Terms and Conditions

1. The Annual Subscription Fee for the Participants shall be paid in full prior to the Dental Plan Effective Date, except for any new Student/ Staff/ Retirees and/or Spouse and Dependents who join the Dental Plan after the Effective Date during the contract year of the Dental Plan ("Late Participants"). For the avoidance of doubt, the Late Participants shall pay the Annual Subscription Fee in full prior to their joining date(s) and the same Dental Plan Expiry Date shall apply to all Participants and Late Participants regardless of their joining date(s).

   參與者的年費需在牙科保健計劃生效日前全額支付，但在牙科計劃合約年度生效日後加入牙科計劃的任何新學生／員工／退休員工及／或其親屬（"遲參與者"）除外。 為避免釋義，遲參與者需在加入牙科保健計劃日期之前全額支付年費。無論加入牙科保健計劃日期在是那一天，一樣的牙科保健計劃到期日適用於所有參與者和遲參與者。

2. QHD will provide such dental services as listed in Schedule 1 attached hereto to the Student/ Staff/ Retirees and/or Spouse and Dependent who have joined the Dental Plan at the annual subscription fees as stated in Schedule 1 attached hereto (hereinafter called "the Annual Subscription Fee") and in accordance with the terms and conditions set out hereunder and such other terms and conditions as agreed by QHD and The University of Hong Kong from time to time:

   卓健牙科將向加入牙科保健計劃的學生／員工／退休員工及／或其親屬提供附錄一所列的牙科服務，並按附錄一中規定的年費（以下簡稱 "年費"）收費。雙方亦受本協議規定的條款及細則及卓健牙科和香港大學不時同意的其他條款及細則約束：

3. Only the Student/ Staff/ Retirees and/or Spouse and Dependent are eligible for the Dental Plan.

   此牙齒保健計劃只供 貴公司學生／員工／退休員工及／或其親屬參加。

4. Student/ Staff/ Retirees and/or Spouse and Dependent is only allowed to join the voluntary plan once and is not allowed to change the plan joined throughout the effective period.

   在有效期間，貴公司學生／員工／退休員工及／或其參與牙科保健計劃的親屬只可以參加此牙齒保健計劃一次。參與者不可轉換所參加之計劃。

5. Student/ Staff/ Retirees and/or Spouse and Dependent who have participated in the Dental Plan ("Participants") may attend any of the QHD dental centres as listed in Schedule 2 attached hereto.

   學生／員工／退休員工及／或其參與牙科保健計劃的親屬（ "參與者" ）可以前往附錄二上的卓健牙科中心求診。

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6. The Participants are required to present their HKID Card or Birth Certificate (for children aged 11 or below) or Passport prior to each consultation.

   參與者應在每次求診之前，出示其香港身份證／出世紙（11 歲或以下兒童）或護照。

7. Advance WhatsApp booking (8301 8301)/ telephone booking to the respective dental centre is required. All appointments will be arranged based on the booking and dentist's schedule. In the event of cancellation of an appointment, the Participants must do so before 10:00am on the day of their appointment.

   前往牙科中心求診之前，應先以電話預約。診症時間會根據預約時間和牙醫的時間表作出安排。如要取消預約，參與者必須在原定求診當日上午十時之前提出取消。

8. Participants are required to arrive on time for their appointment. If any Participants are late for appointment, they are required to inform the dental centre as soon as possible, in such cases we may re-schedule his/her appointment, or we may only be able to perform part of the original scheduled procedure in order to avoid disruption of the other scheduled appointment.

   參與者應按照預約時間準時到達診所。如參與者未能準時到達，應儘快通知有關牙科中心。在該情況下，我們可能需要更改應診時間，或者只能完成原定的部分診症程序，以免影響其他人士之預約。

9. Dental services outside the scope of the Dental Plan will be charged to the relevant Participant at the discount rate set out in Schedule 3 attached hereto at the time of treatment. Such discount rate applies if the treatment required is carried out by a General Dental Practitioner, and does not apply if the treatment is required to be carried out by a Dental Specialist or Dentist with Specialty Training.

   不屬於牙科保健計劃範圍的牙科服務，將在提供該服務時按附錄三上之優惠價向有關參與者收取費用。優惠價只適用於由普通科牙醫提供的服務。如屬於由專科牙醫或已接受牙科專科訓練的牙醫提供的護理，優惠價則不適用。

10. Dental services provided by Dental Specialists or Dentists with Specialty Training are <u>not</u> included in the Dental Plan.

    由專科牙醫或已接受牙科專科訓練的牙醫提供的牙科服務並<u>不</u>包括在牙科保健計劃之內。

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11. Young children who are unable to accept dental treatment from a General Dental Practitioner and require the attention of a Dentist with Specialty Training in Children's Dentistry will not be covered under the benefits of the Dental Plan.

    不能由普通科牙醫提供牙科護理，而需要由兒科訓練的牙醫給予護理的小童，並不包含在牙科保健計劃的保障範圍內。

12. Any expenses related to treatment for accidents that arise directly or indirectly from hazardous or professional sports will not be covered.

    因危險或職業運動直接或間接引起的事故所產生的治療相關費用都不被涵蓋。

13. Any expenses related to treatment that arise directly or indirectly from war, invasion, act of foreign enemy, act of terrorism, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, or direct participation in strike, riot or civil commotion will not be covered.

