

## CONSULTING DOCTOR & CLINIC/PRACTICE

Consulting Doctor

## 1. RESPONSIBLE PARTY FOR PAYMENTS

A Responsible Party for Payments must be an Australian Citizen, be gainfully employed, 18 years of age or older and not subject to bankruptcy or debt agreements.

Title  First Name  Last Name  M/F  Date of Birth

Residential / Home Address   
  
  
 Suburb  State  Postcode

Phone Numbers  
 Mobile   
 Home (  )   
 Work (  )   
 ID Number Field Below Compulsory  
 ID   
 Medicare Card,  Passport or  Driver's License Number

Active Email Address/Account - required for payment plan and payment activity statements

## 2. PATIENT DETAILS

First Name  Last Name  Patient DOB  M/F  Clinic/Practice Patient ID or Contract No

## 3. THE PAYMENT PLAN

The **\$39 Set Up Fee** and first **Direct Debit Amount** as detailed below will be debited on the \_\_\_\_/\_\_\_\_/\_\_\_\_ followed by the Direct Debit Amount each (please specify frequency with tick):  Week or  Fortnight or  Month in the amounts detailed below.

$\$$   -  $\$$   =  $\$$   ÷  =  $\$$    
 Total Treatment Fee      Deposit Amount      Payment Plan Amount      No. of Debits      Direct Debit Amount  
Min 20% to be Paid to Practice

I, the Responsible Party as detailed above, agree to the Payment Plan as set forth in this Section 3. **Please sign**.....

## 4. DIRECT DEBIT REQUEST (DDR) & BANK ACCOUNT or CREDIT CARD/DEBIT DETAILS

I/We, as above Responsible Party, authorise and request Payment Advantage Pty Ltd T/A DentiCare Payment Solutions ABN 99 107 018 182, until further notice in writing, to arrange for my/our account as described in Schedule 1 or 2 specified below, provided that if no amount is specified, the account may be debited with any amounts which I/we must pay to you under the arrangements. Schedule 1 of this Direct Debit Request allows for Payment Advantage Pty Ltd T/A DentiCare Payment Solutions ABN 99 107 018 182 to debit the nominated amount as the Debit User specified in the Bulk Electronic Clearing System (CS2) under Debit User ID No. 317892.

### SCHEDULE 1 - Via your Bank Account

Direct Debiting is not available on all accounts. If in doubt, please refer to your financial institution

Account in the Name(s) of

Name of Bank or Financial Institution  Branch/Suburb

BSB Number (full six digits)  -

Account Number

Bank Account Holders Signature  Signing Date

Bank Account Transactions Incur \$0.88 Fee

### SCHEDULE 2 - Via your Credit or Debit Card




Accepted Cards: Visa, MasterCard & American Express

Card Number

Name on Card  Expiry Date

Cardholder Signature

Signing Date

Accepted Cards   

Credit & Debit Card Transactions Incur 2% Surcharge

**ACKNOWLEDGEMENT:** I/We have read the Direct Debit Request Service Agreement and the DentiCare DDR Payment Plan Terms & Conditions and agree to their terms and conditions. I/We authorise and request that this Direct Debit Request remain in force until cancelled, deferred or otherwise altered in accordance with the Direct Debit Request Service Agreement. I/We confirm the bank account or credit card details as set out above are correct and this Direct Debit Request is signed by the number of authorized signatories required by the financial institution where my/our account is held.

Provider ID  Provider to submit this DDR Payment Plan form & signed DDR Agreement to [payplans@denticarepayplans.com.au](mailto:payplans@denticarepayplans.com.au) or fax to 07 5503 1990  
 Direct Debit Request Payment Plan managed by Payment Advantage Pty Ltd T/A DentiCare Payment Solutions ABN 99 107 018 182 | Ph: 1300 633 472