



Dental Members

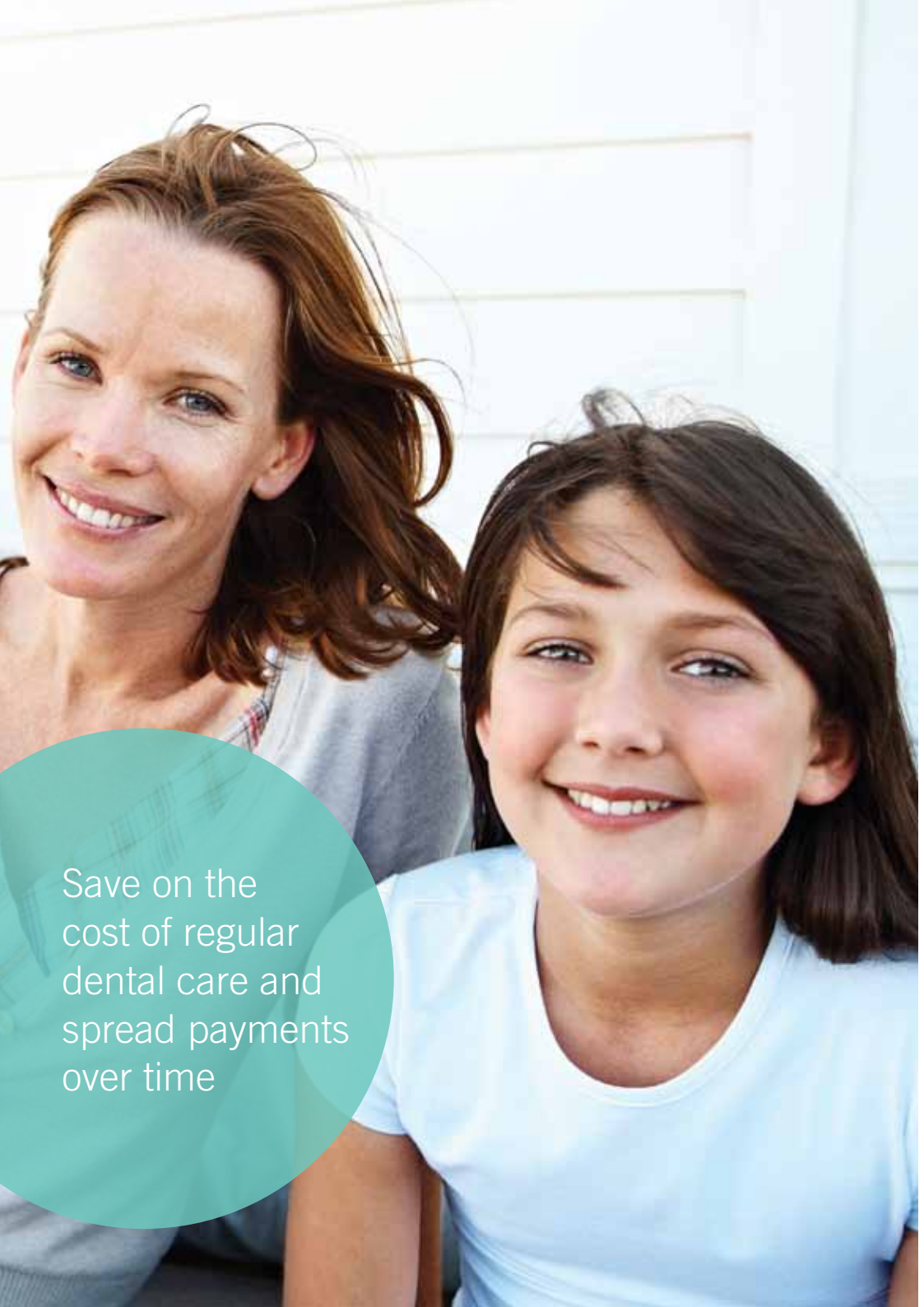
AUSTRALIA



Interest-free
dental payment
plans to keep
your family
smiling

Dental Members Australia is a leading dental payment plan specialist. It provides dental practices that are highly reputable in their community with the ability to provide a convenient interest-free direct debit payment method for their member patients.





