

Pearl Smile Oldham limited

Dental Plan Terms and Conditions

Intro:

The following make up the terms and conditions of your registration under our dental payment plan at Pearl Smile (Oldham) Limited. It is recommended that you read them carefully and keep them in a safe place so that you can refer to them in the future, should you need to. Please remember, the agreement is with your dentist and cannot be transferred to another practice or dentist. The direct debit you have in place to cover the cost of your payment plan constitutes your agreement to the terms outlined herein.

Initial Term

The initial minimum term of your dental plan is 12 months. If you terminate your dental plan before this period the practice reserves the right to recoup any outstanding fees.

Monthly Fee and Direct Debit collection:

Your monthly plan fee will be collected by direct debit on the 1st of each month or shortly after.

Plan fee amendments:

Your plan fee is subject to change at any time. The practice will endeavour to review plan fees once per annum and should your plan fee change, you will be given advance notice by either post or email.

Plan Cancellation:

You may cancel your plan at any time by informing the practice outside of the initial term. The practice reserves the right to recoup any outstanding fees.

Non-payment:

If we are unable to collect your regular plan fee for any reason we will contact you to collect any outstanding fees which can be collected by direct debit or paid to the practice directly by cash or card.

Refunds:

Any applicable refunds will be processed by the practice.

Failure to attend appointments:

You are responsible for keeping appointments made with your dentist and/or hygienist and you must pay any 'missed appointment' fee should you fail to do so. You must ensure that you also attend your dentist for regular examinations, receive the treatment your dentist advises and you must promptly inform your dentist of any injury, problem or other material matter affecting your oral health; if you fail to ensure any of this you will be liable to pay any fee reasonably charged for treatment necessary to restore your oral health, which could otherwise have been avoided.

Complaints:

Please refer to the practices complaint procedure should you be unhappy with the care you receive.

Worldwide Dental Emergency Assistance Scheme:

We will provide a handbook to further detail this scheme, this a brief overview, you will find details about the Worldwide Dental Emergency Assistance Scheme ("the Scheme") and how it works, together with the Scheme Rules and other important information.

The Worldwide Dental Emergency Assistance Scheme is a discretionary scheme established to offer support and assistance to Dental Plan patients who request treatment following a Dental Trauma and/or dental emergency or Oral Cancer.

The Scheme is a wholly discretionary scheme, not an insured scheme. It is funded by your Dental Plan Administrator to pay Benefits at the sole and absolute discretion of the Scheme Manager. The Scheme Rules can be found on Page 6.

Due to the discretionary nature of the Scheme, we ask that you, if at all possible, contact us first, in the event you wish to request assistance.

What is a wholly discretionary scheme and how is discretion applied?

Dental Plan patients are eligible to request assistance from the Scheme in the event of a Dental Trauma and/or dental emergency or Oral Cancer. The Scheme responds to such requests on a wholly discretionary basis. This means that, whilst the Scheme aims to provide Benefits in most cases, the Scheme has no obligation to provide any Benefit unless the Scheme Manager first decides (in its sole and absolute discretion) that the Scheme should provide a Benefit.

The Scheme Manager will look at each case individually to assess the request for a Benefit. It is possible that in some cases the Scheme Manager will decide to provide no Benefit. In addition, there are some circumstances in which the Scheme is not designed to help (these situations being similar to exclusions under an insurance policy) and these are explained in more detail on Page 5 and in the respective sections of the Benefits Schedule.

The Worldwide Dental Emergency Assistance Scheme - Benefits

What's covered?

You will be eligible to receive Benefit payments from the Scheme in the following situations, up to the limits shown on the Scheme Benefits Schedule, providing the Scheme Manager (at its sole and absolute discretion) has accepted your request for assistance:

- The cost of dental treatment by any dentist up to a maximum of £10,000 for any one incident of Dental Trauma;
- The cost of:
 - Emergency callouts;
 - Pain relief or Emergency Temporary Treatment;
- A specified amount if you suffer permanent facial disfigurement due to a Dental Trauma;
- A specified amount for each complete 24-hour period of hospitalisation wholly or partly under the care of a consultant who specialises in dental or maxillofacial surgery;
- A specified amount if you are diagnosed with Oral Cancer and this is the primary cancer site;

- Monthly reimbursement of your plan membership cost if you are made compulsorily redundant.