

Terms & Conditions For Receiving Calls via the Ear Wax Clinic Website

1. The lead generation service is available to those who have been trained in micro suction wax removal. You must be a registered and qualified GP, nurse or audiologist. Hearing care assistants must be working under a supervising, qualified and registered audiologist.
2. The clinic addresses you supply must not be your home address unless you have a dedicated clinic room with a sink. Photographic evidence will be requested.
3. You must show patients before and after video otoscopy images.
4. You will be invoiced at the end of the month with a statement of all calls.
5. Invoices need to be settled in 2 weeks or leads will stop. You will receive reminders.
6. Patients will call a unique number on our website that will divert directly to the business line you have provided to us.
7. All calls (with a few exceptions - see below) are chargeable at £12.50 (no added VAT).
8. You will not be charged for any duplicate calls from the same telephone numbers within a 30-day period. If a client calls from a different number, I'm afraid we cannot account for this and you will be charged for both calls.
9. There will be a £50 + vat charge for changes to opening times or divert numbers. There is no charge for deleting or adding a new clinic.
10. We will only divert calls at times in accordance with your opening hours.
11. We will not divert calls on bank holidays or between Xmas and New Year.
12. The Hearing Lab may at any time stop providing micro suction clients without reason.
13. You must provide The Hearing Lab with information about times when you will be unable to provide your micro suction service. A minimum of five working days notice is required. Failure to provide sufficient notice means that calls will still be chargeable until the notice period has expired.
14. You may add any extra costs to the micro suction treatment for home visits and for out of normal hours appointments at your discretion, but your standard charges must appear on the UK website.

Print Registered Name or Hearing Care Assistant Trainee Name: _____

Email Address: _____

Mobile Phone: _____

Supervising Audiologist Name for Hearing Care Assistants: _____

HCPC/RCCP/NMC/GMC
Number _____

I agree to the above terms and condition. Signed _____ Date _____