



## **Payments, Booking, Deposit, Refund and Treatment Policy**

Governing Policy Version: March 2026

This document consolidates the Payment Policy (March 2026), Cancellation Policy (2024), Deposit Policy (2024), Refund Policy (2023), and Treatment Policy (2025) into a single governing framework. In the event of any discrepancy, the Payment Policy rules contained in this document take precedence.

### **1. Policy Hierarchy**

This document is the governing policy for all patient financial, booking and treatment arrangements at Meads Village Dental Practice. It replaces previous standalone policies. Where any historical policy wording differs from the rules below, the provisions in this document apply.

### **2. Appointment Deposits**

A deposit may be required to secure appointments. Deposits ensure surgery time is reserved and help reduce missed appointments.

Deposit structure:

- £40 deposit for consultations or free consultations.
- 50% deposit for routine treatment appointments such as fillings, hygiene visits, and similar procedures.
- Full payment may be required in advance for surgical procedures.
- Full payment is required before laboratory work is submitted for treatments such as crowns, dentures, bridges, veneers, aligners or other appliances.

The consultation deposit is refundable upon attendance or may be applied towards treatment should the patient choose to proceed.

### **3. Cancellation and Failed Appointment Policy**

Patients must provide a minimum of 48 hours notice to cancel or reschedule an appointment. This allows the practice to allocate the appointment to another patient.

Late cancellations and non-attendance:

- Less than 48 hours notice will incur a £40 cancellation fee.

- Missed treatment appointments are charged at £40 per 30 minutes or £80 per hour of surgery time reserved.
- Patients arriving more than 15 minutes late may be treated as a failed appointment if the schedule cannot accommodate the delay.

For Monday appointments, cancellation must be made before close of business on the preceding Friday. Messages left over the weekend will be considered late notice.

Repeated missed appointments or short notice cancellations may result in the patient being removed from the practice list.

#### **4. Deposits and Rescheduling**

If an appointment requiring a deposit is cancelled with more than 48 hours notice, the deposit will be carried forward to the next appointment.

If cancellation occurs with less than 48 hours notice, the deposit may be retained by the practice to cover overheads and lost surgery time.

Patients who repeatedly miss appointments may be required to pay higher deposits (£40–£80 depending on appointment duration) before further bookings can be made.

#### **5. Treatment Planning and Acceptance**

All treatment is provided following a clinical examination and diagnosis by a clinician.

A written treatment plan outlining recommended procedures and associated fees will be provided. Patients must review and sign the treatment plan before treatment begins.

If the treatment plan changes during the course of treatment, a revised plan will be discussed and agreed before continuing.

#### **6. Payment Requirements**

Payments may be made using cash, debit card, credit card, contactless payment or online payment via the practice payment portal. Cheques are not accepted.

Treatment fees must be paid according to the schedule outlined in the treatment plan and deposit requirements described above.

If full payment cannot be made at the appropriate stage, treatment may be postponed until payment arrangements are satisfied.

#### **7. Finance Agreements**

If patients apply for external finance, treatment may only begin once funds have fully cleared and any statutory cooling-off period has expired.

Any queries regarding the finance agreement must be directed to the finance provider.

#### **8. Laboratory Work**

For treatments requiring laboratory fabrication (crowns, dentures, bridges, aligners and similar appliances), full payment must be received before laboratory work is commissioned.

If a patient cancels treatment after laboratory work has been initiated, the practice reserves the right to retain 50% of the treatment fee. This is required to cover laboratory and administrative expenses.

### **9. Refund Requests**

Refund requests must be submitted in writing to the practice either by email or letter.

Each request will be reviewed by the Practice Manager.

Refunds may be issued under the following circumstances:

- Treatment cancelled by the practice before it has begun.
- Overpayment or billing error.

Refunds are limited to the amount paid in advance for unfinished treatment. Fees for completed treatment are not refundable.

Refunds relating to dissatisfaction with treatment will be handled through the practice complaints procedure.

### **10. Treatment Guarantees**

The practice provides a standard guarantee of one calendar year for most dental treatments.

Members of the Meads Dental Gold Plan may receive an extended two-year guarantee.

The guarantee does not apply where failure results from poor oral hygiene, trauma, tooth grinding, biting habits, or biological complications outside the dentist's control.

### **11. Treatment Completion**

Upon completion of treatment and departure from the final appointment, the patient is considered to have accepted the treatment result, unless stated otherwise during the visit.

Any further replacement treatment outside the guarantee conditions will incur the applicable treatment fee.

### **12. Practice Discretion**

In exceptional circumstances, fees or deposits may be waived at the discretion of the Principal Dentist.

The decision of the Practice Manager regarding financial exceptions or refunds is final.

### **13. Patient Acknowledgement**

By signing below, the patient confirms they have read, understood and agree to the terms of this policy.

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_