    因戰爭、入侵、外敵行為、恐怖主義行為、敵對行動（無論是否宣戰）、內戰、叛亂、革命、叛亂、軍事或篡奪權力，或直接參與罷工、騷亂或民間騷亂，直接或間接引起的與治療有關的任何費用，都不被涵蓋。

14. The same Annual Subscription Fee is applicable to both adults and children.

    成人及兒童人和兒童的年費是相同的。

15. Dental Plan applications must be sent to QHD enrolment office for processing. Enrolment will be processed within 14 working days. "Clinic-on-site enrolment" cannot be accepted.

    牙科保健計劃的申請，應送交卓健牙科的參加計劃辦事處處理。參加申請將於14 個工作天內處理。請恕我們不能受理在診所即場提出的參加計劃申請。

16. All Annual Subscription Fee paid to QHD for the Dental Plan shall not be refundable or transferable.

    就牙科保健計劃向卓健牙科繳交的所有年費，均不會獲得退還，也不可轉讓。

17. Any personal data (as defined in QH Group's Privacy Policy Statement) the Participant(s) supply to QHD will be used in accordance with QH Group's Privacy Policy Statement. Such Privacy Policy Statement shall be updated from time to time and the updated version will be posted on www.qhms.com. Any revised version of the Privacy Policy Statement shall be effective from the date of publication on the aforementioned website.

各個參與者提供給卓健牙科的所有個人資料（見卓健集團的私隱政策聲明之定義）均將根據卓健集團的私隱政策聲明使用。該政策聲明將不時更新，其最新版本會張貼於www.qhms.com網站上。私隱政策聲明的修訂版本將於其在該網站刊登之日期起生效。

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Quality 卓健 HealthCare
Dental 牙科

SCHEDULE 1 附錄一
SCOPE OF SERVICE & FEES - GROUP DENTAL CARE SCHEME
服務範圍 - 團體牙科保健計劃
Effective Period 有效期間: 1 September 2025 to 31 August 2026

1) Participant 參與者: Students, Staff, Spouse and dependents, Retirees and dependents
學生 ／ 員工 ／ 退休員工及 ／ 或其親屬

Plan Type 計劃類型: Voluntary Plan 自願計劃

Annual Subscription Fee 每人年費: HK$690

	Prepaid Dental Plan Details 牙科保健計劃詳情	**Plan A1 計劃 A1**
1.	**Oral Examination including oral hygiene instruction** **牙齒檢查及口腔衛生指導**	**Once per year** **每年一次**
2.	**Scale & Polish** **洗除牙石**	**One visit per year** **每年一次治療**
3.	**Intra-Oral-X-Rays, when necessary** **經牙醫診斷需進行之口腔內X-光牙齒檢驗**	**Unlimited** **不限次數**
4.	**Fillings due to decay, when necessary 補牙(因蛀牙而需進行之補牙)** ▪ Amalgam (silver) fillings for premolar and molar teeth and white (composite) fillings for front teeth. ▪ 只供因蛀牙而引起之大牙(銀粉)或門牙(瓷粉)補牙。	**Unlimited** **不限次數**
5.	**Emergency consultation and treatment within consultation hours** **牙痛急症處理(診症時間以內)** ▪ Relief of toothache, including dressings and medication. 牙痛敷藥。 ▪ Incision and drainage of abscesses. 治療膿瘡。	**Unlimited** **不限次數**
6.	**Simple Extractions due to tooth decay or gum disease** **簡單脫牙(蛀牙或患嚴重牙周病之牙齒)** ▪ Not including extraction of wisdom teeth, any complicated extractions, any root extractions, any extractions requiring bone removal, any surgical extractions or extractions for orthodontic reasons. ▪ 不包括脫除智慧齒、複雜脫牙、脫除牙腳、任何需要移除牙骨之脫牙、任何口腔手術脫牙或因矯正牙齒而脫牙等牙科治療。	**Unlimited** **不限次數**
7.	**Periodontal (gum) treatment, where necessary 普通科牙醫進行之牙周病治療** ▪ This includes treatment of mild to moderate periodontal (gum) disease, which involves curettage, and root planning with medication as required and is limited to treatment of a General Dental Practitioner. ▪ 只限由普通科牙醫進行之輕微至中度的牙周病治療，包括清洗牙周袋內的牙菌膜及牙根刮治等牙科治療。	**Unlimited** **不限次數**
8.	**Medications 經牙科醫生處方及發給的藥物** ▪ As required for treatment of dental pain or abscess. ▪ 只供治療牙痛及牙瘡之用。	**Unlimited** **不限次數**

Remarks 備註:

1) All benefits covered under the Dental Scheme will be carried out by General Dental Practitioner of QHD, while scale and polish may be carried out by General Dental Practitioner or Dental Hygienists of QHD.
2) The dental care scheme will not cover any expenses related to the following:
   a) Consultation and treatment fees of Dental Specialists or Dentists with Specialty Training
   b) Treatment provided by Dental Specialists or Dentists with Specialty Training for young children who are unsuitable to be treated by or unable to accept dental treatment from a General Dental Practitioner
   c) All other non-listed treatments
   d) Extraction of wisdom teeth, any complicated extractions, any root extractions, any extractions requiring bone removal, any surgical extractions or extractions for orthodontic reasons
   e) Fillings for cosmetic reasons
   f) Treatment of advance periodontal (gum) disease
   g) Accidents that arise directly or indirectly from hazardous or professional sports
   h) War, invasion, act of foreign enemy, act of terrorism, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, or direct participation in strike, riot or civil commotion

