



**Dental Care Scheme Application Form**  
**The Education University of Hong Kong (Other Student)**  
**Effective Period from 01/09/2024 to 31/08/2025**

(Membership is valid until 31 Aug 2025, the plan shall be invalid after the expiry date)

(Co Code:HKIE)

**Plan K21 – HK\$460**

Please complete this application in **English** and in **BLOCK** letters. Name should be same as the one on your I.D. Card.

Name of Applicant	Have you been enrolled in our dental care plan before?	Student ID No.	Full HKID No.	Voluntary Student Dental Plan
	<input type="checkbox"/> Yes / <input type="checkbox"/> No	OS-		K21 - \$460
<b>Total Amount</b>				<b>HK\$460</b>

**Payment:**

- A. Crossed cheque payable to **Health & Care Dental Services Limited** (Ten (10) working days for membership enrollment) or
- B. Bank-in the amount to HSBC Bank Account No. **509-115119-001** (Seven (7) working days for membership enrollment)

**Application:**

Please send completed application form, copy of student ID card and crossed cheque or bank deposit slip to:

**By Post (crossed cheque) :**

Health & Care Dental Services Limited  
 20/F, Devon House, Taikoo Place, 979 King's Road,  
 Quarry Bay, Hong Kong

**By email (for bank deposit slip or ATM receipt only):**

**email** (cs@health-care.com.hk)



**Dental  
 Clinic  
 Online  
 Feedback  
 Form**

<b>Contact Information</b>	(Mobile): _____	(Email): _____
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**Notes:**

- 1) To reduce the number of failed appointments, students with a record of repeated appointment failures within one semester will not be allowed to have advanced booking for one month. Students will receive an appointment reminder call one day before the appointment.
- 2) Please allow seven (7) to ten (10) working days for membership enrollment. After successful enrollment, student may call our booking hotline 26666661 for appointment booking.
- 3) I understand that the period of the dental care scheme valid from effective day until 31 August 2025 and the charges of our dental services in the plan are included in the annual fee. The plan cannot be changed in the whole scheme period and the fee of dental care plan is not refundable.
- 4) The membership to the Plan will be terminated if the user cease to be a student of the EDUHK for any reason during the membership period.
- 5) According to the Professional Code and Conduct issued by the Dental Council, no one is allowed in any ways to advertise the dentist information. Applicants will only receive the dentist information once the application is accepted. Health & Care Dental Services Limited reserves the right of final decision in case of any dispute arising.
- 6) The personal data of the applicant is collected for processing the application and Health & Care Dental Services Limited will at all times observe the requirements of the Personal Data (Privacy) Ordinance (Cap. 486).
- 7) For further enquiries, please contact us via email (cs@health-care.com.hk)

**Appointment Information:**

- **Booking Hotline: 2666 6661.** For service other than appointment booking, please contact us via email.
- Clinics shall reserve some appointment sessions for review treatment booking, emergency booking and non-contract clients' booking. Please allow sufficient time for appointment arrangement.
- Peak hours of clinics are: Monday to Friday from 5:00 pm to 8:00 pm & the whole day on Saturday.
- Dental services are provided from Monday to Saturday.  
 (Some clinics may only provide service from Monday to Friday. Please contact our booking hotline for more details).

**Signature:** (Applicant) \_\_\_\_\_ **Date:** \_\_\_\_\_

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蓋確認、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

申請表格內之申請人姓名、家屬姓名、通訊地址已用**英文正楷大寫**填寫。

Please complete in **BLOCK CAPITAL LETTERS** for applicant's name, family members' name & mailing address.

所有資料已正確填妥。

All information has been properly completed.

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)。

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.



**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
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 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 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。

*The affiliated companies of Health & Care Dental Services Ltd. may offer additional clinics for the provision of dental services to the members. Details will be announced when available.*  
恒健牙科服務有限公司之聯營公司或會提供額外診所供會員享用牙科服務。詳情將會另行通知。

*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。

(<sup>#</sup>Working Day 工作天: Monday - Friday 星期一至星期五)

\*\*\* 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。



2024-2025 Dental Care Plan for  
The Education 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、手術性或因矯齒脫牙)</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 for the above mentioned treatment 以上治療項目所需之藥物	Unlimited 次數不限

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

This dental care plan is only for The Education 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 Education 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 September, 2024 to 31 August, 2025. All unused item will be forfeited after expiry date, and the membership will not be extended.  
會員需於2024年9月1日至2025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 2 months 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。

**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) 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 decay (ii) Composite (white) filling for anterior teeth (canines and incisors) due to decay (i) 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 (ii) 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.) 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)
(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 selected 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

- 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該項目的費用。
- 3) For treatments not covered by the Dental Plan, special rates will be offered to our members, (excluding Specialists 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)。
- 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。



