

Dental Care Plan Application Form 牙科保健計劃申請表

Notice for Application 申請須知

1. The dental plan, upon successful registration, shall automatically terminate on the termination date as listed on the application form, regardless of the member's participation date within that year. Members must pay the full annual fee, and under no circumstances will the paid fees be refunded in full or proportionally. The selected plan cannot be changed during the year, and all annual fees and memberships are non-transferable.
此計劃在成功登記後，不論會員於該年度的任何日子參加計劃，其有效期將按申請表上列明之日子自動完結。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. According to the CODE OF PROFESSIONAL DISCIPLINE issued by the Dental Council, no dentist is allowed to advertise his/her services to the general public. Therefore, applicants will only receive information regarding the details of the clinics once their applications have been accepted.
根據牙醫管理委員會之香港牙醫專業守則，任何人士都不可將牙科診所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可獲取有關資料。
4. The personal data of the applicants are collected for processing of the applications and provision of services to members. Health & Care Dental Clinic Limited shall observe the requirements of the Personal Data (Privacy) Ordinance (Cap. 486).
已收集之個人資料只作處理申請和服務提供之用途。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。
5. This dental plan provides services in a form of a dental medical network (see the attached page for the address of the clinic designated by the dental medical network). Since the number of people that each clinic can be served at the same time may be different, and the number of appointments every day may also be different. Therefore, if the appointment of the clinic/time slot/doctor of the customer's favorite is full, we will arrange other clinic which is available in the rest of the network or other time slot or other doctors to provide services to customer. If customer refuses to accept such an arrangement, Health & care dental clinic Limited will not accept requests for refunds or postponements.
本牙科保健計劃是以牙科醫療網絡(牙科醫療網絡指定的診所地址另見附頁)形式提供服務。由於每間診所可同時接待人的數目會有所不同，而每天已預約的情況亦有機會不一樣，因此若客人心儀的診所/時段/醫生的預約已滿，我們將會安排網絡內其餘仍可供預約的診所或其他時段或其他醫生為客人提供服務。恒健牙科服務有限公司將不會接受拒絕上述安排的客人提出的退款或延期之要求。
6. 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 conditions of EC Healthcare Privacy Policy.
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思健康隱私聲明。有關醫思健康隱私聲明條款及細則，詳情請參閱<https://ehealthcare.com/zh/privacy-policy>。
7. 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)
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)

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，可於計劃生效後的兩個月內，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 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 (a late request will not be accepted), please email your request (within two months after the start date of your dental care plan) to 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.**

Applicable Clinics 計劃適用診所

District 地區	Address 地址	Telephone 聯絡電話
HONG KONG 港島		
Causeway Bay 銅鑼灣	Room 04-06, 34/F, The World Trade Centre, 280 Gloucester Road, Causeway Bay, Hong Kong 香港銅鑼灣告士打道280號世貿中心34樓04-06室	2666 6082
KOWLOON 九龍		
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
Tsim Sha Tsui 尖沙咀	Unit B, 11/F, 37 Cameron Road, Tsim Sha Tsui 九龍尖沙咀金馬倫道37號11樓B室	2666 6661
NEW TERRITORIES 新界		
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舖	2666 6313
Tseung Kwan O 將軍澳	Shop No.232-233, L2, Phase 1, Metro City, Tseung Kwan O (Po Lam MTR Exit B2) 將軍澳新都城一期2樓232至233號舖 (寶琳港鐵站B2出口)	2666 6655
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 Clinics Ltd. reserves the right to change the clinic location and/or clinic consultation hours without notice.
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。

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

*** For scaling & polishing appointment booking, please call our hotline 2666-6661. *** *** 如需預約洗牙, 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) *** For other dental services or follow-up treatments, please directly contact the respective clinic. *** *** 其他牙科服務及覆診之預約, 請直接與有關診所聯絡辦理. ***
*** 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。

牙科保健計劃予
Dental Care Plan for

The University of Hong Kong
(1 September 2026 - 31 August 2027)