1) 牙科保健計劃所覆蓋的牙科治療將由卓健普通科牙醫進行，洗牙服務則由卓健普通科牙醫或牙齒衛生員進行。
2) 團體牙科保健計劃不包括以下相關的任何費用：
   a) 註冊專科牙醫或已接受牙科專科訓練的牙醫之診金及治療費不包括在計劃服務範圍內。
   b) 如小童未能接受由普通科牙科醫生診治，而需兒科訓練的牙醫進行治療，有關之診金及治療費不包括在此保健計劃範圍內。
   c) 所有其他未列出的治療。
   d) 脫除智慧齒、複雜脫牙、脫除牙腳、任何需要移除牙骨之脫牙、任何口腔手術脫牙或因矯正牙齒而脫牙等牙科治療。
   e) 以美觀為理由之補牙服務。
   f) 嚴重牙周病或牙周手術治療。
   g) 直接或間接因參與高風險或專業體育運動而造成之意外。
   h) 戰爭、侵略、外敵敵對行動、恐佈主義活動、蓄意破壞行動 (不論宣戰與否)、內戰、叛變、叛亂、革命、起義、軍事或篡權行動、或直接參與罷工、暴亂或內亂。

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SCHEDULE 2 附錄二
QUALITY HEALTHCARE DENTAL CENTRES
卓健牙科中心

HONG KONG ISLAND 香港島			TEL
Admiralty **金鐘**	**Bupa Dental Centre (Hong Kong) (Admiralty)** Unit 1603, 16/F, Admiralty Centre Tower 1, 18 Harcourt Road	**保柏牙科中心(香港) (金鐘)** 夏慤道 18 號海富中心第 1 期 16 樓 1603 室	2529-8669
Central **中環**	**Bupa Dental Centre (Hong Kong) (Central)** Unit 1202, 12/F, Chuang's Tower, 30-32 Connaught Road	**保柏牙科中心(香港) (中環)** 干諾道中 30-32 號莊士大廈 12 樓 1202 室	2297-0290
Causeway Bay **銅鑼灣**	**Quality HealthCare Dental Centre (Causeway Bay)** Suites 2405-06, 24/F, World Trade Centre, 280 Gloucester Road	**卓健牙科中心(銅鑼灣)** 告士打道 280 號世界貿易中心 24 樓 2405-06 室	2838-0600
Quarry Bay **鰂魚涌**	**Quality HealthCare Dental Centre (Quarry Bay)** Suite 304, Oxford House, Taikoo Place, 979 King's Road	**卓健牙科中心(鰂魚涌)** 英皇道 979 號太古坊濠豐大廈 304 室	2811-8639
KOWLOON 九龍			
Tsim Sha Tsui **尖沙咀**	**Bupa Dental Centre (Kowloon Station)** Concession No. KOW 84, MTR Kowloon Station	**保柏牙科中心(港鐵九龍站)** 港鐵九龍站 KOW 84 號商舖	2314-8802
	Quality HealthCare Dental Centre (Tsim Sha Tsui) Rooms 606-607, 6/F, HK Pacific Centre, 28 Hankow Road	**卓健牙科中心(尖沙咀)** 漢口道 28 號亞太中心 6 樓 606-607 室	2366-5782
NEW TERRITORIES 新界			
Shatin **沙田**	**Quality HealthCare Dental Centre (Shatin)** Unit 705-06 7th Floor Citylink Plaza	**卓健牙科中心(沙田)** 連城廣場 7 樓 705-706 室	2699-6331
Tseung Kwan O **將軍澳**	**Bupa Dental Centre (Hong Kong) (TKO)** Shop Nos. G09 -10, G/F, PopWalk, 12 Tong Chun Street	**保柏牙科中心(香港) (將軍澳)** 唐俊街 12 號天晉滙地下 G09-G10 號舖	2623-3278
Tsing Yi **青衣**	**Quality HealthCare Dental Centre (MTR Station)** Concession TSY 47, G/F, MTR Tsing Yi Station	**卓健牙科中心(青衣港鐵站)** 港鐵青衣站地下商舖 TSY 47	2436-0990
	Quality HealthCare Dental Centre (Maritime Square) Shop Unit 308D, Level 3, Maritime Square, Phase 1, 33 Tsing King Road	**卓健牙科中心(青衣-青衣城)** 青敬路 33 號青衣城一期 3 樓 308D 號舖	2434-7090
Yuen Long **元朗**	**Quality HealthCare Dental Centre (Yuen Long)** Shop 25, G/F, Yuccie Square, No. 38 Yuen Long On Ning Road	**卓健牙科中心 (元朗)** 安寧路 38 號世宙商場地下 25 號舖	2976-0668
OUTLYING ISLANDS 離島			
Tung Chung **東涌**	**Quality HealthCare Dental Centre (Tung Chung)** Shop No. 18, G/F, Block 3, Tung Chung Crescent, 1 Hing Tung Street	**卓健牙科中心(東涌-東堤灣畔)** 慶東路一號東堤灣畔第三座地下 18 號舖	2403-6613

Appointment Booking Procedures 預約程序

1. Please call the dental centre for appointment booking and specify your company name, your name and HKID card / Birth Certificate (for children aged 11 or below) / Passport number when making appointment. You may also book an appointment via WhatsApp at 8301-8301 or through the Quality HealthCare mobile app.
2. Please present your HKID card / Birth Certificate (for children aged 11 or below) / Passport at the centre for identification.
3. For cancellation, you have to call centre before 10:00AM on the day of your appointment.
4. Please arrive on time for your appointment. Please call centre if you are late. Re-schedule may be required or we may only perform part of the original scheduled procedure in order to avoid disruption of the other scheduled appointment.

