2 or the Services to be provided under clause 2.3 or any aspect of the Scheme or any term of this Agreement at any time on giving at least one months' prior written notice to the Patient, such change to take effect on or after expiry of the notice.

5.2 Any notice given under clause 5.1 will be deemed served 48 hours after it is sent by email to the Patient's address specified in this Agreement or such other address as the Patient notified to Ibrahim and Adam limited in writing from time to time.

6 Termination of This Agreement

6.1 Ibrahim And Adam Limited or the Patient can terminate this Agreement at any time on giving at least one months' prior written notice to the other. The patient may terminate this Agreement on giving at least one months' prior written notice within one month of receiving a notice from Ibrahim And Adam Limited under clause 5.1 that the monthly

fees shall be increased or the scope of the Services reduced or any aspect of the Scheme changed or the terms of this Agreement amended. All such notices shall be deemed to be served 48 hours after they are sent by email to the address of the intended recipient specified in this Agreement or such other address as is notified to the other party in writing from time to time.

6.2 On termination of this Agreement for any reason:
(a) All Services and benefits under this Agreement will cease to be provided immediately;
and
(b) There will be no refund for any 'unused' Services.

7 Change Of Dentist

7.1 Without prejudice to Ibrahim And Adam Limited's rights under clause 2.2, the Patient may request to change to a different dentist under a contract for services with Ibrahim And Adam Limited. If Ibrahim And Adam Limited agree in writing to the change, and if that dentist agrees to treat the Patient under this Agreement, the new Dentist will become the Dentist for the purpose of this Agreement.

7.2 If the Patient receives treatment from a dental practice other than Ibrahim And Adam Limited or from any person other than the Dentist or another suitably qualified person under contract for services or locum arrangement with Ibrahim And Adam Limited, the Patient acknowledges and agrees that such treatment shall not be covered by this Agreement.

7.3 Nothing in this Agreement gives any person who is not a party to it any right to enforce any of its terms. Ibrahim And Adam Limited may transfer the benefit of this Agreement to any third party. The Patient may not transfer the benefit of this Agreement.

8 General Provisions

8.1 For the purposes of this clause 8.1 "Monthly Dental Plans" is either the care plan (a) Essential Care (b) Essential Care Plus (c) Premium Care (d) Child care. These Agreement terms, the Application form, the leaflet and such other written terms as Ibrahim And Adam Limited communicates to the Patient prior to entering into this Agreement, constitute this Agreement, being the entire agreement between the Patient and Ibrahim And Adam Limited in relation to its subject matter. In the event of any conflict or inconsistency between these Agreement Terms, the Application Form, the Leaflets and such other written terms the following order of precedence shall apply to the extent of such conflict or inconsistency, such other written terms, the Application Form, these Agreement Terms, the Leaflet. This Agreement supersedes any previous agreement between the Patient, the Payer (if any) and Ibrahim And Adam Limited in relation to the subject of matter of this Agreement.

8.2 Ibrahim And Adam Limited and the Patient agree that this Agreement is governed and construed in accordance with English Law and parties hereby irrevocably submit to the exclusive jurisdiction of the English Court.