

Voluntary Dental Plan – Enrolment Form

自費牙齒保健計劃 - 報名表格

Please put a “✓” in the appropriate box 請在適當的方格內填上剔號「✓」:

- The University of Hong Kong (HKU) City University of Hong Kong (CityU) The Education University of Hong Kong (EdUHK)
- Lingnan University (LU) Hong Kong Baptist University (HKBU) The Hong Kong Polytechnic University (PolyU)
- The Chinese University of Hong Kong (CUHK) Vocational Training Council (VTC - ORP)
- Other, Please specify: _____

CLINIC LOCATIONS 診所位置

Hong Kong 香港			Kowloon 九龍			New Territories 新界		
Central	中環	Tel: 2810 5066	Mongkok	旺角	Tel: 2391 2208	Kwai Fong	葵芳	Tel: 3690 8198
Causeway Bay	銅鑼灣	Tel: 2576 3028	Kwun Tong	觀塘	Tel: 2709 6705	Tuen Mun	屯門	Tel: 2618 2689
						Tai Po	大埔	Tel: 2652 0071
						Ma On Shan	馬鞍山	Tel: 3565 6620

*Patient members are free to choose any one of the clinics at any time. 所有會員均可自由選擇任何一間診所

COVERED ITEM 保障範圍

Voluntary Dental Care Plan A 自費牙齒保健計劃 A

\$450/Person/Year 每人年費港幣 450 元正

- Scaling & Polishing (Once a year) 洗牙石/漬 (每年一次)
- Oral Examination including Oral Hygiene Instruction * 口腔檢查及口腔健康講解
- Intra-Oral Small Film Radiograph as necessary * 口腔 X-光片檢查 (按需要)
- Amalgam filling for posterior teeth (carious)* 銀粉補牙 (由蛀牙引起) (包括白齒及前白齒)
- Composite filling for anterior teeth (carious)* 瓷粉補牙(由蛀牙引起) (只限門牙及犬齒)
- Simple extraction (excluding wisdom teeth & surgical extraction) * 普通脫牙 (不包括智慧齒及手術脫牙)
- Fluoride Treatment for Preventing Teeth Decay* 防蛀牙氟素治療
- Drainage of abscesses without surgery *非手術性牙瘡治療
- Emergency Consultation & Temporary Dressing for Pain Relief * 辦公時間內, 緊急治療及臨時補牙止痛服務
- Medication – (Anti-Biotics & Pain Killers) * 藥物 (抗生素及止痛藥)
- Preferential Rate for All Other Treatments 其他治療收費請參考合約優惠費用

* **Unlimited Coverage 次數不限**

Voluntary Dental Care Plan B 自費牙齒保健計劃 B

\$550/Person/Year 每人年費港幣 550 元正

- Scaling & Polishing (Twice a year) 洗牙石/漬 (每年兩次)
- Oral Examination including Oral Hygiene Instruction * 口腔檢查及口腔健康講解
- Intra-Oral Small Film Radiograph as necessary * 口腔 X-光片檢查 (按需要)
- Amalgam filling for posterior teeth (carious)* 銀粉補牙 (由蛀牙引起) (包括白齒及前白齒)
- Composite filling for anterior teeth (carious)* 瓷粉補牙(由蛀牙引起) (只限門牙及犬齒)
- Simple extraction (excluding wisdom teeth & surgical extraction) * 普通脫牙 (不包括智慧齒及手術脫牙)
- Fluoride Treatment for Preventing Teeth Decay* 防蛀牙氟素治療
- Drainage of abscesses without surgery *非手術性牙瘡治療
- Emergency Consultation & Temporary Dressing for Pain Relief * 辦公時間內, 緊急治療及臨時補牙止痛服務
- Medication – (Anti-Biotics & Pain Killers) * 藥物 (抗生素及止痛藥)
- Preferential Rate for All Other Treatments 其他治療收費請參考合約優惠費用

* **Unlimited Coverage 次數不限**

Please read the **Exclusions and Conditions** on p.3 before enrolment. 參加本計劃前, 請先仔細閱讀第三頁不保事項及使用條款。

APPLICATION PROCEDURE 申請方法

1. Please complete in BLOCK LETTERS in the Enrolment Form in the next page. 請用英文正楷填妥下頁報名表格。
2. If you pay by Credit Card, please email to immopool@yahoo.com (If returned by email, please DO NOT mail to avoid duplication). 若閣下選用信用卡付款, 請電郵致 immopool@yahoo.com (如已電郵, 請勿郵寄, 以免重覆)。
3. All successful application will receive dentist list and plan details. 成功申請將收到診所位置及計劃資料。

Remark: We will send information to applicant in 12 working days. 我們將於十二工作天之內寄回資料給申請人

貴為維健醫務牙科客戶, 閣下(及閣下的家庭成員)已自動成為“維健醫務牙科”會員, 並可收到我們為會員提供的不同服務優惠、醫療資訊及最新業務。如閣下(及閣下的家庭成員)不欲接收任何由我們發送的資訊, 請在下面方格加上剔號。As a customer of HMMP (Dental) Ltd, you (and your family members) have automatically become a member of “HMMP (Dental) Ltd” and are entitled to receive our privilege offers, healthcare news and business updates. Please tick the box at below if you (and your family members) do not wish to receive any information from us.