1. 請致電以上的牙科診所預約，並提供公司名稱、個人姓名及身份證或出世紙(11歲或以下兒童)或護照號碼。閣下亦可透過WhatsApp 8301-8301或卓健醫療手機應用程式預約。
2. 於登記時請出示閣下之身份証或出世紙(11 歲或以下兒童)或護照，以便核對資料。
3. 如需更改預約時間，請於預約當日早上十時前致電通知牙科診所。
4. 請依閣下之預約時間到達該牙科診所。若閣下因事而延誤到達，請盡快通知該牙科診所，在此情況下，我們可能會重新安排你的預約時間，又或我們可能只進行部分原定的治療程序，以免干擾其他預約病人的治療。

QHD Network (L)

Disclaimer 免責聲明:

QHD reserves the right to change the dental centre from time to time without prior notice. 卓健保留不時更改牙科中心的權利，恕不另行通知。

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SCHEDULE 3 附錄三
Preferential Rates of Non-covered Treatment for Dental Plan Members 2025
牙科保健計劃範圍以外治療項目之特別優惠

Treatment 治療項目		***Original Price**** 原本收費 ***HK$***	***Plan Price*** 優惠收費 ***HK$***
Panoramic Film	全口腔 X 光	560	390
Teeth Whitening	牙齒美白		
▪ Teeth Whitening Treatment (home bleaching)	家用牙齒美白療程	5,700	4,300
▪ Zoom in Office 1 hour Teeth Whitening	Zoom 一小時藍光牙齒美白療程	10,180	8,600
Root Canal Treatment	牙根治療		
▪ Front teeth	門牙	5,830	3,830
▪ Premolar teeth	小臼齒	6,500	4,640
▪ Molar teeth	大牙	8,400	5,690
Inlay/Onlay	嵌體/高嵌體		
▪ Ceramic Inlay/Onlay – per unit	全瓷嵌體/高嵌體(每隻)	9,930	6,700
Crown & Bridge	牙冠及牙橋		
▪ Porcelain Bonded Crown (NP) – per unit	牙冠 (非貴重金屬) (每隻)	9,000	5,730
▪ All Porcelain Crown – per unit	牙冠 (全瓷)(每隻)	10,710	8,290
▪ Porcelain Bonded Bridge (NP) – per unit	牙橋 (非貴重金屬) (每隻)	9,000	5,730
▪ All Porcelain Bridge – per unit	牙橋 (全瓷) (每隻)	10,710	8,290
Dentures	牙托		
▪ Acrylic Partial Denture	膠牙托		
1-5 teeth	(1-5 隻)	5,620-7,820	4,530-6,330
6-14 teeth	(6-14 隻)	8,370-12,210	6,780-9,930
▪ Chrome Cobalt Partial Denture	合金牙托		
1-5 teeth	(1-5 隻)	15,460	10,600
6-14 teeth	(6-14 隻)	18,660	12,310
▪ Full Acrylic Denture	全副膠牙托		
1 set, upper or lower	(上托或下托)	13,440	10,080
Teeth Extraction	脫除牙齒		
▪ Orthodontic extraction	牙齒矯正之普通脫牙	1,990	860
▪ Complicated extraction	複雜脫牙	2,800	1,300
▪ Surgical Extraction	口腔手術脫除牙腳或牙齒	3,010-5,900	2.130-4,490
Wisdom Teeth Extraction	脫除智慧齒		
▪ Upper wisdom (non-surgical)	非手術脫除上智慧齒	2,440	1,420
▪ Lower wisdom (non-surgical)	非手術脫除下智慧齒	3,000	1,890
▪ Wisdom teeth (surgical)	口腔手術脫智慧齒	3,880-6,800	2,690-4,970
Composite/White Fillings	瓷粉補牙		
▪ Abrasion / Erosion (each Cavity)	擦蝕 (每凹處)	910	480
▪ Composite/White Filling – from 1 to 5 surfaces	瓷粉補牙	1,350-3,770	920-1,640

The above preferential rates only apply if treatment is to be carried out by a General Dental Practitioner of QHD, and does not apply if the treatment is required to be carried out by a Dental Specialist or Dentist with Specialty Training.
以上收費只適用於普通科牙醫進行之治療，不適用於註冊專科牙醫或已接受牙科專科訓練的牙醫之診金及治療費用。

* The original prices are for reference only, and may change without prior notice.
原本收費只供參考之用，如有更改，恕不另行通知

(3S-2025)

Quality HealthCare Dental Services Ltd
6/F and Unit Nos. 701-702 & 704, Tower 1, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon

