020 3875 8530
www.medimatch.co.uk

MediMatch DENTAL LABORATORY

CUSTOMER DATA

Please fill out and send this form back to us via e-sign or post with your first case
INVOICING DETAILS*
Surgery data (*mandatory fields)

Surgery Name & Group name if any:*	
Doctors Full Name:*	
Surgery address:*	
City:*	
Postcode:*	
GDC Number:*	
Doctors email address:*	
Doctor's mobile no:*	
Surgery website:	

To receive statements:

We run paperless statements that are sent out via email on the last working day of each month. Please note that it is the Doctor's responsibility to ensure an online account has been set up for their surgery to receive their statement. To set up an online account go to **https://www.medimatch.co.uk/** and select 'my account'.

Terms and conditions apply (see back)

What you should know:

Payment terms are 15 days from statement date.
*Statements are sent on a monthly basis. The dental surgery and the prescribing doctor are responsible for the payment.
All surgeries require a online account with us to receive monthly updates on your financial data with MediMatch.
I hereby accept the payment and delivery conditions.
I hereby declare under my responsibility that the data provided is correct and I will inform MediMatch about any variation. I am able to pay for prescribed orders.
This document implies the acceptance of the mentioned terms and conditions.
The personal data on this document will be used exclusively by MediMatch, and will be used by MediMatch to provide information regarding the products, services or for promotional purposes.

(to be signed and dated by the named Doctor)

Date : _____

Signature: _____