

Denplan Registration Facility application form

This registration facility form will enable you to register patients for Denplan products. You must be a Denplan Member to set up a registration facility and assign treating dentists to it. Associates of the Member may operate under these registration facilities with the Member's permission.

Member dentist details

GDC no.	Membership no.	Office use only <input type="text"/>
Title	First name	
Surname		
Practice name and postcode		

If these registration facilities are for a company not managed by you, or is part of a Dental Body Corporate, please detail the name of the company.

Treating dentist details

Please detail below the names of the dentists who have permission to treat Denplan patients at your practice, and which of your plans they will be treating patients on.

		C	E	Ch	M
Name	GDC no.				Plans
Name	GDC no.				Plans
Name	GDC no.				Plans
Name	GDC no.				Plans
Name	GDC no.				Plans












Bank details

Please provide details of the bank account to be credited with payments for these registration facilities. Payment will be made on or before the 22nd day in the calendar month.

Bank sort code	-	-	Account no.
Account name(s)			
Bank name			

Practice services

Please tick the relevant boxes below for any additional services you offer at your practice. This information will then be made available for patients to view in the Find a Dentist section of the Denplan website.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										
On-site parking available	Extended opening hours	Child friendly waiting area	Disabled access	Hygienist	Treats nervous patients	Cosmetic treatment	Implant treatment offered on-site	Orthodontics	Endodontics	Periodontics

Which products do you want to offer:

Denplan Care Denplan Essentials Denplan for Children Denplan Membership

Please fill in the following details for the plans you wish to offer at your practice. These registration facilities will enable you to register patients for Denplan products.

Associates of the Member may operate under this registration facility with the Member’s permission if detailed in the Treating dentist Details section above.

Denplan Care - Fee Details

Fee Code	A	B	C	D	E
Monthly Fee (this year)	£ .	£ .	£ .	£ .	£ .
Monthly Fee (next year*)	£ .	£ .	£ .	£ .	£ .

*Next year’s fees should only be entered if you are completing this form after you have completed your annual fee rate review.

Denplan Essentials – Plan and Fee Details

Fee Code	A	B	C	D	E
Monthly Fee (this year)	£ .	£ .	£ .	£ .	£ .
Monthly Fee (next year*)	£ .	£ .	£ .	£ .	£ .

Maximum number of examinations per year

Maximum number of hygiene appointments per year

Maximum number of x-rays per year

Additional discounts and treatments included e.g 10% off treatments

*Next year’s fees should only be entered if you are completing this form after you have completed your annual fee rate review.

Please note the number of examinations, hygiene appointments and dental x-rays detailed above relates to the maximum you are required to provide to each Denplan Essentials patient under your Denplan Essentials contract per year.

Helping to retain your patients

We’re as committed as you are to retaining your patients on their existing Denplan payment plan. We can offer Denplan Essentials as a way of keeping them as a loyal patient at your practice should they contact us and request cancellation of their plan. All you need to do is tick this box which gives our Patient Support team the authority to offer this product to your patients on your behalf. For more information please contact your Business Development Consultant or Practice Support Advisor.

Denplan for Children – Plan and Fee Details

Fee Code	A	B	C	D	E
Monthly Fee (this year)	£	£	£	£	£
Monthly Fee (next year*)	£	£	£	£	£
Plan Type (delete as applicable for each fee code)	Capitation/Maintenance	Capitation/Maintenance	Capitation/Maintenance	Capitation/Maintenance	Capitation/Maintenance

Where you are offering a maintenance-based plan** for any of the fee codes above, please complete details of the treatment included within the fee in the boxes below.

Maximum number of examinations per year

Maximum number of hygiene appointments per year

Maximum number of x-rays per year

Fissure sealants included?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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*Next year's fees should only be entered if you are completing this form after you have completed your annual fee rate review.

**If offering on a maintenance basis, please note the number of examinations, hygiene appointments and dental x-rays detailed above relates to the maximum you are required to provide to each Denplan for Children patient under your Denplan for Children contract per year.

Additional discounts and treatments included e.g. 10% off treatments

Family Discount

You can decide whether you offer family discount to your Denplan for Children patients.

Please indicate below the discount type that you would like to offer to all Denplan for Children patients on this registration facility. We will apply this discount to all Denplan for Children patient applications.

Discount on mixed plan groups Discount on Denplan for Children groups only No discount for Denplan For Children patients

Denplan Membership – Plan and Fee Details

Type of Denplan Membership required (please tick only one)

Denplan Membership for adults

Denplan Membership for children

Monthly Fee (this year) Minimum fee £3.69 for adults and £2.58 for children

Monthly Fee (next year*) Minimum fee £3.69 for adults and £2.58 for children

Please indicate whether you will be making it mandatory for your patients to register with a Denplan dental payment plan Yes No

If you have answered No, you are required to provide your patients additional benefits with the Denplan Membership. Please detail below the additional benefits that you will offer. We are unable to process this application unless additional benefits are offered.

- % Discount on the cost of examinations (minimum of 5%)
- % Discount on the cost of treatments (minimum of 5% and maximum of 50%)
- Priority access
- Other, (please detail)

*Next year's fees should only be entered if you are completing this form after you have completed your annual fee rate review.

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We're as committed as you are to retaining your patients on their existing Denplan payment plan. We can offer Denplan Membership as a way of keeping them as a loyal patient at your practice should they contact us and request cancellation of their plan. All you need to do is tick this box which gives our Patient Support team the authority to offer this product to your patients on your behalf. For more information please contact your Business Development Consultant or Practice Support Advisor.

Family Discount

You can decide whether you offer family discount to your Denplan Membership patients.

Please indicate below the discount type that you would like to offer to all Denplan Membership patients on this registration facility. We will apply this discount to all Denplan Membership patient applications.

Discount on mixed plan groups Discount on Membership groups only No discount for Denplan Membership patients

Important - please read

Denplan Limited deals with all personal information supplied in the strictest confidence as required by Data Protection Legislation. To set up and administer your membership Denplan Limited will hold and use information supplied by you. By signing this form, you confirm that you consent to such use of your personal data. We may also disclose information about you included in your application when there is a legal requirement to do so, to people who provide a service to us, in accordance with Data Protection Legislation, or in circumstances where it would help us to prevent fraud or improper claims.

By signing this form, you agree to Denplan Limited contacting you about its other products and services and those of our carefully selected partners. You will be able to update your marketing preferences at any time by contacting us or by visiting a preference centre link from a marketing email.

Please read our data protection statement on www.denplan.co.uk/about/privacy-policy

Declaration

I confirm that I own the goodwill of the patients to be registered on these registration facilities, or am acting on behalf of a Dental Body Corporate. I confirm that the information provided by me is correct, that the fees have been set in consultation with a Business Development Consultant, and understand that fees can only be updated at specific times during the year, as specified by Denplan.

Name

Date

Signature

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Denplan, part of Simplyhealth, Hambleton House, Waterloo Court, Andover, SP10 1LQ. Tel +44 (0) 800 401 402

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