Quality 卓健 HealthCare
Dental 牙科

DENTAL PLAN APPLICATION FORM
牙科保健計劃申請表格

*(Please complete all details in **BLOCK LETTERS** 請以**英文正楷**填寫以下資料)*

Company Name
公司名稱: The University of Hong Kong

Company Plan Effective Period
公司計劃有效日期: 1 September 2025 **to** 至 31 August 2026

Please allow at least 14 working days for processing the application
請預留最少十四個工作天以便我們處理閣下之申請

Name of Staff / Student / Retiree
僱員/學生/退休僱員姓名 ☐ Staff ☐ Retiree ☐ Student

Staff / Student No.
僱員/學生編號

Department (for staff only)
所屬部門 (只限僱員)

Title/ Position (for staff only)
職位/職級 (只限僱員)

Name of Participant(s) (English) (same as HKID Card/Passport) (Surname first, please) 參與者姓名 (英文) (以香港身分證/護照為準) (請先寫姓氏)	**Relationship 關係**	**Gender 性別 (M/F)**	**HKID Card No.* 香港身份證號碼**	**Date of Birth (DD/MM/YY) 出生日期 (日/月/年)**	**Plan 計劃 A1** **Annual Subscription Fee per person 每人年費 HK$ 690** Please tick ☑ 請加上剔號 ☑
1)	Self 自己		( )	/ /	☐
2)	Spouse 配偶		( )	/ /	☐
3)	Child 子女		( )	/ /	☐
4)	Child 子女		( )	/ /	☐

* Please provide birth certificate number if child dependent is without HKID card. 如小孩沒有身份證，請提供出生證書號碼。

I enclose a cheque 現隨表附上支票 HK$ _____ cheque no. 支票號碼 _____ for the payment of this application. 作為申請上述之保健計劃費用。

Mobile Phone No.
手提電話號碼 _____ We will send you SMS after we finish processing the application.
申請成功後，我們會發送短訊通知。

Please provide Home Address if mobile phone number cannot be provided. 如未能提供手提電話號碼，請提供地址以便寄回確認信

Home Address:
居住地址 _____

Remarks 備註:

* Only students, staff / retirees and immediate dependents, including their spouse and dependent children, are eligible for the Dental Plan. 此保健計劃只供學生、僱員、退休僱員及其直系親屬參加，包括配偶及子女。
* Annual Dental Plan fees are NOT refundable, and must pay in full regardless of joining date. 無論閣下何時參加，均需繳付全費，及所有費用均不能退還。
* Participant is only allowed to join the voluntary plan once in each effective period. 參與者於每個有效期間只可以參加自願性計劃一次。
* Participant is not allowed to change or transfer the plan joined throughout the effective period of the Dental Plan. 在有效期間，參與者不可轉換或轉讓所參加之計劃。
* All information provided herein is used for the application of Dental Plan. Please seek consent from your family member(s) before providing their particulars for application. 此表格內的資料只供申請牙科保健計劃之用，閣下申請前須取得親屬同意提供個人資料。
* Please submit your application either by the below two methods: 閣下可透過以下途徑遞交申請:

  ❶ **By Post 郵寄**
  Return the completed application form together with a cheque made payable to **"Quality HealthCare Dental Services Ltd"**, by post or by hand to **"6/F, Tower 1, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon"**. (Please mark **"Dental Plan Enrollment Team"** on the envelope). We recommend the use of registered mail to return the completed application to us. 請將填妥的申請表連同支票郵寄或親自交回**「九龍觀塘海濱道 77 號海濱匯第一座六樓」**。支票抬頭請寫上**「卓健牙科服務有限公司」**，信封面請註明**「牙科計劃登記組」**。我們建議閣下使用掛號郵件寄回已填妥的表格。

  ❷ **By Email 電子郵件**
  Return the completed application form by email with the payment screenshot of FPS to **qhd.application@qhms.com**, which should include the payment date, payer's bank, transaction reference number and the amount paid. FPS identifier: 6963656 (QUALITY HEALTHCARE MEDICAL CENTRE LTD). During the transfer, please input **"Dental Plan" and Payer name** at "Message to payee". Please indicate **"Dental Plan"** with your company name on the email subject. 請將填妥的申請表連同轉數快付款截圖發送至 **qhd.application@qhms.com**。轉數快識別碼: 6963656 (QUALITY HEALTHCARE MEDICAL CENTRE LTD)。請在轉賬中的「給受款人的訊息」輸入**「牙科計劃」及付款人姓名**，截圖必須包含付款日期、付款銀行、交易參考編號及付款金額，並於電郵標題註明**「牙科計劃」**及閣下公司名稱。
* For any enquiry, please call our Dental Hotline during office hours (Mon - Fri) at 2366-0830. 如有任何查詢，請於星期一至五辦公時間內致電卓健牙科 2366-0830。

Declaration 聲明:
I wish to join the above plan provided by Quality HealthCare Dental Services Ltd, I hereby declare and confirm that the information provided in this application is true and correct. I have read and fully understand the terms and conditions as contained overleaf and confirmed acceptance of the same. 本人欲申請由"卓健牙科服務有限公司"提供之牙科保健計劃，並謹此聲明及確認，本申請表內提供的資料均屬真實及正確。本人已閱讀及完全明白本表格背頁所載的條款並確認接受該等條款。

