

Online Patient Application



Denplan

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Online Patient Application

Register patients online without the need for a paper application form

Navigation tabs: Welcome | Payer | Patient(s) | Declarations | Contact | Payment | Summary

Patient Details

Does the Payer wish to become a patient?
 Yes No

Personal Details

Can I please have the patient's personal details

Name
Mr John Smith

Date of Birth **Gender**
06/05/1979 Male

Treatment Details

Can be found on the patient's contract or the letter sent to them by Denplan.

Goodwill Owner Membership No*
Please Select

Registration Facility*
Please Select

Treating Dentist* **Entitlement to treatment to start from***
Please Select 01/06/2009



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Change text size + -

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Address Details ?

Enter the house name/number and postcode below to search for the address.

Can I please have your:

House Number/Name

Postcode*

Clear

Search

[Advanced search](#)

[Manually enter details](#)

Address

DENPLAN LTD
DENPLAN COURT
VICTORIA ROAD

Town/City

WINCHESTER

Postcode

SO23 7RG

Country *e.g. UK*

UK

Our software makes your life easier and ensures you have the correct address

Phone Numbers ?

Work Phone

Home Phone

At least one phone number is required.*

Email Address

Confirm Your Email Address

Correspondence Preference

Where available Denplan will endeavour to send correspondence via this method.



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Payment

Payment Frequency

Monthly

Payment Method

Direct Debit



Direct Debit



All normal Direct Debit safeguards and guarantees apply. Would you like me to read the [Direct Debit Guarantee](#) proceeding? If you alone are not able to authorise payments from this account please complete a paper application form. Your account name, account number and sort code can be found on your cheque book or debit card.

Instruction to your Bank or Building Society to pay by Direct Debit.



Denplan Ltd.

Denplan Court, Victoria Road, Winchester, Hampshire.
SO23 7RG

Originator's Identification Number

940273

Name of Account Holder*

Mr John Smith

Please pay Denplan 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 Denplan Ltd and, if so, details will be passed electronically to my Bank/Building Society.

Sort Code*

11 - 11 - 11

Account Number*

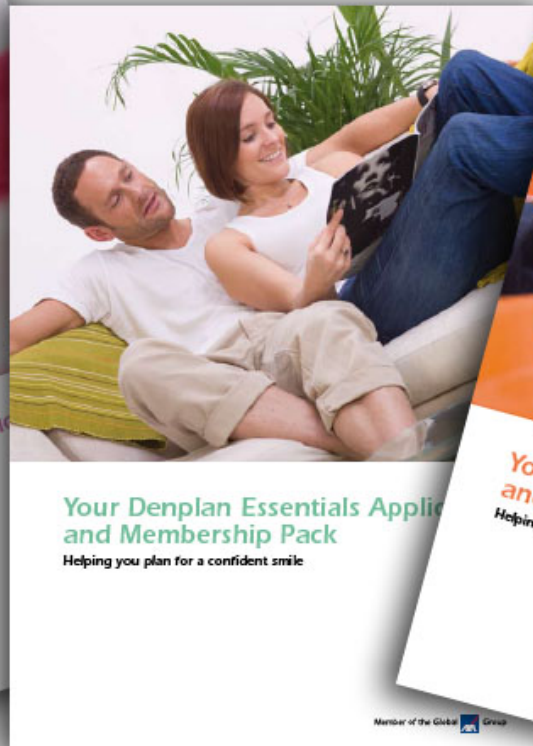
26485631

Date: 18/05/2009

Clear

Validate

Validate bank details online, ensuring payments will be collected on time



You give patients their welcome booklets and a welcome letter will be sent out from Denplan the following morning