

The Dental Healthcare Practice Membership Plan

Research shows that preventive dentistry delivered on a regular basis greatly reduces the risk of dental disease and provides a platform for a lifetime of improved oral health. We encourage such an approach and with this in mind, we have joined with DPAS Limited to design a dental plan to reward loyal patients. This plan will be administered by DPAS who will make a separate arrangement with you to manage your payments under the plan. The plan will provide advantages both to you and to us. It will allow us to plan your dental care more effectively and provide the best chance of keeping you dentally fit. The advantage for you is that it should reduce the need for future treatment and you will have the peace of mind that all of your preventive dental care will be covered by convenient monthly payments. Our plan also provides worldwide Supplementary Insurance for dental emergencies or dental injuries whilst at home or abroad (see overleaf).

Your benefits

- all your preventive dental care is included
- payment by convenient monthly Direct Debit, allowing you to budget
- guaranteed registration with the practice and continuing access to your dentist
- no need to be dentally fit – you can join immediately
- early identification of dental problems to prevent pain, discomfort and inconvenience
- appointment times to suit you whenever possible
- access to a 24 hour dental emergency helpline 365 days per year
- worldwide Supplementary Dental Injury and Emergency Insurance (see overleaf).

Who is our plan for?

Our plan is designed for patients who wish to attend the practice on a regular basis and have peace of mind that their preventive dental care is covered.

How do you join our plan?

There is no need to be dentally fit. Joining is very simple. All you have to do is complete a registration form for us and a Direct Debit mandate and authorisation form for DPAS.

In addition to your first monthly payment, an initial registration fee of £10 per person will be payable by you to DPAS and will be included in your first Direct Debit payment.

If you choose to leave the plan for any reason you can do so by simply giving us one month's notice.



What does our plan include?

Plan 1 is for those with medium preventative needs and costs £18.75 per month and includes:

- 2 dental health examinations per year
- 2 hygiene appointments per year including a scale and polish and periodontal advice
- small routine x-rays as required
- routine oral cancer screening
- diet and oral hygiene advice
- membership card with 24 hour helpline numbers for dental emergencies at home or abroad
- worldwide Supplementary Dental Injury and Emergency Insurance (see overleaf).

Plan 2 is for those with high preventative needs and costs £26.30 per month and includes:

- all the benefits of Plan 1 with 2 additional hygiene appointments per year (total of 4).

The monthly plan cost includes the charges for management and administration payable by you to DPAS.

Treatment not covered by this plan can be paid for separately.



What happens in an emergency?

You will have access to a 24 hour, 365 day worldwide dental emergency helpline, which will endeavour to find an English speaking dentist to assist you.

Any questions?

If you have any questions about our plan, please contact our reception team who will be happy to provide further information and guidance.

Terms within this brochure are subject to change without notice.

What does the Supplementary Insurance cover?

Your Supplementary Insurance provides:

- ✓ cover for:
 - up to £10,000 worth of treatment following dental injury
 - temporary emergency treatment whilst away from home in the UK or abroad (up to the limits specified)
 - the call-out fee charged by a dentist opening their surgery to treat you in an emergency (up to the limits specified)
- ✓ hospital cash benefit if under the care of an oral/maxillofacial surgeon
- ✓ cash benefit if diagnosed with oral cancer
- ✓ 24 hour access to a worldwide emergency helpline

The Supplementary Insurance is designed to cover the cost of **temporary emergency treatment whilst you are away from home** and therefore excludes the cost of emergency treatment carried out by your own dentist, a rota dentist, or any other dentist within a 15 mile radius of your practice. However, call-out fees charged by any dentist to open their surgery (including your own dentist) are recoverable up to policy limits.

In the event of a dental injury, treatment carried out by any dentist (including your own dentist) is covered up to policy limits.

Please refer to the Policy Summary and Important Information leaflet and the Policy for full details of the benefits, terms, conditions and exclusions.

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Principal Dentist

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Contact

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