Plan Details 計劃內容	K21
Scaling & Polishing 洗牙石及牙漬 (Scaling & Polishing could be done by Dental Hygienist. Should any dispute arise, the decision of Health & Care Dental Clinic Limited shall be final.) (洗牙服務或由牙齒衛生員提供。如有任何爭議，恒健牙科服務有限公司保留最終決定權。)	1 visit # 一次 #
Oral Check-Up & Oral Hygienic Instruction 口腔檢查及口腔衛生指導	Unlimited 次數不限
Intra-Oral X-Ray (when necessary) 口腔內 X-光細片 (如有需要) (OPG X-ray (Orthopantomogram) is excluded)(不包括全口腔 X光)	Unlimited 次數不限
Fluoride Varnish Treatment (when necessary) 氟素治療 (如有需要)	Unlimited 次數不限
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
Simple Extraction 簡單脫牙 (Extraction of wisdom teeth, surgical extractions, or extraction for orthodontic reasons are not included) (不包括智慧齒、手術性或因矯齒脫牙)	Unlimited 次數不限
Emergency Treatment during office hours - Temporary Pain Relief 辦公時間內緊急治療 - 臨時止痛	Unlimited 次數不限
Abscess (Drainage Without Surgery) 牙瘡 (非手術性放膿)	Unlimited 次數不限
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
Preferential rates for dental services excluded from dental care plan 享有計劃以外牙科服務優惠	Refer to price list 參閱價目表
Dental Plan Fee 計劃費用	\$495

- #1 All unused item will be forfeited after expiry date(31 August 2027), and the membership will not be extended.
所有於到期日(2027年8月31日)而未用之項目將會被註銷，同時會籍亦不設延期。
- #2 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, the "No Show" Policy will apply and a visit for "Scaling & Polishing" will be automatically deducted in the system.
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。
- #3 Due to limited time slot for Scaling & Polishing, members need to call our booking hotline for an appointment at least 2 months before the dental plan ends, appointments are processed 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2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。

Submission Deadline:
30 June 2027

Dental Care Plan Application Form
The University of Hong Kong (Co Code: HKU0)

Effective Period from 1 September 2026
(Membership is valid until 31 August 2027; the plan shall be invalid after the expiry date)

Name of Main Applicant (BLOCK letters)	Type of Application	HKID No.	Dental Plan (HK\$)
(1) ☐ Main applicant does not enroll	☐ Student (STD) ☐ Staff (STF) ☐ Retiree (RTE)	_____ ()	☐ K21 - \$ 495

Name should be same as the one on your I.D. Card. This form can be copied if needed.

Name of Family member(s) (BLOCK letters)	Relationship	HKID No.	Dental Plan (HK\$)
(2)		_____ ()	☐ K21 - \$ 495
(3)		_____ ()	☐ K21 - \$ 495
(4)		_____ ()	☐ K21 - \$ 495
(5)		_____ ()	☐ K21 - \$ 495

*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/FPS)
Please send the payment advice together with the completed application form to cs@health-care.com.hk

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 Limited
509-115119-001

FPS
Select: Pay to a bank account (HSBC)
Name: HEALTH & CARE D S L
Account number: 509 115 119 001

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)
	E-mail address of the 1st Applicant : _____ (in Block Capital Letter)

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

Health & Care Dental Clinics Ltd. may at its sole discretion reject any individual application(s) without giving any reason.

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

Signature :

(Main Applicant)

Date : _____

(i) I confirm I understand the **Membership is valid until** **31 August 2027**, and the plan shall be invalid after that date.

(Due to the limited time slot for Scaling & Polishing, members need to call our booking hotline for an appointment at least 2 months before the dental plan ends, appointments are processed on a first come first served basis.)

(ii) I also confirm that I fully understand, accept and agree with the contents and the related terms and conditions of this application form.

(iii) 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.

