

申請牙科保健計劃之注意事項  
Points to note for Dental Care Plan application

由於辦理會員登記手續需時，如欲查詢報名進度，請電郵至 [cs@health-care.com.hk](mailto:cs@health-care.com.hk) 聯絡本公司。

請於投遞申請書10個工作天後才聯絡我們查詢

我們每天都需要處理大量報名表格，如需查詢報名進度，請提供以下資料，方便我們更有效率跟進閣下的查詢:-

1. 申請人英文全名
2. 公司名稱(英文)
3. 付款方式
4. 付款日期
5. 遞交表格日期
6. 電郵地址 (如適用)
7. 聯絡電話號碼

For enquiries about the status and progress of the applications, please email to [cs@health-care.com.hk](mailto:cs@health-care.com.hk)

**Please contact us 10 working days after submission date.**

Due to the large volume of applications received daily, please provide the following information for our easy follow up:-

1. Applicant's full name
2. Company Name
3. Payment method
4. Payment date
5. Submission date
6. Email address (if applicable)
7. Contact telephone number

我們收到申請表格後，會在2個星期後以 SMS 通知主申請人計劃之生效日期。請提供有效手提電話號碼以便收取有關通知。  
會員請依照 SMS 上所顯示之生效日期後才致電熱線預約服務。登記手續完成後，除申請人特別要求外，我們不會就報名費用另發正本收據#。

After receiving the application form, we will inform the initial applicant for the start date of the dental plan by SMS after 2 weeks.  
Please provide a valid mobile number for receiving the SMS. Please make appointments after the said start date in the above said SMS.  
No official receipts will be issued for application fee paid unless requested by applicant.#

- (I) 填寫申請表格前，請先小心細閱附頁之牙科保健計劃條款及細則、備註、預約參考資料以及醫患健康隱私聲明。有關醫患健康隱私聲明條款及細則，詳情請參閱<https://ehealthcare.com/zh/privacy-policy>。Before completing the application form, please read through the Terms & Conditions, Notes, Appointment Information and EC Healthcare Privacy Policy of the attachment sheet carefully. Please visit <https://ehealthcare.com/zh/privacy-policy> for more details regarding the terms and condition of EC Healthcare Privacy Policy.
- (II) 洗牙服務由牙齒衛生員提供，如有任何爭議，恒健牙科服務有限公司保留最終決定權。  
Scaling & Polishing could be done by Dental Hygienist. Should any dispute arise, the decision of Health & Care Dental Services Limited shall be final.
- (III) 如申請表格未填寫所有資料、或欠缺簽名及日期、或作出更改資料後沒有加簽確認、或填寫上不符申請資格的員工家屬資料、或付款有問題之申請將**不獲處理**。  
The application **will not be processed** if: (i) The application form is not duly completed; (ii) The applicant's signature and/or signing date is left in blank; (iii) Amendments have been made to the information in the form without being signed thereat by the applicant; (iv) with unqualified family member's information; (v) Failed or Declined Payments
- (IV) 在遞交申請前，請先確定已全部填妥所有有關資料及已安排繳款，以免延誤申請。  
To avoid delay in application, please make sure you have completed the form and payment is being arranged.
- (V) 表格一經遞交，將不獲退還。申請人在遞交表格前，請自行保存副本以作參考。(如適用)  
Application form and documents submitted would be retained by our company and will not be returned. You are advised to keep a copy for reference. (If applicable)
- (VI) 請預留十個工作天辦理登記手續 (工作天指星期一至五，公眾假期除外)  
Please allow ten (10) working days for membership enrollment (The term "working days" means Monday to Friday excluding Public Holidays).
- (VII) 遞交前核對表  
Submission Checklist
- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | 申請表格內之申請人姓名、家屬姓名、通訊地址已用 <b>英文正楷</b> 大寫填寫。<br>Please complete in <b>BLOCK CAPITAL LETTERS</b> for applicant's name, family members' name & mailing address.                         |
| <input type="checkbox"/> | 所有資料已正確填妥。<br>All information has been properly completed.   |
| <input type="checkbox"/> | 申請表已填上日期和簽署(所有作出修改之地方已簽署確認)。<br>Application Form has been completed, signed and dated by the applicant. If amendments are made, such amendments should be signed by the applicant. |