Save on the
cost of regular
dental care and
spread payments
over time

About our membership plans

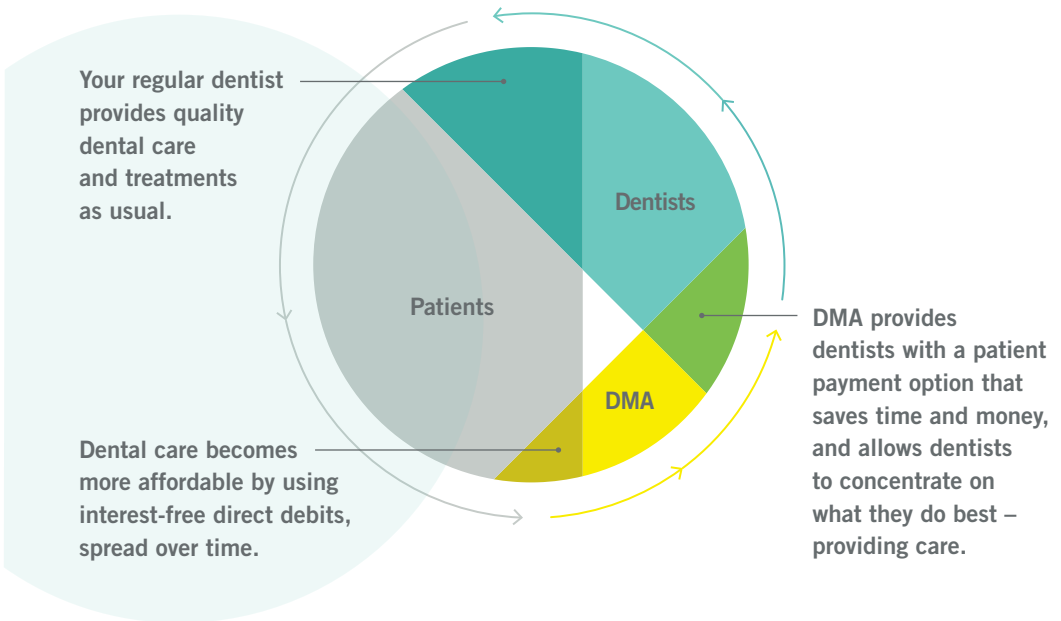
Are you looking for an affordable, easy and professional way to achieve that confident, healthy smile? At Dental Members Australia (DMA) we help you spread out the cost of dental treatment with interest-free, direct debit plans.

As Australia's leading dental payment plan specialist, Dental Members Australia offers membership plans that cover regular dental care and high-value treatment.

By regular dental care we mean things like a scale and clean. By high-value treatment we mean larger procedures like teeth whitening and crowns.

These payment plans give our members better access to great dentistry, while still promoting the regular dental attendance that is so important to preventive care. Now that's something to smile about!

The DMA service – created by dentists for dentists and patients:



Plans to suit you

Dental Care Membership Plan

At DMA we believe everyone should have access to great dentistry, which is why we've set up the Dental Care Membership Plan.

In return for a nominal monthly payment, our plan gives individuals, couples and families a comprehensive ongoing program of prevention, maintenance and treatment.

Specifically, this includes two dental examinations, two dental X-rays, two scale and cleans and preventive dental advice and therapy. Any further work you and your dentist agree on, like teeth whitening or braces for your children, is discounted dependent on the treatment for members – ask your dentist.

By spreading the cost of regular dental treatments over 12 months you can avoid

nasty surprises and often end up paying less. You can also claim the work done under your membership payments on private health insurance provided you are covered.

Most important of all, our Dental Care Membership Plan encourages regular dental attendance. This preventive care adds up to huge savings in the long run.