截止報名日期:
2027年6月30日

牙齒保健計劃申請表
香港大學 (Co Code: HKU0)

會籍生效日期: 2026年9月1日
會籍有效期至: 2027年8月31日; 必須於此日期前使用, 逾期無效。

(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。)

主申請人姓名 **英文正楷**		申請類別	身份證號碼	選擇計劃 (港元 HK\$)
(1)	☐ 申請人不參加	☐ 學生 (STD) ☐ 僱員 (STF) ☐ 退休職員 (RTE)	_____ ()	☐ K21 - \$ 495
家屬姓名 **英文正楷**		家屬關係	身份證號碼	選擇計劃 (港元 HK\$)
(2)			_____ ()	☐ K21 - \$ 495
(3)			_____ ()	☐ K21 - \$ 495
(4)			_____ ()	☐ K21 - \$ 495
(5)			_____ ()	☐ K21 - \$ 495

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/FPS)
請將付款通知書連同填妥之申請表格電郵到
cs@health-care.com.hk

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; 滙豐銀行)
戶口名稱: HEALTH & CARE D S L
戶口號碼: 509 115 119 001

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
恒健牙科服務有限公司有權拒絕個別之申請而無需給予任何理由。

☐ 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:

(主申請人)

日期: _____

- (i) 申請人清楚明白會籍有效期至 **2027年8月31日**, 必須於此日期前使用, 逾期無效。
(因洗牙服務名額有限, 會員需於計劃完結前最少2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。)
- (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。



Notice for Appointment Bookings 預約須知

1. Please call Appointment Hotline No. 2666 6661 for Scaling & Polishing service.
For other Dental Service/Treatment or Follow-up Treatment, please contact the respective clinic directly.
預約熱線 2666 6661 只提供預約洗牙服務。其他牙科服務及覆診之預約，請直接與有關診所聯絡辦理。
2. Customer has to pay the clinic's walk-in rate if he/she do not have a valid membership (according to HCDC's system record) at the time when he/she make the booking (by phone call or walk-in).
若客戶致電/親臨做預約時，並無有效之會籍 (以恒健牙科系統記錄為準)，則一律當作非會員預約處理，恒健會按診所正價收取相關費用。
3. Customer has to pay the clinic's walk-in rate if he/she do not have a valid membership (according to HCDC's system record) at the time when using the service.
若客戶使用服務時，並無有效之會籍 (以恒健牙科系統記錄為準)，則一律當作非會員預約處理，恒健會按診所正價收取相關費用。
4. 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。
5. Please be punctual for your appointment. When a member is more than 15 minutes late, his/her appointment will be cancelled. The quota for the scale and polish procedure will be deducted automatically (if applicable).
如遲到超過15分鐘，其所預約之服務將會被取消。有關洗牙服務次數的限額 (如適用) 將由系統中自動扣除。
6. 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。
7. 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 two months 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兩個月或之前致電預約，誤期者不另作安排。
8. 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。
9. Dental services are provided from Monday to Saturday.
牙科服務只限星期一至星期六提供。
10. 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。



Tips for Using Dental Services (General Guidelines)

使用牙科服務小貼士 (一般情況適用)

1) Please make appointment after you got effective confirmation.

請會員在收到通知計劃已生效後，才致電預約。

2) Please call Appointment Hotline No. 2666 6661 for Scaling & Polishing service. For other Dental Service/Treatment or Follow-up Treatment, please contact the respective clinic directly.

預約熱線 2666 6661 只提供預約洗牙服務。其他牙科服務及覆診之預約，請直接與有關診所聯絡辦理。

3) Booking hotline office hours: Monday to Friday 9 am to 1 pm and 2 pm to 6 pm (closed on Saturdays, Sundays and public holidays).

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) If you encounter a busy line and you need to make an appointment urgently, please go to our company website (www.health-care.com.hk) to check the phone numbers of our clinics and call the clinic directly to make an appointment (you must clearly state that you have participated in the "Dental Care Plan" when you make an appointment).

若遇上預約熱線線路繁忙，而閣下急需預約，請到本公司網址(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) When making an appointment, please provide your full name in English and ID number, and clearly indicate that you have participated in the "Dental Care Plan" for the hotline staff/clinic staff to verify your identity.

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) If the customer does not have a valid membership when calling/in person to make an appointment (subject to the record of HCDC Dental System), all appointments will be treated as non-members, and HCDC will charge the relevant fees based on the regular price of the clinic.