# **請注意:**

我們將不會就報名費用另發正本收據。

若閣下需要正式收據，可於遞交申請表格之後的5個工作天至生效日期後的兩個月內，以電郵方式聯絡我們(逾期提出將不獲受理):-

請電郵至 [receipt@health-care.com.hk](mailto:receipt@health-care.com.hk) 索取電子版收據。(必需提供 英文全名, 公司名稱, 香港身份證英文字母及首4位數目字, 報名表格上所填寫的手提電話號碼)。

我們會在收到電郵後的一個月內，把電子版正式收據電郵給您。

# **Note:**

No receipts will be issued for the application fee paid.

If you need an official receipt (late request will not be accepted), please email your request (in between 5 working days after the application form submission day and within two months after the start date of your dental care plan) to [receipt@health-care.com.hk](mailto:receipt@health-care.com.hk) (must provide full name, company name, HKID number (first 5 alphabet(s) and digits), mobile phone number which fills in the application form), we will send the e-receipt to you by e-mail within one month.



**Submission Deadline :**  
**15 June, 2026**

Dental Care Plan Application Form	
<b>The University of Hong Kong</b>	( Co Code: HKU0 )
Effective Period from 1 September, 2025 to 31 August, 2026 (Membership is valid until <u>31 August, 2026</u> , the plan shall be invalid after the expiry date)	

(Please complete this application form in English and in BLOCK letters. Name should be same as the one on your I.D. Card. This form can be copied if needed.)

(1)	Name of Student/Staff/Retiree (Applicant)	Membership Type	Staff No.	Full HKID No.	Dental Plan (HK\$)
		<input type="checkbox"/> New Applicant <input type="checkbox"/> Renewal <input type="checkbox"/> Applicant not enrol	<input type="checkbox"/> Student (STD) <input type="checkbox"/> Staff (STF) <input type="checkbox"/> Retiree (RTE) No# :		K21 - \$480

(2)	Name of Family Members	Membership Type	Relationship	Full HKID No.	Dental Plan (HK\$)
		<input type="checkbox"/> New Applicant <input type="checkbox"/> Renewal			K21 - \$480
		<input type="checkbox"/> New Applicant <input type="checkbox"/> Renewal			K21 - \$480
		<input type="checkbox"/> New Applicant <input type="checkbox"/> Renewal			K21 - \$480

All fees paid will be non-refundable. Membership fees must be paid in full, otherwise the application will not be processed.

**Total Amount : HK\$**

**Application:**

**E-Payment (Bank Transfer/ATM Transfer)**  
Please send the payment advice together with the completed application form in PDF format to cs@health-care.com.hk (Subject: Dental Care Plan Application Form).  
Below information must be clearly stated on the payment advice: (The application will not be processed if any missing / unclear information)  
1. Transaction Status (Completed/Accepted)  
2. Transaction Date & Time  
3. Paid To Account Number  
4. Paid Amount  
*The enrolment process will take about 10 working days. If you have not received the SMS confirmation notification within 10 working days after submitting the application, please send an email to cs@health-care.com.hk for inquiry.*

**Bank Account Details:**  
**HSBC**  
**Health & Care Dental Services Ltd**  
**509-115119-001**  
  
**FPS**  
**Select: Pay to a bank account**  
**Name: HEALTH \* C\*\*\*\* D S L**  
**Account number: 509115119001**

Please note the submission deadline, all fees paid will be non-refundable. Please tender the exact amount. No change will be provided.

Contact Information	Mobile No.: _____ (Application confirmation will be sent to this mobile no. via SMS) <hr/> Email Address: _____
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For the dental plan details, please refer to the attached leaflet, or enquire through your related companies/institutions/organizations.  
For other inquiries, please send email to: cs@health-care.com.hk

I object to the use of my personal data for direct marketing of the products or services offered by EC Healthcare and/or its affiliated companies.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_  
(Staff/Student/Retiree)

I confirm I understand the Membership is valid until **31 August, 2026** , and the plan shall be invalid after that date.  
I also confirm that I fully understand, accept and agree with the contents and the related terms and conditions of this application form.  
I confirm that I have read, understood and fully accepted all the Terms & Conditions and EC Healthcare Privacy Policy before applying the dental care scheme.

