



Smile Artistry Pty Ltd ATF Smile Artistry UT
 Level One, 31 Sherwood Road
 Toowong Qld 4066
 Phone 3870 3344

MySmile Care Plan Request

By completing this form I wish to commence the MySmile Care Plan for my preventive Dental Care and understand and agree to the terms and conditions of the MySmile Care Plan and Direct Debit Service Agreement.

I wish to undertake the plan for:

Name/s	
Weekly Cost	

I agree to ensure the weekly payment is available through Direct Debit commencing on _____, continuing weekly whilst I remain in the plan.

Signature

Date

Full Name

Smile Artistry Authorisation

Date

Weekly Cost calculated by adding each Adult \$9.50, each child 6-15 years \$6.50 and subtracting \$1 per family member when more than one person per account. A transaction fee per transaction is applied additional to above.

You will still be able to claim your full Health Fund benefits following each appointment by post.
 To assist us prepare forms at each appointment please fill in your details below,

Health Fund	
Health Fund Number	



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Direct Debit Request

**Request and Authority to debit the account named below to pay
 Smile Artistry Pty Ltd ATF Smile Artistry Unit Trust ("Smile Artistry")**

<p>Request and Authority to debit</p>	<p>Your Surname _____</p> <p>Your Given names _____ "you"</p> <p>request and authorise Smile Artistry to arrange, through its own financial institution, a debit to your nominated account any amount Smile Artistry, has deemed payable by <i>you</i>.</p> <p>This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from <i>your</i> account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.</p>
<p>Insert the name and address of financial institution at which account is held</p>	<p>Financial institution name _____</p> <p>Address _____</p>
<p>Insert details of account to be debited</p>	<p>Name/s on account _____</p> <p>BSB number (Must be 6 Digits) _ _ _ _ - _ _ _ _ </p> <p>Account number _ _ _ _ _ _ _ _ _ _ _ _ _ _ </p>
<p>Acknowledgment</p>	<p>By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and Smile Artistry as set out in this Request and in your Direct Debit Request Service Agreement.</p>
<p>Insert your signature and address</p>	<p>Signature _____</p> <p>Address _____</p> <p>_____</p> <p>Date ___ / ___ / ___</p>
<p>Second account signatory (if required)</p>	<p>Signature _____</p> <p>Address _____</p> <p>_____</p> <p>Date ___ / ___ / ___</p>



MySmile Care Plan TERMS AND CONDITIONS

This is the Terms and Conditions of the MySmile Care Plan between Smile Artistry and the client. It explains your obligations when undertaking the plan. It also details what our obligations are to you as the provider.

Please keep these terms and conditions for future reference. The terms and conditions of the MySmile Care Plan are in addition to the Direct Debit Request Service Agreement and should be read in conjunction with this and your DDR authorization.