若客戶致電/親臨預約時，並無有效之會籍(以恒健牙科系統記錄為準)，則一律當作非會員預約處理，恒健會按診所正價收取相關費用。

7) Please understand the contents of the dental health plan you are participating in before making an appointment and before receiving treatment to protect your own interests.

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。

8) Members who have made an appointment should arrive at the clinic early. If you are late for more than 15 minutes, the appointment will be treated as an absence, and the system will automatically deduct the member's quota once.

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。

9) If you have any questions about the charges and the course of treatment, please check with our medical staff before receiving the treatment, and you should understand it before accepting the treatment. Please note that you have the right and responsibility to understand the reasons for the charges before confirming/making the payment. If you have any disputes about the fees, please consult the doctors/staff directly to resolve them immediately. If you made the payment, it means that there is no objection to the charge. The company will not accept any application for refund afterwards. The company reserves the right to make the final decision on any disputes.

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。如對收費有任何爭議，請即時直接與有關醫生/職員協商解決。如閣下確認進行付款即表示對收費沒有任何異議。本公司一概不會接受任何事後要求退款之申請。本公司保留對任何爭議之最終決定權。

價目表及額外服務優惠 Price list & Discounted price for other treatments

此價目表由2024年7月1日開始生效。只供已參加牙科保健計劃之成員享用。
This Price List is effective from 1 July 2024. Below discount are only available for members who have enrolled in the dental care plan.

No.	治療項目 Treatment Items	(原價收費) List Price [*]	(合約優惠價) Preferential Rate [#]
1	後加洗牙石及牙漬 Further Scaling & Polishing & Prophylaxis	\$750	\$350
後加補牙 Additional Fillings			
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-磨損性窪凹 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
脫牙 Tooth Extraction			
6	複雜脫牙 Complicated Extraction	\$2,420 起/up	\$1,500 起/up
脫智慧齒 Wisdom Tooth Extraction			
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
牙根管治療 Root Canal Treatment			
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

- 以上治療項目收費不包括專科治療。 All Specialist treatment is excluded.
- *銅鑼灣診所之門診收費 List Price of Causeway Bay Clinic
- # 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.
- 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) A list of covered and excluded treatments / procedures is as follows (subject to change without prior notice):
計劃內包括及不包括之治療/程序如下(如有更改, 恕不另行通知):