The benefits of membership include:

- ✓ A comprehensive ongoing prevention, maintenance and treatment program
- ✓ Interest-free, direct debit payments
- ✓ The reduction of “unexpected” dental bills
- ✓ Reduced fees on additional dental work
- ✓ Huge savings in the long run.

	Dental Care Membership Plan	Estimated cost if paid privately*
Dental examinations (2 per year)	✓	\$120 per year
Hygiene treatment including scale and clean (2 per year)	✓	\$280 per year
Dental X-rays (2 per year)	✓	\$80 per year
Preventive dental advice	✓	Depending on time needed
Discounts on additional dental treatment	Ask your dentist	Ask your dentist

*Estimated cost of dental items vary from practice to practice and are dependent on the fees offered by your dentist.

More plans to suit you

Treatment Membership Plan

Every now and then our teeth need extra special treatment. This is known as corrective treatment and it typically covers things like braces, fillings and crowns. It also extends to cosmetic treatments like whitening and veneers. However, corrective treatment can be costly so we've designed a plan to make paying for it easier and cheaper.

The DMA Treatment Membership Plan allows you to pay for your treatment in weekly, interest-free, direct debit payments over the duration of your treatment, which can be up to 48 weeks. These regular payments eliminate the "bill shock" of having to pay the whole sum up front.

Our members also receive a discount off their dentist's usual treatment fee; depending on the treatment this can save you hundreds or even thousands of dollars!

The benefits of membership include:

- ✓ Discounts on all treatments
- ✓ Spreading out the cost of your treatment over time
- ✓ Zero interest
- ✓ No waiting period
- ✓ A private insurance rebate.

The table below provides examples of weekly payments.

Total treatment cost examples	Estimated member savings*	Recommended 20% deposit	Duration of treatment	Weekly payment
\$1000.00	\$150.00	\$200.00	6 weeks	\$109.00
\$2000.00	\$300.00	\$400.00	10 weeks	\$130.00
\$3000.00	\$450.00	\$600.00	8 weeks	\$244.00
\$4000.00	\$600.00	\$800.00	12 weeks	\$217.00
\$5000.00	\$750.00	\$1000.00	18 weeks	\$181.00
\$8000.00	\$1200.00	\$1600.00	30 weeks	\$173.00

*Estimated member savings on Treatment Membership Plans vary from practice to practice and also depend on the type of dental treatment. The above estimated savings are based on a 15% reduction from usual fees.

If you have private health insurance, at the completion of your payment schedule you will receive a tax invoice to take to your insurer to claim your lump sum payment.

Example of benefits

Laura

Laura's Dental Care Membership Plan gives her two dental examinations, two dental x-rays, two scale and cleans, fluoride treatments and oral cancer screenings. Any further work Laura and her dentist agree on, like cosmetic treatments or other procedures, will be discounted at the discretion of her dentist.

Laura's insurance covers the full fee for hygiene visits. At the completion of her payment schedule Laura will receive a tax invoice to take to her insurer to claim a lump sum payment.

Paul

After not seeing a dentist for five years, Paul discovers he needs three broken teeth extracted. He also needs some fillings replaced. The quote is \$3200; the work will take four appointments over 10 to 12 weeks.

Paul joins the Treatment Membership Plan, which immediately reduces his costs by 15%. Then he pays the standard 20% up front deposit. After that he pays for the rest of his treatment through convenient, weekly direct debits over the duration of the treatment.

\$3200.00	Total cost without membership plan
\$2720.00	Cost with member's 15% discount (excluding \$28 registration)
\$544.00	Deposit
\$2176.00	Remaining amount paid through interest-free direct debit over 12 weeks
\$181.30	Weekly amount (for 12 weeks) to complete his dental work

Adam

Adam pays \$35 a month into the Dental Care Membership Plan. For just \$420 a year he receives services such as examinations, cleans and x-rays.

Because Adam's private insurance covers his full dental hygiene costs, at the end of his payment schedule he can claim the full \$420 from his health insurer.