For HCDS Internal Use only



牙齒保健計劃申請表

香港大學

(Co Code: HKU0 )

生效日期: 2025年9月1日 至 2026年8月31日  
(會籍有效期至 2026年8月31日 · 必須於此日期前使用 · 逾期無效。)

(為方便電腦操作, 請以英文正楷填寫此表格, 所填姓名必須與身份證上之名字相同。如有需要, 可自行影印此表格。)

學生/僱員/退休職員(主申請人)姓名 **英文正楷**	會員類別	職員編號	身份證號碼	選擇計劃 (港元 HK\$)
(1)	<input type="checkbox"/> 新會員 <input type="checkbox"/> 續會會員 <input type="checkbox"/> 申請人不參加	<input type="checkbox"/> 學生 (STD) <input type="checkbox"/> 僱員 (STF) <input type="checkbox"/> 退休職員 (RTE) 編號#		K21 - \$480

家屬姓名 **英文正楷**	會員類別	家屬關係	身份證號碼	選擇計劃 (港元 HK\$)
(2)	<input type="checkbox"/> 新會員 <input type="checkbox"/> 續會會員			K21 - \$480
(3)	<input type="checkbox"/> 新會員 <input type="checkbox"/> 續會會員			K21 - \$480
(4)	<input type="checkbox"/> 新會員 <input type="checkbox"/> 續會會員			K21 - \$480

已繳付之費用將不獲退還。

如會員未有繳付全額費用, 其申請將不獲處理。

合共費用: 港元

申請辦法

電子支付 (銀行轉帳/ATM過數)

請將付款通知書連同填妥之申請表格以PDF格式電郵到cs@health-care.com.hk。

付款通知書必須清晰列明以下資料: (資料如有欠缺或不清楚將不獲處理)

1. 交易狀況(成功完成/接納) 2. 交易日期及時間 3. 入賬戶口號碼 4. 入賬金額

處理申請需時約10個工作天。如遞交申請後10個工作天仍沒收到SMS確認通知, 請發電郵到cs@health-care.com.hk查詢。

戶口資料:

香港滙豐銀行  
恒健牙科服務有限公司  
509-115119-001

轉數快(FPS)(付款至銀行戶口)  
戶口名稱: HEALTH \* C\*\*\*\* D S L  
戶口號碼: 509115119001

請留意截止報名日期, 已繳付之費用將不獲退還。請繳付應繳費用。費用不設找續。

聯絡資料	主申請人之手提電話: (申請確認將以SMS方式傳到此手機號碼)
	(電郵地址) 請以英文正楷大寫填寫:

有關於牙科保健計劃之詳情, 請瀏覽隨申請表附上之單張內容, 或透過貴公司/機構/組織向我們查詢。

如有其他查詢, 請電郵至: cs@health-care.com.hk

我反對醫思健康及 / 或其聯營公司將我的個人資料用於產品或服務的直接營銷。

簽署:

(員工/學生/  
退休員工)

日期:

(i) 申請人清楚明白會籍有效期至 2026年8月31日, 必須於此日期前使用, 逾期無效。

(ii) 申請人確認已仔細閱讀及同意接受附頁之牙科保健計劃條款、細則及其他相關資料。

(iii) 申請人確認在提交牙科計劃的申請前, 已詳閱、明白及完全接受參加牙科計劃的所有條約及細則以及醫思健康隱私聲明。

只供醫思牙科內部使用



Clinic Location  
診所地址

Appendix I

District 地區	Address 地址	Telephone 聯絡電話
<b>HONG KONG 港島</b>		
Central 中環	Unit 08-10, 9/F, China Insurance Group Building, 141 Des Voeux Road Central, HK (Sheung Wan MTR Exit E4) 中環德輔道中141號中保集團大廈9樓08-10室 (上環港鐵站E4出口)	2666 6082
<b>KOWLOON 九龍</b>		
Mongkok 旺角	31/F, Langham Place Office Tower, 8 Argyle Street, Mongkok 旺角亞皆老街 8 號朗豪坊辦公大樓 31 樓	2666 6638
<b>NEW TERRITORIES 新界</b>		
Tsuen Wan 荃灣	Shop 116, Level 1, CDW Building (8 ½), 388 Castle Peak Road, Tsuen Wan 荃灣青山公路荃灣段388號中染大廈(8呎半)1樓116號舖	2666 6313
Shatin 沙田	Unit 1312, 13/F, Tower 1, Grand Central Plaza, Shatin 沙田新城市中央廣場一座13樓1312室	2666 6129
Tai Po 大埔	Shop 66, Level 1, Fortune Plaza, 4 On Chee Road, Tai Po 大埔安慈路4號昌運中心1樓66號舖	2666 6474

Health & Care Dental Services Ltd. reserves the right to change the clinic location and/or clinic consultation hours at any time without prior notice.  
恒健牙科服務有限公司保留隨時更改診所資料(例如診所地址及/或應診時間)的權利而毋須另行通知。

Dental services are provided from Monday to Saturday (some clinic(s) may only provide service from Monday to Friday. Please contact our booking hotline for more details).  
牙科服務只限星期一至星期六提供 (個別診所只限星期一至星期五提供服務。詳情請向預約熱線職員查詢)。

Private & Confidential: This location list is for internal reference only. Circulation and divulgence is not allowed

\*\*\* For appointment booking, please call our hotline 2666-6661. \*\*\*

\*\*\* 如需預約，請致電熱線 2666-6661。\*\*\*

(Mon-Fri : 9am-1pm, 2pm-6pm 星期一至五: 上午9時至下午1時，下午2時至下午6時)

\*\*\* Members must clearly mention that they have joined the "Dental Care Plan" while booking. \*\*\*

To avoid confusion, please do not only mention your company name.

\*\*\* 在預約牙科服務時，會員必須明確表示已參加"牙科保健計劃" \*\*\*

請勿只提供貴公司名稱，以免造成混亂。

\*\*\* Cancellation of appointment should be made 1 working day in advance and successfully confirmed by H&C's staff; otherwise, the quota for the scale and polish procedure will be deducted automatically (if applicable).

\*\*\* 取消預約必須於1個工作天<sup>#</sup>前成功通知恒健牙科及必須經職員確認，否則有關洗牙服務次數的限額(如適用)將由系統中自動扣除。

(\*Working Day 工作天: Monday - Friday 星期一至星期五)

\*\*\* When a member is late for more than 15 minutes, his/her appointment will be cancelled.

The member will need to re-book an appointment. Please be punctual.

\*\*\* 如遲到超過15分鐘，其所預約之服務將會被取消，會員需重新預約其它時間。敬請準時出席。



Dental Care Plan for  
The University of Hong Kong

PLAN K21

(1)	Scaling & Polishing 洗牙石及牙漬 <small>(Scaling &amp; Polishing could be done by Dental Hygienist. Should any dispute arise, the decision of Health &amp; Care Dental Services Limited shall be final.) (洗牙服務由牙齒衛生員提供。如有任何爭議，恒健牙科服務有限公司保留最終決定權。)</small>	Once* 一次*
(2)	Oral Check-Up & Oral Hygienic Instruction 口腔檢查及口腔衛生指導	Unlimited 次數不限
(3)	Intra-Oral X-Ray (when necessary) 口腔內 X-光細片 (如有需要) <small>(OPG X-Ray (Orthopantomogram) is excluded)(不包括全口腔 X光)</small>	Unlimited 次數不限
(4)	Fluoride Varnish Treatment (when necessary) 氟素治療 (如有需要)	Unlimited 次數不限
(5)	Filling due to Caries 因蛀牙引起之補牙 (i) Composite Filling for Anterior Teeth 前牙瓷粉 (ii) Amalgam Filling for Posterior Teeth 後牙銀粉	Unlimited 次數不限
(6)	Simple Extraction 簡單脫牙 <small>(Extraction of wisdom teeth, surgical extractions or extraction for orthodontic reasons are not included) (不包括智慧齒、手術性或因矯正脫牙)</small>	Unlimited 次數不限
(7)	Emergency Treatment during office hour - Temporary Pain Relief 辦公時間內緊急治療 - 臨時止痛	Unlimited 次數不限
(8)	Abscess (Drainage Without Surgery) 牙瘡 (非手術性放膿)	Unlimited 次數不限
(9)	Medication (pain killer) for the above mentioned treatment 以上治療項目所需之止痛藥物	Unlimited 次數不限