	Item 項目	Covered 包括	Excluded 不包括
(a)	Dental examinations 牙齒檢查	Carried out by our General Dental Practitioners 普通科牙科醫生之牙齒檢查	Carried out by our Specialists and/or Specialty Dentists 專科醫生及/或碩士文憑醫生之牙齒檢查
(b)	Radiographs X-光片	Small intra oral radiographs as suggested by our General Dental Practitioners 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) 電腦掃描·全口X-光片及側面頭部X-光片
(c)	Dental cleanings (Scale and polish) 洗牙服務	Removal of plaque and tartar deposits that have built up on the teeth over time 去除一般牙菌膜及牙石	(i) Scaling and polish under local anesthetic (ii) Subgingival debridement refers to the removal of the subgingival plaque and any flecks of tartar on the root surfaces subgingivally (i) 需局部麻醉之洗牙服務 (ii) 深層洗牙·深層洗牙指去除牙齦底下之牙菌膜及牙石
(d)	Fillings 補牙	(i) Amalgam (black) filling for posterior teeth (premolars and molars) due to new dental caries (ii) Composite (white) filling for anterior teeth (canines and incisors) due to new dental caries (i) 銀粉(黑色)補牙只包括由犬齒往後之大牙(後牙)因新蛀牙而引起之補牙 (ii) 瓷粉(白色)補牙只包括犬齒前及門牙(前牙)因新蛀牙而引起之補牙	Fillings NOT due to new dental caries (e.g. abrasion, erosion, attrition, trauma, dislodgement, cosmetic fillings etc.) 非因新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)
(e)	Extractions 脫牙	Simple extractions 簡單脫牙	(i) Surgical extractions (ii) Extractions of wisdom teeth (simple or surgical) (iii) Orthodontic extractions (simple or surgical) (i) 手術性脫牙 (ii) (簡單或手術性)之智慧齒脫牙 (iii) 因矯齒治療(簡單或手術性)之脫牙
(f)	Fluoride treatment 氟素治療	Fluoride treatment as suggested by our General Dental Practitioners and preventive advice (e.g. oral hygiene instructions, flossing instruction, diet instructions etc.) 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)	
(g)	Emergency treatment 緊急治療	(i) During business hours, emergency consultation and temporary pain relief (ii) If necessary, pain relief medications (e.g. analgesics) (i) 辦公時間內之緊急會診及臨時止痛 (ii) 如有需要·包括止痛藥物(例如鎮痛藥)	
(h)	Drainage 引流	Drainage of abscess without surgery (applicable to specific plan only, please refer to the plan details) 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 of an abscess 手術性之切口引流
(i)	Specialist treatment 專科治療	General Dental Practitioners may refer their patients to our Specialists or Specialty Dentists when necessary 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 專科及碩士文憑醫生之諮詢及治療
(j)	Periodontal (Gum) Treatment for early gum disease 初期牙周病治療	Root planning performed by a general dentist refers to the removal of calculus, infected cementum, and dental plaque from the root surfaces (applicable to specific plan only, please refer to the plan details) 由普通科牙醫進行的牙根表面平整術·牙根表面平整術指清除牙根表面的牙石、受感染牙骨質及牙菌斑。(只適用於指定計劃·詳情請參考計劃內容) General Dental Practitioners may refer their patients to our Specialists or Specialty Dentists when necessary 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	(i) Scaling and polish under local anesthetic (ii) All consultations and treatments carried out by our Specialists and Specialty Dentists (i) 需局部麻醉之洗牙服務 (ii) 專科及碩士文憑醫生之諮詢及治療

- 2) 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 on request and members are welcome to consult our dentists regarding the fees of those items prior to their treatment.
請注意·以上只提及牙科計劃不涵蓋的項目。我們還可以因應要求提供普通牙科非涵蓋項目的資料·歡迎會員在治療前諮詢我們的牙醫以了解這些項目的費用。
- 3) For treatments not covered by the Dental Plan, special rates will be offered to our members, (excluding specialist treatment).
會員可以優惠收費享用合約不包括之牙科治療(專科治療除外)。

Dental Care Plan Terms and Conditions(Continued) 牙科保健計劃條款及細則(續)

- 4) The special rates are for reference only and may vary depending on the complexity of the dental procedure.
優惠收費只供參考並可能會因應治療之複雜程度而有變。
- 5) 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。
- 6) The employee and his/her eligible dependents may select different Dental Plans according to their needs.
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。
- 7) The membership and subscription fees for a Dental Plan are not transferable.
會籍及年費不得轉讓。
- 8) An employee will be charged the full Dental Plan fee if he/she enrolls after the commencement of a contractual year.
員工在合約年度開始後才參加此計劃仍須繳付全數費用。
- 9) No refund of the paid 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。
- 10) Health & Care Dental Clinic Limited reserves the right to change the clinic location and/or clinic consultation hours at any time without notice.
恒健牙科服務有限公司有權隨時更改診所地址及/或應診時間而毋須另行通知。
- 11) Health & care dental clinic Limited has the right to terminate any membership at its sole discretion in the case of a dispute.
如有爭議，恒健牙科服務有限公司有權自行決定終止任何會員的會籍。
- 12) All enrolment applications, whether initial or additional, are subject to approval by HCDC and shall only become effective upon its confirmation. HCDC reserves the right to reject any enrolment request without giving any reason.
所有入會申請，不論是初次或額外的，均須先經恒健牙科服務有限公司批准，並只在恒健牙科服務有限公司確認後才生效。恒健牙科服務有限公司保留權利拒絕任何申請，而無需提供理由。
- 13) Health & care dental clinic Limited reserves the right to make final decisions on any disputes relating to the Terms and Conditions of the Dental Plan.
如對此計劃的條款及細則有任何爭議，恒健牙科服務有限公司保留最終決定權。