本人(及本人的家庭成員)不同意接收任何由維健牙科發送之宣傳資料、服務資訊及會員通訊。 I (and my family members) do not agree to receive any promotional materials, service information and member newsletters from HMMP (Dental) Ltd.

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 The Chinese University of Hong Kong (CUHK) Vocational Training Council (VTC - ORP)
 Other, Please specify: _____

EMPLOYEE'S PARTICULARS 僱員資料

Name 姓名: _____ HKID No.: 香港身份證號碼: _____
 Address: 地址: _____ Tel. No.: 電話: _____
 E-mail address 電郵地址: _____

**PARTICIPANT'S PARTICULARS 參加者資料
(including both Staff & his family members) (包括員工及其家屬)**

Relationship 關係	Last Name 姓氏	Given Name 名字	Sex 性別	HKID No. 身份證號碼 *	Date of Birth 出生日期 DD/MM/YYYY	Plan 計劃
1. _____	_____	_____	F / M	_____	____/____/____	A / B
2. _____	_____	_____	F / M	_____	____/____/____	A / B
3. _____	_____	_____	F / M	_____	____/____/____	A / B

(Family members mean spouse, children, parents, parents-in-law, brother & sister 家庭成員指配偶、子女、父母、配偶之父母及兄弟姐妹)

* For child who does not possess a HKID Card, please fill in his/her Guardian's HKID No. 未持有身份證之小童，請填上家長/監護人身份證號碼

PAYMENT METHOD 付款方法

Credit Card payment 信用卡 Visa 咭 Master 萬事達咭 HK\$港幣: _____

Cardholder's Name 持咭人姓名: _____ Expiry Date 有效期至: _____

Credit Card No 信用卡賬戶號碼: _____

Cardholder's Signature 持咭人簽署: _____

A cheque of HK\$ _____ payable to "HMMP (Dental) Limited" is attached.
 附上支票 (港幣) _____ 乙張。(抬頭人請寫"維健醫務(牙科)有限公司")

Remark: Your dental plan will be effective from the 1st day of subsequent month if we receive your Enrolment form and payment. The plan is valid for one year. 當收到閣下的報名表格及付款後，牙科保健計劃將於翌月一號生效，為期一年。

I/We would like to enrol myself and my dependent(s) listed above in the dental care plan provided by HMMP (Dental) Limited. I/We understand the plan is Until December 31, 2017 and agree to pay an annual fee per member. I/We also understand the above information will only be used by HMMP (Dental) Limited, its clinic network and its administrative company for providing dental services to the above particulars. I/We warrant that the above information is true and correct, and authorize HMMP (Dental) Limited to verify it with any source.

本人及親屬同意參加由維健醫務(牙科)有限公司所提供之牙科保健計劃，並同意支付每人所需之參加年費，計劃有效期至二零一七年十二月三十一日。本人等同意維健醫務(牙科)有限公司及其診所網絡，及其行政公司可使用以上各項資料，作為其服務之用途。本人等保證上述各項資料正確無誤及授權核對一切資料。

Employee's Signature 僱員簽名 _____

Date 日期 _____

**謹此聲明所屬大專院校的教職員協會已核實上述申請人為合資格人士。
 The Staff Association confirms that the above mentioned applicants are eligible persons.**



請蓋章 Please stamp here

Exclusions and Conditions 不保事項及使用條款:

(Member should read through the exclusion items and conditions below. Do not hesitate to contact our Service Hotline Tel: 2302 0930 for any queries. 會員請詳細閱讀下列不保事項及使用條款，如有任何查詢，請致電熱線 2302 0930)。