Personal Information Collection Statement 收集個人資料聲明:
I have read and fully understand the Personal Information Collection Statement on the last page of this application form. I understand that I have the right to request access to and correction of my / Participant's personal data by writing to Quality HealthCare Group's Customer Service Manager.
本人已閱讀及完全明白本申請表的最後一頁上的收集個人資料聲明，並明白本人有權以書面形式致函卓健醫療集團顧客服務經理要求查閱及更改本人或參與者的個人資料。

Signature of Applicant:
申請人簽署 _____ Date 日期 _____

Confidential

Quality HealthCare Dental Services Ltd
6/F and Unit Nos. 701-702 & 704, Tower 1, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon

Q CERTIFIED COMPANY HKQAA
ISO 9001 : 2008
Certificate No.: CC 5222

Terms and Conditions 條款章則

These terms and conditions govern the contractual relationship between Quality Healthcare Dental Services Limited ("**QHD**") and the Participant(s). Please read these carefully. By submitting the application hereto, the Participant(s) will be considered to have accepted these terms and conditions and agreed to be bound by them.

The terms used in this document are defined at the end.

General

1. Participant(s) (as defined below) will be entitled to the dental services coverage under the Dental Plan commencing from the joining date as applicable to each Participant, provided that they shall pay to QHD the prescribed non-refundable annual subscription fee in full at the time of submission of their duly completed application forms, and the same Dental Plan expiry date will be applied to all Participants regardless of their joining date.
2. Where applicable, only students, staff / retirees and immediate dependents, including their spouse and dependent children, are eligible for the Dental Plan.
3. Where applicable, the students, staff / retirees and their immediate dependents who have participated in the Dental Plan ("**Participants**") may attend any of the designated QHD dental centres.
4. The Participants are required to present their HKID Card/ Birth Certificate (for children age 11 or below) or Passport prior to each consultation.
5. Advance telephone booking to the respective dental centre is required. All appointments will be arranged based on the booking and dentist's schedule. In the event of cancellation of an appointment, the Participants must do so before 10:00am on the day of their appointment.
6. Participants are required to arrive on time for their appointment. If any Participants are late for appointment, they are required to inform the dental centre as soon as possible, in such cases we may re-schedule his/her appointment, or we may only be able to perform part of the original scheduled procedure in order to avoid disruption of the other scheduled appointment.
7. Dental services outside the scope of the Dental Plan will be charged to the relevant Participant at the discount rate at the time of treatment. Such discount rate applies if the treatment required is carried out by a general dental practitioner, and does not apply if the treatment is required to be carried out by a dental specialist or dentist with specialty training.
8. Dental services provided by dental specialists or dentists with specialty training are not included in the Dental Plan.
9. Young children who are unable to accept dental treatment from a general dental practitioner and require the attention of a dentist with specialty training in children's dentistry will not be covered under the benefits of the Dental Plan.
10. The same annual subscription fee is applicable to both adults and children.
11. Participant is only allowed to join the Dental Plan once in each effective period.
12. Participant is not allowed to change or transfer the plan joined throughout the effective period of the Dental Plan.
13. Dental Plan applications must be sent to QHD enrolment office for processing. Enrolment will be processed within 14 working days. "Clinic-on-site enrolment" cannot be accepted.
14. All annual subscription fees paid to QHD for the Dental Plan shall not be refundable or transferable.

Data Privacy and Miscellaneous

15. Any personal data (as defined in QH Group's Privacy Policy Statement) the Participant(s) supply to QHD will be used in accordance with QH Group's Privacy Policy Statement. Such Privacy Policy Statement shall be updated from time to time and the updated version will be posted on www.qhms.com. Any revised version of the Privacy Policy Statement shall be effective from the date of publication on the aforementioned website.
16. The Participant(s) agree that he/she shall at all times provide true and accurate details in the registration/application/enquiry forms (where applicable) he/she submitted to QHD.
17. Should any provision of these Terms and Conditions be found by any court or administrative body of competent jurisdiction to be invalid or unenforceable, the invalidity or unenforceability of such provision shall not affect the other provisions of these Terms and Conditions. All provisions not affected by such invalidity or unenforceability shall remain in full force and effect.
18. These Terms and Conditions constitute the entire agreement and understanding of QHD and the Participant(s) and supersede all prior written or oral representations, agreements or understandings between them relating to the subject matter of these Terms and Conditions.
19. The Parties do not intend for this agreement to be enforceable by virtue of the Contracts (Rights of Third Parties) Ordinance, Cap.623 of the Hong Kong SAR by any person not a party to it.
20. These Terms and Conditions and the relationship between QHD and each Participant are governed by Hong Kong law. By submitting the application hereto each Participant submits to the non-exclusive jurisdiction of the Hong Kong courts.
21. If this English version of the Terms and Conditions does not conform to other language versions, the English version shall prevail. In case of dispute, QHD reserves the right to final decision.

Definitions

"Affiliated Corporations" – the corporations which has joined QHD's Dental Plan for their staff
"Dental Plan" – the dental plan as subscribed by the Participant(s) by his/her relevant application(s) sent to QHD
"Participants" – individuals and/or his/her dependent(s) participating the Dental Plan
"QH Group" – shall refers collectively to Quality Healthcare (**"QH"**) and all/any of the QH's entity, affiliate, subsidiary, associate or related companies and specifically described, stated and listed in www.qhms.com, subject to such changes which QH shall make from time to time.

