

CARD NUMBER START DATE / / MANAGER

1 - IDENTIFICATION OF THE TITULAR BENEFICIARY

NAME: _____ GENDER: M F
 ADDRESS _____
 LOCATION: _____ POSTAL CODE: _____
 TELEPHONE: _____ MOBILE PHONE: _____ EMAIL: _____
 VAT NUMBER: _____ ID CARD/PASSPORT: _____ DATE OF BIRTH: ____/____/____

2 - IDENTIFICATION OF THE REMAINING BENEFICIAIRES

BENEFICIARY 2 CARD NUMBER: _____
 NAME: _____
 Date of birth: ____/____/____ VAT NUMBER: _____ ID CARD/ PASSPORT: _____ CONTACT: _____

BENEFICIARY 3 CARD NUMBER: _____
 NAME: _____
 Date of birth: ____/____/____ VAT NUMBER: _____ ID CARD/ PASSPORT: _____ CONTACT: _____

BENEFICIARY 4 CARD NUMBER: _____
 NAME: _____
 Date of birth: ____/____/____ VAT NUMBER: _____ ID CARD/ PASSPORT: _____ CONTACT: _____

BENEFICIARY 5 CARD NUMBER: _____
 NAME: _____
 Date of birth: ____/____/____ VAT NUMBER: _____ ID CARD/ PASSPORT: _____ CONTACT: _____

3 - SEPA DIRECT DEBIT OPTION, PAYMENT METHOD AND AUTHORIZATION

	MEMBERSHIP FEE	ANUAL PAYMENT	SEMESTRE PAYMENT	MONTHLY PAYMENT	OFFERS
1 BENEFICIARY	10€ <input type="checkbox"/>	142,80€ <input type="checkbox"/>	80,40€ <input type="checkbox"/>	14,90€ <input type="checkbox"/>	1 bimaxillary scaling & polish very 6 months <input type="checkbox"/>
2 BENEFICIARIES	20€ <input type="checkbox"/>	237,80€ <input type="checkbox"/>	136,80€ <input type="checkbox"/>	25,80€ <input type="checkbox"/>	1 Panoramic x-ray every 6 months <input type="checkbox"/>
3 BENEFICIARIES	30€ <input type="checkbox"/>	284,40€ <input type="checkbox"/>	169,20€ <input type="checkbox"/>	32,70€ <input type="checkbox"/>	2 dental scans per year (upper jaw + lower jaw) <input type="checkbox"/>
4 BENEFICIARIES	40€ <input type="checkbox"/>	379,20€ <input type="checkbox"/>	225,60€ <input type="checkbox"/>	43,60€ <input type="checkbox"/>	1 whitening laser session (one-time offer per contract) <input type="checkbox"/>
5 BENEFICIARIES	50€ <input type="checkbox"/>	474,00€ <input type="checkbox"/>	282,00€ <input type="checkbox"/>	54,50€ <input type="checkbox"/>	<input type="checkbox"/>
MEMBERSHIP TOTAL: _____					

SEPA DEBIT AUTHORIZATION

5 0 0 0

Authorization reference (ADD) - to be completed by the creditor

By subscribing to this authorization, you are authorizing FDMK – Medicina Dentária e Wellness to send instructions to your bank to debit your account and your bank to debit your account, in accordance with the instructions from FDMK – Medicina Dentária e Wellness. Your rights include the possibility to demand from your bank the reimbursement of the amount debited, under the terms and conditions agreed with your bank. Reimbursement must be requested within a period of eight weeks, counting from the date of debit in your account. Your rights are explained in a statement that you can get from your bank. Please fill in all fields marked with *. Filling in the fields marked with ** is the responsibility of the creditor.

In case of a delay in any payment, the respective debt will be sent to the company **intrum**

Documents to deliver: Photocopy of ID card/passaport, proof of IBAN and proof of address.

DEBTOR IDENTIFICATION*

Owner of the account*

Address*

Postal code*

Account number - IBAN*

BIC SWIFT* VAT number*

CREDITOR IDENTIFICATION*

Creditor name: FDMK - Medicina Dentária e Wellness, Lda. Creditor Identification code: PT33111760
 Address: Rua Gilberto Rola, 62 1º andar Postal code: 1350-156 City: Lisboa Country: Portugal

Customer's signature*

Clinic Signature**

Date*

SERVICE AGREEMENT - MEDIDENTAL ACTIVE HEALTH PLAN

Between

FDMK – Medicina Dentária e Wellness, Lda., with registered office at Rua Gilberto Rola, no. 62 – 1st floor, 1350-156 Lisbon, corporate taxpayer no. 508681820, share capital €122,500.00, hereinafter referred to as MEDIDENTAL,

and

The natural or legal person duly identified at the time of execution of this agreement, hereinafter referred to as the MEMBER,

This Service Agreement is freely and in good faith entered into and governed by the following clauses:

1. PURPOSE

1.1. Membership of the MEDIDENTAL ACTIVE Program implies full knowledge and acceptance of these contractual terms by the MEMBER.