This gives him two choices:

- Put the credit toward any dental treatment or cosmetic dental work with additional member discount.
- Have the \$420 rebated back to his account.

Direct Debit Request Service Agreement



The following is your Direct Debit Request Service Agreement with Dental Members Australia Pty Ltd. The agreement is designed to explain 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.

We recommend you keep this agreement in a safe place 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 form.

Definitions

account means the account held at *your financial institution* from which *we* are authorised to arrange for funds to be debited.

agreement means this Direct Debit Request Service Agreement between *you* and *us*.

banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

debit day means the day that payment by *you* to *us* is due.

debit payment means a particular transaction where a debit is made.

direct debit request means the Direct Debit Request between *us* and *you*.

us or **we** means Dental Members Australia Pty Ltd (the Debit User) *you* have authorised by signing a *Direct Debit Request*.

you means the customer who signed the *Direct Debit Request*.

your financial institution means the financial institution nominated by *you* on the *Direct Debit Request* at which the *account* is maintained.

1. Debiting your account

- 1.1 By signing a *Direct Debit Request*, *you* have authorised *us* to arrange for funds to be debited from *your account*. *You* should refer to the *Direct Debit Request* and this *agreement* for the terms of the arrangement between *us* and *you*.
- 1.2 *We* will only arrange for funds to be debited from *your account* as authorised in the *Direct Debit Request*.
- 1.3 If the *debit day* falls on a day that is not a *banking day*, *we* may direct *your financial institution* to debit *your account* on the *banking day* prior. If *you* are unsure about which day *your account* has or will be debited *you* should ask *your financial institution*.

2. Amendments by us

- 2.1 *We* may vary any details of this *agreement* or a *Direct Debit Request* at any time by giving *you* at least **fourteen (14) days** written notice.
- 2.2 The amount of *your debit payment* may be reduced by any lump sum payments made by *you*.
- 2.3 The amount of *your debit payment* may be reduced by any amounts paid by *your* Private Health Insurance rebate.

3. Amendments by you

- 3.1 *You* may change, stop or defer a debit payment, or terminate this agreement if *you* have not started *your* dental treatment by providing at least fourteen days (14 days) written notice in the form of a completed cancellation form. Cancellation forms will be available at *your* dental practice during business hours.
- 3.2 *You* may change, stop or defer a debit payment, or terminate this agreement if *you* have started *your* dental treatment by providing at least fourteen days (14 days) written notice in the form of a completed cancellation form. Cancellation forms will be available at *your* dental practice during *business hours*. In circumstances where the work is not completed (e.g. patient transfers to another clinic) the agreed pro-rata amount for the work done will apply or *you* can elect to pay any outstanding amounts in a lump sum payment.

4. Your obligations

- 4.1 It is *your* responsibility to ensure that there are sufficient clear funds available in *your account* to allow a *debit payment* to be made in accordance with the *Direct Debit Request*.
- 4.2 If there are insufficient clear funds in *your account* to meet a *debit payment*:
 - (a) *you* may be charged a fee and/or interest by *your financial institution*;
 - (b) *you* will also incur a \$30 dishonour fee by *us*; and
 - (c) *you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your account* by an agreed time so that *we* can process the *debit payment*. Contact your dental practice directly during *business hours* to arrange for the missed *debit payment* to be made by another method.

(d) if you have not arranged for the missed *debit payment* to be made before the next month's *debit payment* falls due, then the term of your Direct Debit Service Agreement will automatically be extended by the same time period.

- 4.3 In the event that your account remains in default, details of your account and the default will be passed to a debt collection agency for recovery. Any legal and/or debt collection costs incurred in recovering outstanding debts from you will be added to any amounts already outstanding.
- 4.4 *You* should regularly check *your account* statements to verify that the amounts debited from *your account* are correct.
- 4.5 It is *your* responsibility to ensure that you keep DMA informed of your current contact details.