本條款章則管轄卓健牙科服務有限公司（"**卓健牙科**"）與各參與者之間的合約關係。請細心閱讀此等條款。各參與者提交申請，將被視為已經接受本條款章則，並同意接受其約束。

本文之中各項術語的定義見於文末。

總則

1. 參與者（見下文定義）在提交填妥的申請表格時，按照預定款額向卓健牙科繳交不可退還的年費的全數之後，即有權自每一參與者的參加日期起，獲得牙科保健計劃之下的牙科服務保障。不論各個參與者在何時參加，同一個牙科保健計劃的到期日將會適用於所有參與者。
2. 在適用情況下，此保健計劃只供學生、僱員、退休僱員及其直系親屬參加，包括配偶及子女。
3. 在適用情況下，學生、僱員、退休僱員及參與牙科保健計劃的直系親屬（"**參與者**"）可以前往指定卓健牙科中心求診。
4. 參與者應在每次求診之前，出示其香港身份證 / 出世紙（11 歲或以下兒童）或護照。
5. 前往牙科中心求診之前，應先以電話預約。診症時間會根據預約時間和牙醫的時間表作出安排。如要取消預約，參與者必須在原定求診當日上午十時之前提出取消。
6. 參與者應按照預約時間準時到達診所。如參與者未能準時到達，應儘快通知有關牙科中心。在該情況下，我們可能需要更改應診時間，或者只能完成原定的部分診症程序，以免影響其他人士之預約。
7. 不屬於牙科保健計劃範圍的牙科服務，將在提供該服務時按優惠價向有關參與者收取費用。但是，優惠價只適用於由普通科牙醫提供的服務。如屬於由專科牙醫或已接受牙科專科訓練的牙醫提供的護理，優惠價則不適用。
8. 由專科牙醫或已接受牙科專科訓練的牙醫提供的牙科服務並不包括在牙科保健計劃之內。
9. 不能由普通科牙醫提供牙科護理，而需要由兒科訓練的牙醫給予護理的小童，並不包含在牙科保健計劃的保障範圍內。
10. 成人及兒童均適用於相同的參加年費。
11. 參與者於每個有效期間只可以參加自願性計劃一次。
12. 在有效期間，參與者不可轉換或轉讓所參加之計劃。
13. 牙科保健計劃的申請，應送交卓健牙科的參加計劃辦事處處理。參加申請將於 14 個工作天內處理。請恕我們不能受理在診所即場提出的參加計劃申請。
14. 就牙科保健計劃向卓健牙科繳交的所有年費，均不會獲得退還，也不可轉讓。

私隱與雜項事務

15. 各個參與者提供給卓健牙科的所有個人資料（見卓健集團的私隱政策聲明之定義）均將根據卓健集團的私隱政策聲明使用。該政策聲明將不時更新，其最新版本會張貼於 www.qhms.com 網站上。私隱政策聲明的修訂版本將於其在該網站刊登之日期起生效。
16. 參與者同意在一切時候均會在其提交給卓健牙科的相關登記 / 申請 / 查詢表格上提供真實、準確的資料。
17. 即使本條款章則中有任何規定被管轄法院或行政機關裁定為無效或不能強制執行，本條款章則內其餘的規定仍不受影響，並維持全面效力。
18. 本條款章則構成卓健牙科與參與者之間的全部協議和理解，並且凌駕於雙方之間關於本條款章則的主題事項之一切先前的書面和口頭陳述、協議和理解。
19. 雙方並不打算讓並非本協議一方的任何人士可根據香港《合約（第三者權利）條例》（第 623 章）強制執行本協議。
20. 本條款章則以及卓健牙科和每一參與者之間的關係，均受香港法律管轄。每一參與者提交其申請，即表示願意接受香港法院行使非專屬的司法管轄權。
21. 若本條款章則的英文版本與其他語文版本並不一致，均以英文版本為準。如有爭議，卓健牙科有權作出最終決定。

定義

"**參加計劃公司**" 已為其僱員申請參加卓健牙科的牙科保健計劃的公司。
"**牙科保健計劃**" 參與者在提交給卓健牙科的有關申請表格上申請的牙科保健計劃。
"**參與者**" 參與牙科保健計劃的個人及 / 或其親屬。
"**卓健集團**" 泛指卓健以及其各個實體、聯屬公司、附屬公司、聯營公司、關係公司，在 www.qhms.com 網站上指明和列出，而卓健可以不時修改有關名單。

Personal Information Collection Statement 收集個人資料聲明

Quality HealthCare Dental Services Limited
Annexure to the Dental Plan Application Form
Personal Information Collection Statement

1. Introduction
- 1.1 Quality HealthCare Dental Services Limited ("we", "us" or "our") are committed to protecting the privacy and security of your personal data.
- 1.2 This Personal Information Collection Statement is prepared in accordance with the Personal Data (Privacy) Ordinance (Cap. 486), and the Electronic Health Record Sharing System Ordinance (Cap. 625). It should be read together with our Privacy Policy Statement, which is displayed in all our clinics.
- 1.3 If you have any queries regarding our Privacy Policy Statement or this Personal Information Collection Statement, please contact our Customer Service Manager at (852) 2366 0830 or info@qhms.com.