1.2. Under this agreement, MEDIDENTAL provides the MEMBER with a Private Dental Care Plan, to be delivered exclusively at MEDIDENTAL clinics.

1.3. MEDIDENTAL undertakes to provide dental consultations and treatments at agreed prices, corresponding to a minimum discount of 25% compared to the standard private price list in force.

1.4. Members of the MEMBER'S household may also benefit from the plan, provided they are duly identified under this agreement.

1.5. The MEMBER is responsible for the accuracy and updating of the information provided. False or materially incomplete information may lead to termination of the agreement.

1.6. The MEMBER expressly acknowledges that this agreement is not a health insurance contract, but exclusively a service agreement, with no coverage limits, guaranteed capital or third-party reimbursements.

2. BENEFICIARIES

2.1. The MEMBER and identified household members may benefit from the MEDIDENTAL ACTIVE Program.

2.2. The MEMBER is responsible for the accuracy and updating of beneficiary data.

2.3. Adding household members does not change the contract start date, duration, or renewal cycle.

2.4. Added beneficiaries are bound by these General Contractual Conditions until the end of the current contractual period.

2.5. If any beneficiary starts implantology, orthodontic or aligner treatments, the regime set out in Chapter 4 applies, including the minimum commitment period.

2.6. Adding beneficiaries implies payment of the respective enrollment fee and recurring charges from the date of subscription.

3. USE OF SERVICES

3.1. Identification is carried out via MEDIDENTAL'S internal system and official ID may be requested.

3.2. Healthcare professionals may confirm eligibility when necessary.

3.3. The MEMBER undertakes to use services responsibly and in accordance with MEDIDENTAL'S clinical and administrative rules.

3.4. Any relevant data changes must be communicated in writing to souactive@medidental.pt

3.5. Services may be provided by professionals designated by MEDIDENTAL.

3.6. The MEMBER is responsible for full payment of all amounts due.

3.7. If any charge cannot be collected due to reasons attributable to the MEMBER (including insufficient funds, refusal or cancellation of direct debit), MEDIDENTAL may apply a fixed administrative fee of €5 per failed debit attempt, intended to compensate administrative and banking costs. This fee is not punitive and may be waived if the situation is immediately regularised after notification.

3.8. MEDIDENTAL ACTIVE offers renew every 12 months, except laser whitening, which is a one-time offer per contract.

3.9. Membership requires a valid IBAN and Portuguese tax residence.

3.10. The plan only becomes effective from the exact date and time of subscription and does not apply retroactively.

3.11. The MEMBER may hold other insurance or health plans, but cumulative use with MEDIDENTAL ACTIVE for the same treatment plan is not permitted. applicable data protection laws.

4. IMPLANTOLOGY, ORTHODONTICS AND PHASED TREATMENTS

4.1. Implantology, orthodontic or aligner treatments imply a minimum commitment of 36 months from treatment start.

4.2. Early termination results in loss of economic benefits and MEDIDENTAL may claim the difference relative to the standard price list.

4.3. During phased treatment plans, the contract may not be terminated until clinical completion or full financial settlement.

5. DURATION

5.1. The contract is concluded for an initial term of 12 months and automatically renews for equal periods.

5.2. Non-renewal must be communicated at least 30 days in advance, exclusively to souactive@medidental.pt

5.3. Suspension of benefits due to non-payment does not terminate the contract; payment obligations remain until settlement or valid termination.

6. PRICE AND PAYMENT

6.1. The plan price corresponds to the modality chosen by the MEMBER.

6.2. Payment is made by SEPA direct debit.

6.3. The price list is available at MEDIDENTAL reception desks and may be updated periodically.

6.4. Treatment costs are not included in the annual plan fee.

7. DEFAULT

7.1. Failure to meet payment obligations may result in immediate suspension of benefits until full settlement.

7.2. Repeated default may lead to contract termination by MEDIDENTAL, without prejudice to collection of outstanding amounts.

7.3. In case of non-payment, MEDIDENTAL reserves the right to pursue compulsory debt collection directly or through specialised third-party recovery entities, namely Intrum or equivalent, and may share strictly necessary personal data for this purpose in accordance with applicable data protection laws.

8. PERSONAL DATA

8.1. Data is processed in accordance with GDPR.

8.2. Legal rights may be exercised via souactive@medidental.pt

9. COMMUNICATIONS

9.1. All official communications must be made in writing to souactive@medidental.pt

9.2. Emails sent to the address provided by the MEMBER are deemed received within 48 hours.

9.3. The MEMBER agrees that, in case of contractual default, they may be contacted directly by MEDIDENTAL'S appointed debt recovery entity.

10. RIGHT OF WITHDRAWAL

10.1. For distance contracts, the MEMBER has 14 days to withdraw, provided the plan has not been used.

11. ALTERNATIVE DISPUTE RESOLUTION

11.1. The MEMBER may use an ADR entity under Law no. 144/2015.

12. APPLICABLE LAW

Portuguese law applies.

13. FINAL DECLARATION

The MEMBER declares having read, understood and fully accepted these General Contractual Conditions.

Location and date: _____, ____/____/____

MEMBER Signature: _____

MEDIDENTAL Signature:  _____