**The Pavilion Dental Plan - Terms and Conditions**

The Pavilion Dental Practice (hereinafter called the practice) undertakes to provide

care and treatment for the Patient in accordance with the the list of benefits outlined below.

On acceptance, the patient will be entitled to receive in each year, two routine dental examinations, which would include advice, preventive therapy and counselling, and any routine X-ray radiographs, (except pan-oral radiographs).

In addition, the patient will be entitled to receive all treatment necessary to secure and maintain their dental health, including x-ray examination, treatment of periodontal disease, treatment of dental caries (decay) , root canal therapy, extraction of teeth, and maintainance of prostheses including crowns, bridges and dentures, but excludes:-

1. Orthodontic appliance therapy.

2. Treatment by a medical or dental consultant or specialist.

3. Treatment by another dentist unless prior arrangement exists between the practice and

the other dentist.

4. Pharmaceutical prescription costs.

5. Charges for the construction of prostheses, including crowns, bridges and dentures,

manufactured in a dental laboratory

6. The provision of dental implants or other similar techniques.

7. The provision of treatment for cosmetic purposes.

8. Alternative treatment to that considered clinically necessary to maintain dental health.

The patient will also be entitled to emergency treatment for the relief of acute symptoms including emergency out-of-hours attendance for the same, and consultation leading to referral to a dental consultant or specialist.

A variable discount (currently 20%) on the current scale of fees for all such treatment as is provided in the normal course of general dental practice but which is not covered above.

**Payment:** Payment of the subscription can be either with an annual fee, or by monthly instalments by Standing Order payable on the first day of each calendar month.

Fees in respect of treatment not covered in the plan will become payable at the time of treatment.

**Period of cover:** The period of cover for dental care and treatment shall commence on receipt of payment either of the annual fee or of the first month’s installment of the annual subscription, and shall continue until determined in accordance with the conditions.

**Arrears:** In the event of either the annual or monthly payment not being received by the due date for whatever reason, the Patient will cease to be entitled to any of the benefits of the plan.

In the event of the monthly subscription not being received, either the total cost of the treatment already provided since the last routine dental examination, or the total annual fee or balance thereof, whichever is the greater, will become instantly payable.

**Changes in fees:** The level of fees may be reviewed annually. Any proposed change of fees will be notified to the Patient at least three months prior to the Renewal Date.

**Regular Attendance:**  The Patient is expected to attend when requested to do so for routine examinations or treatment. If the patient fails to keep an agreed appointment, he/she will be liable for any fee which may be charged in respect of that appointment.

If the Patient persistently fails to keep appointments, he/she will become liable for any additional fees charged for treatment necessary to re-establish dental health.

**Termination by the Patient:** In the event that the Patient does not wish to continue receiving treatment from the Dentist, he/she will give the practice three months notice in writing to that effect.

**Termination by the Dentist:** In the event that the Dentist does not wish to continue treating the Patient, he shall give the Patient three months notice in writing to that effect.

**Refunds:** No refund of fees will normally be paid to the Patient except in the case of error. In the event of termination within twelve months of joining the plan, the total cost of the treatment already provided since joining, or the total annual fee or balance thereof, whichever is the greater, will become instantly payable.

**Change of Bank Details:**  It will be the responsibility of the Patient to inform the practice of any change in the Patient’s banking details.

**Change of Address:** It will be the responsibility of the Patient to notify the practice of any change of address or correspondence details.