( Specialist Treatment is excluded 不包括專科治療)

Membership fee  
費用

HK\$480

This dental care plan is only for The University of Hong Kong. If you are not one of them, please do not apply.  
此牙科保健計劃只供 The University of Hong Kong 參加。閣下如非相關人士，請勿申請。

- \* i) Members are required to use the dental care plan from 1 Sep 2025 to 31 Aug 2026. All unused item will be forfeited after expiry date, and the membership will not be extended.  
會員需於2025年9月1日至2026年8月31日期間使用此牙科保健計劃。所有於到期日而未用之項目將會被註銷，同時會籍亦不設延期。
- ii) Members are asked to arrive to their appointments before their scheduled appointment time. If a patient arrives more than 15 minutes late for their appointment, "No Show" Policy will apply & a visit for "Scaling & Polishing" will be automatically deducted in the system.  
已預約之會員請提早到達診所。若遲到超過15分鐘，則該預約當作缺席處理，系統會自動扣除會員"洗牙石及牙漬"之限額一次。
- iii) Due to limited time slot for Scaling & Polishing, members need to call our booking hotline for appointment at least 1 month before the dental plan ended, appointments are process on a first come first served basis.  
因洗牙服務名額有限，會員需於計劃完結前最少1個月致電預約熱線安排預約洗牙服務，預約均以先到先得形式處理。

### 價目表 Price List

此價目表由2021年7月1日開始生效。  
This Price List is effective from 1 July 2021.

No.	治療項目 Treatment Items	(原價收費) List Price*	(合約優惠價) Preferential Rate <sup>#</sup>
1	後加洗牙石及牙漬 Further Scaling & Polishing & Prophylaxis	\$650	\$350
<b>後加補牙 Additional Fillings</b>			
2	a) 銀粉補牙 (一個牙面) Amalgam Filling (1 surface)	\$650 起/up	\$450 起/up
	b) 瓷粉補牙 (一個牙面) Composite Filling (1 surface)	\$750 起/up	\$450 起/up
	C) 瓷粉補牙-磨損性窿劫 Abrasion Composite Resin Filling	\$700 起/up	\$450 起/up
3	牙瘡(需手術) Abscess (with surgery)	\$660 起/up	\$450 起/up
4	輔助補牙針(每支) Pin Insertion (per pin)	\$550	\$300
5	牙紋防蛀劑(每隻) Fissure Sealant (each tooth)	\$450	\$350
<b>脫牙 Tooth Extraction</b>			
6	複雜脫牙 Complicated Extraction	\$2,420 起/up	\$1,500 起/up
<b>脫智慧齒 Wisdom Tooth Extraction</b>			
7	簡單脫智慧齒 – 不需手術 (每隻) Simple Extraction - No surgery needed (each tooth)	\$2,090 起/up	\$1,700 起/up
	阻生智慧齒 – 需手術 (每隻) Impacted Tooth - Need surgery (each tooth)	\$4,400 起/up	\$3,500 起/up
<b>牙根管治療 Root Canal Treatment</b>			
8	門牙, 犬齒 Incisor, Canine	\$4,000 起/up	\$3,600 起/up
	小白齒 Premolar	\$4,500 起/up	\$4,100 起/up
	大牙 Molars	\$5,500 起/up	\$4,500 起/up
9	活動假牙托 Denture	\$5,280 - \$24,500	可享折扣因應牙齒的實際情況而定 Discount depending on the condition of the tooth
10	牙冠及固定牙橋 Crowns & Bridges	\$6,800 - \$13,200	可享折扣因應牙齒的實際情況而定 Discount depending on the condition of the tooth
11	3日藥費 (抗生素) 3 Days Medicine (Antibiotic)	\$250	\$175
12	牙齒漂白 (全口 -- 家居專業漂牙) Tooth Bleaching (Full Mouth -- Home Bleaching)	\$5,000	\$3,500
13	專業一小時藍光漂牙 A professional 1 Hour Tooth Whitening Treatment	\$7,800	\$6,930

**備註 Remarks**

1. 以上治療項目收費不包括專科治療。 All Specialist treatment is excluded.
2. \* 中環診所之門診收費 List Price of Central Clinic
3. \* 以上之價目只供參考。正確價格以牙醫報價為準。 Prices listed above are for reference only and subject to dentist's quotation at the clinic.
4. 價目如有更改，恕不另行通知。 Prices may be subject to change without prior notice.