2. Purposes of Collection
- 2.1 We collect your personal data for the following purposes:-
  - (a) Verifying your identity before providing our products / services to you;
  - (b) Providing you with appropriate products / services;
  - (c) Processing billing and payments from you / your employers (prospective or not) / your insurers;
  - (d) Collecting any outstanding amounts due and owing from you; and / or
  - (e) Handling your enquiries / complaints.

3. Disclosure
- 3.1 We will keep your personal data confidential.
- 3.2 We may disclose your personal data to necessary third parties if required, such as those involved in your medical treatment, and / or financial institutions engaged by you / us for billing and payment purposes. Under these circumstances the data disclosed will be limited to that which is necessary.

4. Direct Marketing
- 4.1 Unless we obtain your consent or indication of no objection, we will not use your personal data for direct marketing. If you object, please tick the relevant box provided on the patient registration form.
- 4.2 We will not use your medical records or medical history for direct marketing.
- 4.3 We would like to use your name, contact details, transaction pattern and behaviour, financial background and demographic data held by us for direct marketing of our products and services.
- 4.4 Even if you do not now object to the use of your personal data for direct marketing, you may do so in the future. Upon receiving your objection in writing to this use of your personal data, we will cease to do so with no charge to you.
- 4.5 We will not provide your personal data to third parties for direct marketing of their products and services.

5. Security and Retention
- 5.1 Please refer to the Privacy Policy Statement for our policies in respect of the security and retention of your personal data.

6. Electronic Health Record Sharing System
- 6.1 Where applicable, our policies in relation to the Electronic Health Record Sharing System are only applicable to registered participants in that System. Please refer to our Privacy Policy Statement, which is displayed in all our clinics, for further information.

7. Data Access and Correction
- 7.1 As a data subject, you have the right to request access to and correction of your personal data. We have the right to charge a reasonable fee for processing a personal data access request.
- 7.2 To exercise this right, please send your request in writing to:-

  By post: Customer Service Manager
  Quality HealthCare Group
  6/F, Tower 1, The Quayside,
  77 Hoi Bun Road,
  Kwun Tong, Kowloon, Hong Kong

  Or, by email: info@qhms.com

Note: This Personal Information Collection Statement may be amended from time to time.

卓健牙科服務有限公司
牙科保健計劃申請表格附件
收集個人資料聲明

1. 簡介
- 1.1 卓健牙科服務有限公司（「本公司」或「我們」）致力保障您個人資料的私隱及安全。
- 1.2 本「收集個人資料聲明」乃按照《個人資料(私隱)條例》（第 486 章）及《電子健康紀錄互通系統條例》（第 625 章）所編製，並應與本公司的「私隱政策聲明」一併閱讀。我們所有的診所內均有展示該「私隱政策聲明」。
- 1.3 如您對本公司的「私隱政策聲明」或「收集個人資料聲明」有任何疑問，請致電 (852) 2366 0830 或電郵 info@qhms.com 與本公司的顧客服務經理聯絡。

2. 收集個人資料之目的
- 2.1 本公司將就以下目的收集您的個人資料：－
  - (a) 在向您提供產品 / 服務前核實您的身份；
  - (b) 向您提供適當的產品 / 服務；
  - (c) 處理來自您 / 您的僱主（不論準僱主與否）/ 您的保險人的賬單及付款；
  - (d) 向您收取任何未繳的到期及尚欠款項；及 / 或
  - (e) 處理您的查詢 / 投訴。

3. 個人資料之披露
- 3.1 本公司會將您的個人資料保密。
- 3.2 本公司可能會在需要時向必須的第三方披露您的個人資料，例如涉及您的治療的第三方，及 / 或本公司 / 您為賬單及付款用途而僱用的財務機構。在此等情況下，我們只會披露有必要的資料。

4. 直接促銷
- 4.1 除非本公司取得您的同意或不反對的表示，本公司將不會使用您的個人資料作直接促銷用途。如您反對，請於病人登記表格的相關方格內打勾。
- 4.2 本公司不會使用您的醫療紀錄或病歷作直接促銷用途。
- 4.3 本公司希望使用所持有的您的名稱、聯絡資料、交易模式及情況、財務背景及人口統計信息作直接促銷本公司產品及服務的用途。
- 4.4 即使您現時不反對本公司使用您的個人資料作直接促銷用途，您仍可於日後對此提出反對。在收到您對使用您的個人資料提出書面反對後，本公司將停止使用您的個人資料作直接促銷用途，不會另行收費。
- 4.5 本公司不會向第三方提供您的個人資料作直接促銷第三方的產品及服務的用途。

5. 個人資料的安全及保留
- 5.1 請參閱本公司的「私隱政策聲明」以了解本公司就您的個人資料的安全及保留的相關政策。

6. 電子健康紀錄互通系統
- 6.1 情況適用時，本公司就電子健康紀錄互通系統的政策僅適用於該系統的登記接受者。請參閱本公司所有診所內展示的「私隱政策聲明」以了解進一步資料。

7. 查閱及更改個人資料
- 7.1 作為資料當事人，您有權要求查閱及更改您的個人資料。本公司有權就處理您的查閱個人資料要求收取合理費用。
- 7.2 如您需行使此權利，請以書面形式將您的要求：

  郵寄： 香港九龍觀塘
  海濱道 77 號
  海濱匯第 1 座 6 樓
  卓健醫療集團
  顧客服務經理

  或電郵：info@qhms.com

註：本「收集個人資料聲明」會被不時修訂。