5. Dispute

- 5.1 If you believe that there has been an error in debiting *your account*, *you* should notify us directly on info@dentalmembers.com.au and confirm that notice in writing with us as soon as possible at Unit 11/31 Springfield Lakes Boulevard, Springfield Lakes, Qld, 4300, so that we can resolve your query quickly. Alternatively you can take it up with your financial institution direct.
- 5.2 If *we* conclude as a result of our investigations that *your account* has been incorrectly debited we will respond to *your query* by arranging for your *financial institution* to adjust *your account* (including interest and charges) accordingly. We will also notify you in writing of the amount by which *your account* has been adjusted.
- 5.3 If *we* conclude as a result of our investigations that *your account* has not been incorrectly debited *we* will respond to *your query* by providing *you* with reasons and any evidence for this finding in writing.

6. Accounts

- 6.1 *You* should check:
 - (a) with *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available on all accounts offered by financial institutions.
 - (b) *your account* details which *you* have provided to *us* are correct by checking them against a recent *account statement*; and

with *your financial institution* before completing the *Direct Debit Request* if you have any queries about how to complete the *Direct Debit Request*.

7. Confidentiality

- 7.1 *We* will keep any information (including *your account* details) in *your Direct Debit Request* confidential. *We* will make reasonable efforts to keep any such information that *we* have about *you* secure and to ensure that any of *our* employees or agents who have access to information about *you* do not make any unauthorised use, modification, reproduction or disclosure of that information.
- 7.2 *We* will only disclose information that *we* have about *you*:
 - (a) to the extent specifically required by law; orfor the purposes of this *agreement* (including disclosing information in connection with any query or claim).

8. Notice

- 8.1 If *you* wish to notify *us* in writing about anything relating to this *agreement*, *you* should write to:

Dental Members Australia
Unit 11/31 Springfield Lakes Blvd
Springfield Lakes
QLD 4300

or email: info@dentalmembers.com.au

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

Direct Debit Request

Your details

First name	Surname
<input type="text"/>	<input type="text"/>

Address

Suburb	State	Post code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mobile	Home phone
<input type="text"/>	(<input type="text"/>) <input type="text"/>

Email address

You request and authorise **Dental Members Australia Pty Ltd** to arrange, through its own financial institution, a debit to your nominated account of any amount **Dental Members Australia Pty Ltd** has deemed payable by you. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your 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.

Please select your payment method below, providing either bank account OR credit card details.

Financial institution details of account to be debited

Financial institution name	Account name
<input type="text"/>	<input type="text"/>

BSB	Account number
<input type="text"/>	<input type="text"/>

Credit card

Type of card (please tick) Visa MasterCard Amex

Name on card

Credit card number

Expiry date	CVV number
<input type="text"/>	<input type="text"/>

Note all credit card/debit card transactions will incur a 1.9% surcharge.

Direct Debit Request

Please complete both sides of this form and return it to your dentist.

Practice details

Your dental practice name

Your dentist

Dental Care Membership Plan (please tick)

Individual Couple Family (2 children) Child (please select a plan type)

Ongoing payment – this is what I agree to pay:

Total

\$ monthly

Payment for Dental Care Membership Plan can be cancelled at any time. The first payment will incur a non-refundable \$28.00 registration fee.

AND/OR

Treatment Membership Plan (please tick)

Total treatment cost remaining after deposit

\$

Treatment start date

Treatment end date

Ongoing payment – I agree to pay

\$ weekly for

no. of instalments

After the commencement of your dental work, payments for the Treatment Membership Plan cannot be terminated unless the outstanding payment for the pro-rata amount of dental work completed to date is finalised. The first payment will incur a non-refundable \$28.00 registration fee.

Acknowledgment: 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 Dental Members Australia Pty Ltd (User ID 415095) as set out in this request and in your Direct Debit Request Service Agreement.

Name (please print)

Signature

Date

For more information
visit our website

www.dentalmembers.com.au

Dental Members Australia

Unit 11/31 Springfield Lakes Blvd
Springfield Lakes QLD 4300

Tel: 07 3381 8840

Fax: 07 3381 8824

Email: info@dentalmembers.com.au