1. If there are members joining the dental scheme in the middle of the policy year, full scheme fee would be charged by HMMP (Dental) Limited. 若被保成員中途參加此計劃，須繳付全數費用。
2. If there are members being terminated in the middle of the policy year, no refund of scheme fee would be arranged. 若被保成員中途終止此計劃，已繳之費用將不獲退還。
3. Members must be over age 6. 會員必須年齡滿6歲。
4. Young children who are unable to accept dental treatment from a General Dentist, and require the attention of a Dentist with Specialty Training in Children's Dentistry, will not be covered under the benefits of this Dental Plan 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。
5. Consultations & Treatment fees of Dental Specialists or Dentists with Specialty Training are not included in the Dental Plan 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。
6. All annual subscription fee and membership for the Dental Plan shall not be transferable. 所有年費和會籍皆不能轉讓。
7. Scaling and polishing means removal of calculus and stains from the tooth surfaces which excludes subgingival root debridement (root planing). 洗牙石及牙漬是指除去牙齒表面的牙石及牙漬，但不涉及牙週下的牙腳刮療。
8. Intra-oral small X-ray would be done when necessary. 如有需要會進行牙腔內小X-光片檢查。
9. Amalgam (silver) fillings are for posterior teeth decay. Posterior teeth are teeth distal to the canines. 因蛀牙而導致的後牙蛀牙會使用銀粉補牙，後牙指犬齒以後的牙齒。
10. Composite (tooth colour) fillings are for anterior teeth decay. Anterior teeth are the teeth mesial to the canine including to the canines. 因蛀牙而導致的前牙蛀牙會使用合成樹脂或瓷粉補牙，前牙指犬齒至犬齒間的牙齒。
11. Filling service covered by the plan is restricted to the cases of tooth decay ONLY. Filling for cosmetic reasons or non-decayed cases of trauma、erosion, attrition、abrasion and others are not included. 合約內的補牙只限於蛀牙導致的補牙，因美容、創傷、溶蝕、磨牙、擦損及其他非蛀牙而導致的補牙均不包括在內。
12. Dislodged fillings/replacement which is not caused by tooth are excluded. 不因蛀牙而導致的補牙剝落及重補均不受保障。
13. Simple extractions are covered by the plan but the plan does not cover the extraction of retained roots, wisdom teeth, extraction of teeth for cosmetic or orthodontic purpose. 牙科計劃只保障簡單脫牙，但不包括脫除殘留的牙腳、智慧齒脫牙、因美容或牙齒矯正之脫牙。
14. All re-treatment or any Endodontic, Periodontal, Prosthodontics and Oral Surgery conditions requiring specialist treatment are excluded. 任何牙科再治療及涉及專科治療的牙根、牙週病、牙橋、牙套及口腔手術，不包括在保障範圍內。
15. Member will be referred for specialist treatment if the clinical problem requires specialist attention and care. Please be reminded that the referral will be on member request and member will have free choice to see their own specialists. Specialist fee is not covered and patient should be responsible for it. 如有需要，會員會被轉介接受專科牙醫治療及跟進。請注意只有在會員要求下才會轉介，而會員亦有權選擇接受自己的專科牙醫治療。專科治療費用不在保障範圍內，會員要自付那些費用。
16. Orthodontic / implant treatment out of health /aesthetic reason would only be provided by HMMP network specialist or general dentists. Pre-screen by HMMP network specialist for treatment is required prior to referral to orthodontist (The orthodontist treatment done by non- HMMP network specialist is not covered by the plan). HMMP reserves the final right of such referral. 因健康而需要接受牙齒矯正及植牙治療會由維健網絡診所的專科及普通科牙醫主理。牙齒矯正須由維健網絡的專科牙醫先檢查然後再轉介給牙齒矯正專科 (由非維健網絡專科進行的牙齒矯正不在保障範圍內)，維健會保留最後轉介的權利。
17. Periodontal (Gum) treatment means localized scaling on certain area to relieve pain which excludes local anesthetic injection, root planing or any operative procedure (such as open flap to access the diseased root surface). It also excludes any treatment provided by specialist. (If applicable in the plan) 牙周 (牙肉) 治療是指為某部份進行局部洗牙以舒緩疼痛，而當中不涉及局部麻醉注射，刮牙腳，或任何手術程序 (例如開放牙肉瓣之牙腳治療)。另外，也不包括專科醫生之治療。(如果適用於該計劃)
18. Members are welcome to ask for quotations and/or information prior to treatment. 被保成員可於接受治療前向牙科醫生查詢或索取報價單及有關指引。
19. For treatments not covered in the above package, the preferential rate will be offered by the network dentists. 非計劃承保之治療，指定網絡牙醫均提供優惠費用。
20. The preferential rate is for reference only and may vary depending on the complexity of the procedure. 優惠價格祇供參考，最終收費須以治療服務之複雜程度為準。
21. Employee can enroll his/ her family members as a member of this plan. Employee and family members can select different dental plan. 僱員可選擇其家庭成員參加此計劃。僱員與家庭成員可選擇參加不同的牙科保健計劃。
22. For more detailed guidelines, please refer to the guidebooks in the dental clinics. 如需要更詳細的指引，請參考診所的指引小冊子。
23. The service provider will exercise the reasonable care and members are free to question about her/his dental conditions. The service provider reserves the right to interpret the coverage of the benefit in case of dispute. 牙科網絡醫生提供合理謹慎的牙科治療服務，而被保成員也可詢問牙醫有關其本身牙齒情況。若對此計劃內容有任何爭議，牙科網絡有最終解釋權。

Normal and Preferential Rates (All items available including some benefits covered in the agreement are listed.)

