

INSTRUCTION TO YOUR BANK  
OR BUILDING SOCIETY  
TO PAY BY DIRECT DEBIT

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.

**BANK OR BUILDING SOCIETY DETAILS**

To the Manager:

Bank/Building Society

Address:

Postcode:

Name(s) of Account Holder(s):

Branch Sort Code:   -   -

Bank Account Number:

Reference Number: CHASE LODGE

Originator's Identification No 688109

Signature(s):

Date:

Banks and Building Societies may not accept Direct Debit instructions from some types of accounts.



Chase Lodge, Page St, Mill Hill, London NW7 2ED  
t 020 8358 7100 e info@chaselodgedental.co.uk  
w www.chaselodgedental.co.uk



Please complete this form and post it to:  
CODEplan, Elm Tree House, Bodmin Street,  
Holsworthy, Devon EX22 6BB

## Dental Plan Agreement

**BETWEEN THE 'DENTAL SURGEON'**

Dr M. Becker *B.Ch.D BSc (Hons)*

Chase Lodge Dental Practice, Page St  
Mill Hill, London NW7 2ED

Agreement start date:

**AND THE "PATIENT/PAYER"  
WHO IS THE CONTRACT HOLDER**

Title: Mr/Mrs/Miss/Ms/Other

First name:

Surname:

Date of birth:

Gender: Male  Female

Address:

Town:

County:

Postcode:

Telephone:

Monthly fee: £

**GROUP DISCOUNTS\***

2 persons 5%

3 persons 10%

4 persons or more 15%

The monthly fee for adults is just £14.50 per month, for children aged 12-17 the fee is just £7.00 and children under 12 are free so long as one parent or carer is on the plan. Family discounts apply.

*\*Children under 12 do not increase group discount.*

### THE FOLLOWING GROUP MEMBERS ARE INCLUDED IN THIS PLAN

Title: Mr/Mrs/Miss/Ms/Other

First name:

Surname:

Age:

Gender: Male  Female

Date of birth:

Monthly fee: £

Title: Mr/Mrs/Miss/Ms/Other

First name:

Surname:

Age:

Gender: Male  Female

Date of birth:

Monthly fee: £

Title: Mr/Mrs/Miss/Ms/Other

First name:

Surname:

Age:

Gender: Male  Female

Date of birth:

Monthly fee: £

If you have more than 4 in your group please use another form

Total monthly fee (before discount):

Discount %:

Total monthly fee (with discount):

### METHOD OF PAYMENT

Monthly by direct debit:

Annually by direct debit:

Annually by cheque:

(please enclose cheque made payable to CODEplan Ltd)

(remember to add the joining fee of £10.00 per adult and £5.00 per child aged 12 to 17 to the cheque)

I accept this agreement

Patient/Payer's signature:

Date:

Dentist initials:

Name:

For and on behalf of the dentist:

Date:

*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.*

### THE DIRECT DEBIT SCHEME

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 date changes, CODEplan will notify you 10 working days in advance. If an error is made by CODEplan 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.

