

Optimal Dental Health Club Consent Form and Finance Agreement

Patient Name:

Date of Birth:

I confirm that I understand I am signing up for a **12-month minimum contract** with Optimal Dental Health Limited.

Membership Terms

Fees

- Monthly membership fees are to be paid in advance by direct debit.
- Direct debit payments will be debited from your account on the **1st of each month (or closest working day thereafter)**.
- There is a one-off signing on fee of **£29**.
- If your direct debit fails for any reason, or an attempted direct debit is unpaid, the remainder of the 12-month contract will be due for payment.

Contract Length

- Membership is for a minimum of 12 months.
- After the initial 12-month term, contracts revert to Rolling Monthly Contracts.

Cancellation

- The membership plan includes a 30-day money back guarantee. You can receive a full refund up to 30 days after purchase provided no benefits of the plan have been used.
- Members who wish to cancel must serve a Notice of Cancellation by the 15th of the month in which they wish their membership to end.
- Members on a 12-month minimum term cannot cancel their membership until the 12 months of their membership. Members on a 12-month minimum term are fully liable for payment of their membership fees for the full 12-month period.
- Notices of Cancellation must state the member's name and address and the month end date they wish to have their membership cancelled from.
- Notices of Cancellation must be emailed to Optimal Dental Health prior to the 15th of the month the member wishes to cancel at the end of.

General Conditions

- If the practice wishes to change the Terms and Conditions at any time, you will be notified. If you are unhappy with the changes, you have the right to cancel your membership.
- These Terms and Conditions replace any previous versions.
- In addition, these Terms and Conditions apply at all times and take priority over any spoken communication from one of our team members
- Your membership applies to you; you cannot loan or transfer it to another person.

Patient Signature

Date