1. Period of contract	The plan is ongoing unless terminated in accordance with the terms of this agreement. Smile Artistry reserves the right to amend the terms and conditions by giving the patient 14 days written notice.
2. Plan Inclusions	Under the MySmile Care Plan, Smile Artistry will provide the following treatment at no cost other than the weekly plan cost: Teeth and Gum Cleaning code 114 six monthly (40 minute cleaning appointment), Fluoride Treatment code 121 six monthly, Dentist Check-up code 012 six monthly, Bite-wing X-Rays code 022x2 every two years, Digital OPG X-Ray code 037 every two years. Further Treatments are at additional cost to the patient.
3. Waiting Period	A waiting period of five months must be waited before booking your first clean and check-up appointment. Or adult clients can pay \$203 upfront (upfront child payment is \$99) to have their first clean and check-up appointment on the day they sign up to the MySmile Care Plan. After each clean and check-up a minimum waiting period of five months must be waited between each claimable check-up and clean appointment or a cost of \$183 (\$89 for child) must be accrued in the clients account.
4. The Cost	The weekly cost for an adult in the MySmile Care Plan is \$9.75. (made up of \$9.50 charged by Smile Artistry and a transaction fee of \$0.25). The weekly cost for a child 6-15 years in the MySmile Care Plan is \$6.75. (made up of \$6.50 charged by Smile Artistry and a transaction fee of \$0.25). The transaction fee is subject to change following 14 days written notification to the client. A saving of \$1 per person applies for immediate family members on the same account applied to the Smile Artistry charge.
5. Termination	The client may terminate this agreement by giving one week notice. Upon termination any weekly payments and treatments will be forfeited. Smile Artistry may terminate MySmile Care Plans at their discretion with six months written notice to the client.
6. On hold	The MySmile Care Plan can be placed on hold in limited circumstances by terms set by the Practice Manager. During any period of on-hold, all treatment provided in the plan would also be placed on hold and is non-refundable.
7. Health Funds	Following each appointment, you will be issued with an invoice to claim the relevant treatments from your health fund benefits directly from the health fund and you receive this amount direct to you.
8. Provided Treatment	The MySmile Care Plan treatment must be performed by Smile Artistry.
9. Refund	No refund for weekly payments will be made following a one week cooling off period commencing when the agreement starts.
10. Missed Payments	No additional fees. Missed payments need to be made up before plan inclusions can be claimed. An amount of \$183 for a full paying adult must be accrued into the account before any claimable check-up and clean appointments can be claimed (full paying child amount to be accrued is \$89).
11. Account Types	Under the Direct Debit Agreement, the Payment Account types accepted are Savings or Cheque Accounts.
12. Plan Costs	MySmile Care Plan costs will be subject to change.
13. Additional Treatments	Clients on the MySmile Care Plan will be eligible for a 5% treatment discount on treatments provided at Smile Artistry. Treatment discount is not eligible with other special offers.
14. Additional Hygiene Cleans	Clients who require more than two hygiene cleans yearly (one each six months) will be required to pay extra for the additional cleans, the 5% treatment discount will be applied to the additional clean cost.
15. Other Periodontal Treatments	Other periodontal treatments, other than the regular 40 minute Hygiene clean will be charged at normal cost with the additional 5% treatment discount applied.



This is your Direct Debit Service Agreement with **Smile Artistry Pty Ltd ATF Smile Artistry UT "Smile Artistry" ABN 53502692764**. It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider. Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

<p>Definitions</p>	<p>account means the account held at <i>your financial institution</i> from which we are authorised to arrange for funds to be debited.</p> <p>agreement means this Direct Debit Request Service Agreement between <i>you</i> and <i>us</i>.</p> <p>banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.</p> <p>debit day means the day that payment by <i>you</i> to <i>us</i> is due.</p> <p>debit payment means a particular transaction where a debit is made.</p> <p>direct debit request means the Direct Debit Request between <i>us</i> and <i>you</i>.</p> <p>us or we means Smile Artistry (the Debit User) <i>you</i> have authorised by requesting a <i>Direct Debit Request</i>.</p> <p>you means the customer who has signed or authorised by other means the <i>Direct Debit Request</i>.</p> <p>your financial institution means the financial institution nominated by <i>you</i> on the DDR at which the <i>account</i> is maintained.</p>
<p>1. Debiting your account</p>	<p>1.1 By signing a <i>Direct Debit Request</i> or by providing <i>us</i> with a valid instruction, <i>you</i> have authorised <i>us</i> to arrange for funds to be debited from <i>your account</i>. <i>You</i> should refer to the <i>Direct Debit Request</i> and this <i>agreement</i> for the terms of the arrangement between <i>us</i> and <i>you</i>.</p> <p>1.2 We will only arrange for funds to be debited from <i>your account</i> as authorised in the <i>Direct Debit Request</i>.</p> <p>or</p> <p>We will only arrange for funds to be debited from <i>your account</i> if we have sent to the address nominated by <i>you</i> in the <i>Direct Debit Request</i>, a billing advice which specifies the amount payable by <i>you</i> to <i>us</i> and when it is due.</p> <p>1.3 If the <i>debit day</i> falls on a day that is not a <i>banking day</i>, we may direct <i>your financial institution</i> to debit <i>your account</i> on the following <i>banking day</i>. If <i>you</i> are unsure about which day <i>your account</i> has or will be debited <i>you</i> should ask <i>your financial institution</i>.</p>
<p>2. Amendments by us</p>	<p>2.1 We may vary any details of this <i>agreement</i> or a <i>Direct Debit Request</i> at any time by giving <i>you</i> at least fourteen (14) days written notice.</p>
<p>3. Amendments by you</p>	<p>3.1 <i>You</i> may change*, stop or defer a debit payment, or terminate this agreement by providing <i>us</i> with at least fourteen (14 days) notification by writing to:</p> <p>Smile Artistry PO Box 714 Toowong Qld 4066</p> <p>or</p> <p>by telephoning <i>us</i> on 07 3870 3344 during business hours;</p>

