

The Smile Boutique Dental Practice

Annual Payers – Direct To Practice

Fee Review Date
(September)

PLEASE COMPLETE USING BLOCK CAPITALS

Dentist	Patient Reference	Title	Forename	Surname

(For office use only)

Start Date	End Date To	No of Months	Category Fee	Fee Paid To Practice	D.O.B.	Sex
01/	31 st August					M / F

Address	Postcode	Telephone Number

Notes and Exclusions (For office use only)

Additional Patients

Dentist	Patient Reference	Title	Forename	Surname

(For office use only)

Start Date	End Date To	No of Months	Category Fee	Fee Paid To Practice	D.O.B.	Sex
01/	31 st March					M / F

Exclusions (For office use only)

Dentist	Patient Reference	Title	Forename	Surname

(For office use only)

Start Date	End Date To	No of Months	Category Fee	Fee Paid To Practice	D.O.B.	Sex
01/	31 st March					M / F

Exclusions (For office use only)

DATA PROTECTION: The answers on this form contain your personal data. DPAS Ltd records, processes and holds your personal data on behalf of the practice in accordance with the Data Protection Act(s). Your personal data will only be used by DPAS Ltd and/or its subcontractors in the administration of the dental care plan and for no other purpose.

DEMANDS AND NEEDS STATEMENT: 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 and is mandatory. No recommendation has been made in connection with this insurance policy.

DECLARATION: I confirm that I have read and now fully understand the explanatory brochure and Supplementary Insurance policy.

Name:

Signed:

Date: