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Dentist Acceptance

To be completed by Dentist

Dentist Reference Number

I hereby confirm acceptance of this patient as a member of the Jersey Dental Scheme and agree to provide regular dental care in accordance with the terms and conditions of that Scheme on payment of a gross monthly fee of

Dentist's Signature Date

Dentist's Name (BLOCK CAPITALS)

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Choose your way of paying

Tick the box for the method of payment you want to use:

Automatic Direct Debit Cash/Paying in book Annual Cheque

If you want to pay by **AUTOMATIC DIRECT DEBIT**, complete the instructions to the bank (open out) and don't forget to sign where indicated.

If you want to pay in cash it is up to you to remember to pay by the 1st of each month!

If you want to pay annually please make your cheque payable to the Jersey Dental Scheme.