PATIENT REGISTRATION FORM

Complete the form below.
PLEASE WRITE IN BLOCK CAPITALS USING BLACK OR BLUE INK

2023 - 2026 Combined Plan Registration Form

Patient 1: Plan £ P4H IDE £ TOTAL £

Patient 2: Plan £ P4H IDE £ TOTAL £

Total Combined £

Plan4Health

Details of first patient

Title: Date of Birth:

First Name: Gender: Male ☐ Female ☐

Surname:

Practice Information

Member Practice:

Registration Facility: Treating Dentist GDC No:

Patient Plan Details:

Monthly Fee: Start Date:

Details of second patient

Title: Date of Birth:

First Name: Gender: Male ☐ Female ☐

Surname:

Practice Information

Member Practice:

Registration Facility: Treating Dentist GDC No:

Patient Plan Details:

Monthly Fee: Start Date:

ADDITIONAL OPTION P4H International Emergency Dental Service costs £1.30 per person per month.
Please take a moment to read the P4H International Emergency Dental Service Booklet to make sure this scheme is suitable for you.

Add P4H International Emergency Dental Service Yes ☐ No ☐

Full details of the cover can be found in the P4H Combined plan booklet. A one-off registration fee of £4.99 per person may apply when joining and if applicable will be collected with the first payment.

Payment details

By completing this section you agree to pay for the patients detailed on this application.
This may result in a change to your current payments or existing Direct Debit if you are an existing payer.

Title: Date of Birth:

First Name: Gender: Male ☐ Female ☐

Surname:

Address:

Post Code:

Email:

Monthly by Direct Debit ☐ **By an existing Direct Debit** ☐

Instructions to your bank or building society to pay by Direct Debit

PLAN4HEALTH,
St. Davids Building,
Lombard St,
Porthmadog
LL49 9AP

Instruction to your bank or building society to pay by Direct Debit

DIRECT Debit

Name(s) of account holder(s)

Service User Number

2	5	0	2	2	5

Bank/building society account number

Reference

Branch sort code

Instruction to your Bank or Building Society

Please pay APS Re Plan4Health Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand thatthis Instruction may remain with APS Re Plan4Health and, if so, details will be passed electronically to my bank/building society.

Name and full postal address of your bank or building society

To: The Manager — Bank/building society

Address

Postcode

Signature(s)

Print name:

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. DDI2

The Direct Debit Guarantee

DIRECT Debit

- 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 frequencyof your Direct Debit APS Re Plan4Health will notify you 3 working days in advance of youraccountbeing debited or as otherwise agreed. Ifyou request APS Re Plan4Health 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 APS Re Plan4Health 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 APS Re Plan4Health asks you to
- You can cancel a Direct Debit atany timeby simply contacting yourbank orbuildingsociety. Written confirmation may be required. Please also notify us.