Private: This price list is intended for reference by the client and enrolled members only.



**Dental Care Plan Terms and Conditions 牙科保健計劃條款及細則**

- 1) Dental examinations which are carried out by our General Dental Practitioners will be covered.  
合約包括普通科牙科醫生之牙齒檢查。
- 2) Dental examinations which are carried out by our Specialists and/or Specialty Dentists will NOT be covered.  
合約不包括專科醫生及/或碩士文憑醫生之牙齒檢查。
- 3) Small intra oral radiographs as suggested by our General Dental Practitioners will be covered by the dental plan.  
合約包括我們的普通科牙科醫生建議因療程所需之口腔內 X-光細片。  
CT scan (Computer tomography scan), large extra oral radiographs such as OPG (Orthopantomogram) and Lat Ceph (Lateral Cephalometric Radiograph) will NOT be covered.  
合約不包括電腦掃描、全口 X-光片及側面頭部 X-光片。
- 4) Dental cleanings (Scale and polish) involving the removal of plaque and tartar deposits that have built up on the teeth over time will be covered.  
洗牙服務只包括去除一般牙菌膜及牙石。  
Subgingival debridement refers to the removal of the subgingival plaque and any flecks of tartar on the root surfaces subgingivally will NOT be covered.  
合約不包括深層洗牙、例如(去除牙齦底下之牙菌膜及牙石)。
- 5) Fillings  
補牙  
Amalgam (black) fillings for posterior teeth (premolars and molars) due to decay will be covered.  
銀粉(黑色)補牙只包括由犬齒往後之大牙(後牙)因蛀牙而引起之補牙。  
Composite (white) fillings for anterior teeth (canines and incisors) due to decay will be covered.  
瓷粉(白色)補牙只包括犬齒前及門牙(前牙)因蛀牙而引起之補牙。  
Fillings NOT due to decay (e.g. abrasion, erosion, attrition, trauma, dislodgement, cosmetic fillings etc.) will NOT be covered.  
補牙不包括非因蛀牙而引起之補牙個案(如因為磨損、溶蝕、磨牙、創傷、補牙物料剝落及美容補牙等情況)。
- 6) Extractions  
脫牙  
Simple extractions will be covered.  
合約只包括簡單脫牙。  
Surgical extractions will NOT be covered.  
合約不包括手術性脫牙。  
Extractions of wisdom teeth (simple or surgical) will NOT be covered.  
合約不包括(簡單或手術性)之智慧齒脫牙。  
Orthodontic extractions (simple or surgical) will NOT be covered.  
合約不包括因矯齒治療(簡單或手術性)之脫牙。
- 7) Fluoride treatment as suggested by our General Dental Practitioners and preventive advice (e.g. oral hygiene instructions, flossing instruction, diet instructions etc.) will be covered.  
合約包括我們的普通科牙科醫生建議因療程所需之氟素治療及預防性建議、例如(口腔衛生指導、使用牙線指示、飲食指導等)。
- 8) Emergency treatment  
緊急治療  
In business hour, emergency consultation and temporary pain relief will be covered.  
合約包括在辦公時間內之緊急會診及臨時止痛。  
Pain medications (i.e. analgesics) will be covered, if necessary.  
如有需要、合約包括止痛藥物。