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

- 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 fee 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 Services 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 and Care Dental Services Limited has the right to terminate any membership at its sole discretion in the case of 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 H&C and shall only become effective upon its confirmation. H&C 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 and Care Dental Services Limited reserves the right to make final decision 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。



# 恒健<sup>®</sup>牙科服務有限公司

## Health & Care Dental Services Ltd.

### **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, 2024** to **31 August, 2025** 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 **2024年9月1日** 至 **2025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 within 2 months from the effective date. Please send the member's full name, company name, first 5 digits of your HKID number, and member's mobile number (stated as 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。請提供英文全名、公司名稱、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 dentist is allowed to advertise his/her services to the general public. Therefore, applicants will only receive the information regarding the details of the clinics once their applications have been 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。
- 5) The personal data of the applicants are collected by the parent company of Health & Care Dental Services Limited, EC Healthcare, for processing of the applications and provision of services to members. EC Healthcare and Health & Care Dental Services Limited shall observe the requirements of the Personal Data (Privacy) Ordinance (Cap. 486).

恒健牙科服務有限公司及其母公司（醫思健康）所收集之個人資料只作處理申請和服務提供之用途。醫思健康及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。
- 6) 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 favourite 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 arrangement, Health and Care Dental Services 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。





**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) Customer has to pay the clinic's walk-in rate if he/she do not have a valid membership (according to H&C'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 H&C'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 (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)。
- 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。



### 使用牙科服務小貼士（一般情況適用）

- 1) Please make appointment after you got SMS confirmation from H&C.  
請會員在收到SMS通知的生效日期後，才致電預約。
- 2) Booking Hotline : (852) 2666 6661.  
預約熱線電話號碼：(852) 2666 6661。
- 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 H&C Dental System), all appointments will be treated as non-members, and H&C 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) If the customer does not have a valid membership when using the service (subject to the record of H&C Dental System), all appointments will be treated as non-members, and H&C will charge the relevant fees based on the regular price of the clinic.  
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。
- 8) 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。
- 9) 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。
- 10) 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 making the payment 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。

EdUHK - Dental Clinic Online Feedback Form  
(香港教育大學 - 牙科診所網上意見表)



香港教育大學希望收集閣下對本牙科診所的意見。  
請您於使用服務後，即時完成一份 "牙科診所網上意見表"。  
請透過以上之二維碼 (QR Code) 進入 "網上意見表" 之頁面，  
並完成該問卷調查 (共10條問題)。

The Education University of Hong Kong (EdUHK) would like to collect your feedback about our dental practice.

Please complete a "Dental Clinic Online Comment Form" immediately after using the service.

You may enter the "Online Comment Form" page through the above QR Code to complete the questionnaire (10 questions in total).

Student Affairs Office  
學生事務處

## Dental Clinic 牙醫診所

Your comments will help us to improve our service. The following information, should you choose to fill it in, will be kept strictly confidential and for survey purpose only.

你的意見可以幫助我們改善服務，閣下填寫之資料只供參考，我們將會保密處理。

\* Please add a '✓' at the appropriate box 請於適用的方格內加上'✓'

EdU Student 教大學生

EdU Staff 教大教職員

Others 其他

**CONSULTATION ARRANGEMENT 診症安排**

Appointment 預約

Without Appointment 沒有預約

	Excellent 極佳	Good 佳	Average 普通	Needs improvement 需改善
<b>DENTAL CLINIC ENVIRONMENT 牙醫診所環境</b>				
Tidiness & Comfort 整潔及舒適	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hygiene 衛生	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Equipment 醫療設備	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DENTIST 牙醫</b>				
Professional Service 專業服務及態度	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>HYGIENIST 牙齒衛生員</b>				
Professional Service 專業服務及態度	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DSA 牙科助護</b>				
Professional Service 專業服務及態度	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TELEPHONE OPERATOR 電話接線生</b>				
Service & Courtesy 服務態度	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>RECEPTIONIST 接待員</b>				
Service & Courtesy 服務態度	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>WAITING TIME 等候時間</b>				
Consultation 候診	About 約_____mins 分鐘	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicine & Payment 領藥及繳費	About 約_____mins 分鐘	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OVERALL SATISFACTION LEVEL 整體的滿意程度</b>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments and Suggestions 其他意見：

### OPTIONAL 可自由選擇填寫與否

Name 姓名： \_\_\_\_\_ Staff/Student ID  
教職員/學生編號： \_\_\_\_\_

Signature 簽名： \_\_\_\_\_ Contact Tel No.  
聯絡電話： \_\_\_\_\_

Please submit the feedback form to the service counter of Dental Clinic  
請把意見書交回牙醫診所服務櫃檯