Treatment 治療	Normal Rate 市面治療費用	HMMP (Dental) Preferential Rate 一般合約優惠價費用	Saving % 折扣 %
1 Check-up 口腔健康檢查	300	free	100%
2 X-Ray (small) 口腔細X光片	200	80	60%
3 Scaling & Polishing 洗牙石及牙漬	580	320	45%
4 Chlorexidine Mouthrinse 漱口水	100	80	20%
5 Localised Fluoride Varnish Application (1-3 teeth) 局部氟素添加 (1-3隻牙齒)	200	80	60%
6 Incision & Drainage (per incision) 開刀放膿 (每切口)	550	350	36%
7 Medicine (Antibiotic / Painkiller) 藥費 (抗生素或止痛藥)	300	80	73%
8 Temporary Dressing 臨時補牙	350	220	37%
9 Permanent Filling for carious teeth only 補牙 (只限蛀牙)			
Amalgam Filling (one surface) 銀粉 (一面)	750	320	57%
Toothcolour Filling for front teeth (one surface) 牙色物料 - 前牙 (一面)	750	420	44%
Toothcolour Filling for backteeth (one surface) 牙色物料 - 後牙 (一面)	780	420	46%
10 Root Canal Treatment 根管治療 (杜牙根)			
Incisor (per unit) 門牙 (每隻)	4,200	2,400	43%
Canine (per unit) 犬齒 (每隻)	4,400	2,700	39%
Premolar (per unit) 前臼齒 (每隻)	4,500	3,000	33%
Molar (per unit) 臼齒 (每隻)	4,600	3,600	22%
11 Crown, Bridge and Post 牙冠、牙橋及牙柱			
Pin Insertion (per pin) 牙針 (每支)	250	200	20%
Metal parapost insertion (per post) 金屬牙柱 (每支)	1,000	800	20%
Cast Post & Core (per unit) 鑄造釘柱 (每支)	1,520	1,350	11%
Full Metal Crown (per unit) 合金牙冠 (每單位)	4,200	3,000	29%
Full Metal Bridge (per unit) 合金牙橋 (每單位)	4,000	3,000	25%
Ceramo-metal Crown (per unit) 烤瓷合金牙套 (每單位)	6,400	3,200	50%
Ceramo-metal Bridge (per unit) 烤瓷合金牙橋 (每單位)	6,000	3,200	47%
Maryland Bridge (per unit) 馬利蘭式牙橋 (每單位)	6,000	2,800	53%
12 Oral Surgery 口腔牙科手術			
Extraction (simple) excluding wisdom tooth 普通脫牙不包括智慧齒	850	450	47%
Non Surgical Third Molar 非手術性智慧齒	2,000	1250	38%
Surgical Extraction – simple 小型脫牙手術	2,800	1,500	46%
Surgical Extraction – moderate 中型脫牙手術	3,000	2,000	33%
Surgical Extraction – complicated 複雜脫牙手術	3,800	2,500	34%
Impacted Tooth Extraction – simple 小型脫牙手術 – 阻生齒	3,800	3,000	21%
Impacted Tooth Extraction – moderate 中型脫牙手術 – 阻生齒	4,200	3,500	17%
Impacted Tooth Extraction – complicated 複雜脫牙手術 – 阻生齒	4,750	4,000	16%
13 Denture 假牙			
Acrylic Denture - Full Upper or Lower 牙托 (膠、全上或下顎)	8,000	6,500	19%
14 Acrylic 膠托 - Partial 牙托 (部份)			
1-3 teeth / clasps 1 - 3 隻牙齒 / 鉤	4,000	3,750	6%
4 - 6 teeth / clasps 4 - 6 隻牙齒 / 鉤	4,750	4,500	5%
7 - 9 teeth / clasps 7 - 9 隻牙齒 / 鉤	5,800	5,000	14%
More than 9 teeth / clasps 多過9隻牙齒 / 鉤	9,130	5,500	40%
15 Metal 合金托 - Partial 牙托 (部份)			
1 - 3 teeth / clasps 1 - 3 隻牙齒 / 鉤	4,700	4,250	10%
4 - 6 teeth / clasps 4 - 6 隻牙齒 / 鉤	5,500	5,000	9%
7 - 9 teeth / clasps 7 - 9 隻牙齒 / 鉤	6,000	5,500	8%
More than 9 teeth/clasps 多過9隻牙齒 / 鉤	9,500	6,000	37%

Note:

1. Front teeth means 12 teeth from right canines to left canines of lower & upper jaw.
2. Back teeth means any teeth other than front teeth.
3. Please confirm treatment fee with our clinic staff before service commencement.
4. Rates are subject to change without prior notice.