- 9) Drainage of abscess without surgery will be covered (applicable to selected plan only, please refer to the plan details).  
合約包括非手術性之膿腫引流(只適用於指定計劃，詳情請參考計劃內容)。  
Incisional drainage (i.e. surgical drainage) of an abscess will NOT be covered.  
合約不包括手術性之切口引流。
- 10) Specialist treatment  
專科治療  
General Dental Practitioners may refer their patients to our Specialists or Specialty Dentists when the patients need a level of care that cannot be provided by them.  
如有需要，普通科牙科醫生可能轉介病人至專科或碩士文憑醫生。  
All consultations and treatments carried out by our Specialists and Specialty dentists will NOT be covered.  
合約不包括所有專科及碩士文憑醫生之諮詢及治療。
- 11) Please note that the above list only consists of the excluded items related to the treatments which are covered by the Dental Plan. We can also provide a list of non-coverage items in General Dentistry by request and members are welcome to consult our dentists regarding the fees of these items prior to their treatment.  
請注意，以上只提及部分合約內不包括之牙科治療，如對收費及療程有任何疑問，歡迎向我們的醫生查詢。
- 12) For the treatments not covered by the Dental Plan, special rates will be offered to our members. (Excluding Specialists Treatment)  
會員可以以優惠收費享用合約內不包括之牙科治療(專科治療除外)。
- 13) The special rates are for reference only and may vary depending on the complexity of the dental procedure.  
優惠收費只供參考，實際收費會因應治療之複雜程度而更改。
- 14) An employee is eligible to enroll his/her dependents in our Dental Plan.  
合資格員工家屬可申請相關之牙科計劃。
- 15) The employee and his/her dependents may select different Dental Plans if applicable.  
員工及其合資格申請之家屬可因應不同需要而各自選擇合適之牙科計劃。
- 16) The membership and subscription fee for a Dental Plan are not transferable.  
會籍及年費不得轉讓。
- 17) An employee will be charged the full Dental Plan fee if he enrolls after the commencement of a contractual year.  
員工無論在合約年度開始後的任何時間參加此計劃，亦須繳付全數費用。
- 18) No refund of the Dental Plan fee will be made if a member terminates his/her membership at any time within the contractual year.  
如會員在合約年度的任何時間終止牙科計劃，已繳交之費用將不獲退還。
- 19) Health & Care Dental Services Ltd. reserves the right to change the clinic location and/or clinic consultation hours without notice at any time.  
恒健牙科服務有限公司有權更改診所資料(例如診所地址及/或應診時間)而毋須另行通知。
- 20) Health and Care Dental Services Limited has the right to terminate any membership at its sole and absolute discretion in the case of dispute.  
恒健牙科服務有限公司保留終止任何會員之權利。
- 21) Health and Care Dental Services Limited reserves the right to make the final decision on any disputes or matters relating to the Terms and Conditions of the Dental Plan.  
如對此計劃的內容有任何爭議，恒健牙科服務有限公司保留最終解釋及決定權。

## **Notice for Application 申請須知**

- 1) The dental plan will become effective upon successful enrollment and any effective period shall run from **1 September, 2025** to **31 August, 2026** only irrespective of the date of joining. The fee payable for the dental plan shall be for the whole year and the fee paid shall not be refundable in full or on a pro-rata basis under any circumstances. The dental plan cannot be transferred or varied during the effective period.  
此計劃在成功登記後，其有效年度由 **2025年9月1日** 至 **2026年8月31日**，而不論會員於該年度的任何日子參加計劃。會員須繳付整個年度之全額費用，已繳交之費用於任何情況下一概不獲全部或按比例退還。所選定之計劃於該年度內不得更改，所有年費和會籍一概不得轉讓。
- 2) Please allow ten (10) working days for membership enrollment. (The term “working days” means Monday to Friday excluding Public Holidays)  
請預留十個工作天辦理登記手續。(工作天指星期一至五，公眾假期除外)。
- 3) We will inform the applicant via SMS for the effective date of the dental care plan. After successful enrolment, NO official receipts will be issued for application fee paid. Official receipts will only be provided upon request. Please send the member's full name, company name, first 5 digits of your HKID number, and member's mobile number (must be the same as shown on the application form) to receipt@health-care.com.hk to get the e-receipt. Members can print out their paper receipts only when they need them.  
我們會經由SMS通知申請人計劃的生效日期。登記手續完成後，我們將不會就報名費用另發正本收據。若會員需要正式收據，請於生效日期後的兩個月內電郵至 receipt@health-care.com.hk 索取。  
(必需提供英文全名、身份證英文字母及首4位數目字、公司名稱、報名表格上所填寫的手提電話號碼)，我們會把電子版正式收據電郵給您。會員可按需要自行列印紙張收據。
- 4) According to the Professional Code and Conduct issued by the Dental Council, no one is allowed in any way to advertise the dentist information. Applicants will only receive the dentist information once the application is accepted.  
根據牙醫管理委員會之專業操守及指引，任何人士都不可將牙醫資料作任何形式之宣傳及推廣用途；故此，申請人只可於成功申請後方獲取有關資料。
- 5) The personal data of the applicants are collected for processing the application and subsequent patient record (if applicable) and Health & Care Dental Services Limited shall observe the requirements of the Personal Data (Privacy) Ordinance (Cap. 486).  
收集閣下之個人資料為處理閣下申請之用，恒健牙科服務有限公司將遵從《個人資料(私隱)條例》(第486章)之規定行事。