	<p>or</p> <p>arranging it through your own financial institution, which is required to act promptly on your instructions.</p> <p>*Note: in relation to the above reference to 'change', your financial institution may 'change' your debit payment only to the extent of advising us Smile Artistry your new account details.</p>
<p>4. Your obligations</p>	<p>4.1 It is <i>your</i> responsibility to ensure that there are sufficient clear funds available in <i>your</i> account to allow a <i>debit payment</i> to be made in accordance with the <i>Direct Debit Request</i>.</p> <p>4.2 If there are insufficient clear funds in <i>your account</i> to meet a <i>debit payment</i>:</p> <p>(a) <i>you</i> may be charged a fee and/or interest by <i>your financial institution</i>;</p> <p>(b) <i>you</i> may also incur fees or charges imposed or incurred by <i>us</i>; and</p> <p>(c) <i>you</i> must arrange for the <i>debit payment</i> to be made by another method or arrange for sufficient clear funds to be in <i>your account</i> by an agreed time so that <i>we</i> can process the <i>debit payment</i>.</p> <p>4.3 <i>You</i> should check <i>your account</i> statement to verify that the amounts debited from <i>your account</i> are correct</p>
<p>5 Dispute</p>	<p>5.1 If you believe that there has been an error in debiting <i>your account</i>, <i>you</i> should notify us directly on phone 38703344 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively you can take it up directly with your financial institution.</p> <p>5.2 If we conclude as a result of our investigations that <i>your account</i> has been incorrectly debited we will respond to <i>your</i> query by arranging for <i>your financial institution</i> to adjust <i>your</i> account (including interest and charges) accordingly. We will also notify you in writing of the amount by which <i>your account</i> has been adjusted.</p> <p>5.3 If we conclude as a result of our investigations that <i>your account</i> has not been incorrectly debited we will respond to <i>your</i> query by providing <i>you</i> with reasons and any evidence for this finding in writing.</p>
<p>6. Accounts</p>	<p><i>You</i> should check:</p> <p>(a) with <i>your financial institution</i> whether direct debiting is available from <i>your account</i> as direct debiting is not available on all accounts offered by financial institutions.</p> <p>(b) <i>your</i> account details which <i>you</i> have provided to <i>us</i> are correct by checking them against a recent <i>account</i> statement; and</p> <p>(c) with <i>your financial institution</i> before completing the <i>Direct Debit Request</i> if <i>you</i> have any queries about how to complete the <i>Direct Debit Request</i>.</p>
<p>7. Confidentiality</p>	<p>7.1 <i>We</i> will keep any information (including <i>your account</i> details) in <i>your Direct Debit Request</i> confidential. <i>We</i> will make reasonable efforts to keep any such information that <i>we</i> have about <i>you</i> secure and to ensure that any of <i>our</i> employees or agents who have access to information about <i>you</i> do not make any unauthorised use, modification, reproduction or disclosure of that information.</p> <p>7.2 <i>We</i> will only disclose information that <i>we</i> have about <i>you</i>:</p> <p>(a) to the extent specifically required by law; or</p> <p>(b) for the purposes of this <i>agreement</i> (including disclosing information in connection with any query or claim).</p>
<p>8. Notice</p>	<p>8.1 If <i>you</i> wish to notify <i>us</i> in writing about anything relating to this <i>agreement</i>, <i>you</i> should write to</p> <p>Smile Artistry PO Box 714 Toowong, Qld 4066</p>

	<p>8.2 We will notify <i>you</i> by sending a notice in the ordinary post to the address <i>you</i> have given <i>us</i> in the <i>Direct Debit Request</i>.</p> <p>8.3 Any notice will be deemed to have been received on the third <i>banking</i> day after posting.</p>
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