

Patient Care Plan consent

Ihave received, read and accept the terms and conditions set out for the Patient Care Plan.

I understand that the contract is for a minimum of 12 months and that the monthly fee is reviewed annually in March. Should I wish to cancel the plan within 12 months, I agree to pay the balance for the remaining time.

Signed.....

Date.....

Please sign and return with your Direct Debit form. Thank you.