## **Notice for Appointment Bookings 預約須知**

- 1) Booking Hotline : 2666-6661. This hotline will only be responsible for appointment scheduling.  
預約熱線 2666 6661。預約熱線只提供預約服務。
- 2) Cancellation of appointment should be made 1 working day (at least 24 hours) in advance; otherwise, the quota for the scale and polish procedure will be deducted automatically (if applicable).  
取消預約必須於1個工作天(最少24小時)前通知，否則有關洗牙服務次數的限額(如適用)將由系統中自動扣除。
- 3) Please be punctual for your appointment. When a member is more than 15 minutes late, his/her appointment will be cancelled. The member will need to re-book an appointment.  
如遲到超過15分鐘，其所預約之服務將會被取消，會員需重新預約其它時間。
- 4) For services other than appointment booking, please contact us via email cs@health-care.com.hk.  
如有其他非預約的查詢，請經電郵與我們聯絡：電郵：cs@health-care.com.hk。
- 5) Our clinics will reserve some appointments for emergency consultations and non-contract patients. Please be advised to book your appointment well in advance and at least one-month before the plan end date. Any late booking would not be arranged.  
由於各診所需預留部份時段予緊急治療客戶和非合約公司客戶，敬請預早安排及於計劃到期日一個月或之前致電預約，誤期者不另作安排。

- 6) **Peak hours of clinics are: Monday to Friday from 5:00 pm to 7:00 pm, the whole day on Saturday.**  
診所之繁忙時段通常為星期一至星期五下午五時至晚上七時，以及星期六整天。
- 7) **Dental services are provided from Monday to Saturday (some clinic(s) may provide service only from Monday to Friday. Please contact our booking hotline for more details).**  
牙科服務只限星期一至星期六提供 (個別診所只限星期一至星期五提供服務，詳情請向預約熱線職員查詢)。
- 8) **Each member is limited to one scale and polish appointment at a time.**  
會員每次只限保留一個洗牙服務預約。



## 使用牙科服務小貼士（一般情況適用）

- 1) 請會員在收到SMS通知的生效日期後，才致電預約。
- 2) 預約熱線電話號碼：(852) 2666 6661。
- 3) 預約熱線辦公時間：星期一至五早上9時至下午1時及下午2時至6時（星期六、星期日及公眾假期休息）。
- 4) 若遇上預約熱線線路繁忙，而閣下急需預約服務，請到本公司網址([www.health-care.com.hk](http://www.health-care.com.hk))查詢各診所之電話號碼，直接致電該診所預約（預約時必須清晰說明已經參加『牙科保健計劃』）。
- 5) 預約時請提供閣下之英文全名及身份證號碼，並清晰說明已經參加『牙科保健計劃』，以供熱線職員/診所職員核實閣下身份之用。
- 6) 請閣下於預約前及接受治療前了解清楚所參加的牙科保健計劃的內容，以保障自身利益。
- 7) 若閣下對收費及療程有任何疑問，請於**接受治療前**先向我們的醫護人員查詢，**了解清楚才接受治療**。請注意，閣下有權利亦有責任於付款前了解清楚收費之原因才確認/進行付款。本公司一概不會接受任何**事後要求退款**之申請。