

Dental Care Plan Application Form 牙齒保健計劃申請表

Notice for Application 申請須知

- 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.
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。
- 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)。
- 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。
- The personal data of the applicants are collected for processing of the applications and provision of services to members. Health & Care Dental Services 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。
- 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 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。
- 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>。
- 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.**

Submission Deadline:
15 June 2027

Dental Care Plan Application Form			
Swire Hong Kong Staff Association (Co Code: SW00 / Rolling)			
Enrollment Period from 1 July 2026 to 30 June 2027			
Membership is valid for 1 year (Start counting from the date you received confirmation SMS)			
(1)	Name of Applicant (BLOCK letters)	Staff/Student No.	Dental Plan (HK\$)
		_____ ()	<input type="checkbox"/> K21 - \$ 400 <input type="checkbox"/> K12 - \$ 650

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

(2)	Name of Family member(s) (BLOCK letters)	Relationship	Dental Plan (HK\$)
		_____ ()	<input type="checkbox"/> K21 - \$ 400 <input type="checkbox"/> K12 - \$ 650
		_____ ()	<input type="checkbox"/> K21 - \$ 400 <input type="checkbox"/> K12 - \$ 650
		_____ ()	<input type="checkbox"/> K21 - \$ 400 <input type="checkbox"/> K12 - \$ 650
		_____ ()	<input type="checkbox"/> K21 - \$ 400 <input type="checkbox"/> K12 - \$ 650

*The applicant confirmed that he/she has joined the plan to allow his/her Family Members to enroll.
 *All fees paid will be non-refundable.
 *Membership fees must be paid in full, otherwise the application will not be processed.
 *The plan is recommended for individuals above 12 years old.

Total Amount: HK\$

Application:

E-Payment (Bank Transfer/ATM Transfer)

Please send the payment advice together with the completed application form in PDF format to cs@health-care.com.hk

Below information must be clearly stated on the payment advice:

1. Transaction Status (Completed/Accepted)
2. Transaction Date & Time
3. Paid To Account Number
4. Paid Amount

The enrolment process will take about 10 working days. If you have not received the SMS confirmation notification within 10 working days after submitting the application, please send an email to cs@health-care.com.hk for inquiry.

Bank Account Details:

HSBC
Health & Care Dental Services Ltd
509-115119-001

FPS
Select: Pay to a bank account
Name: HEALTH * C**** D S L
Account number: 509115119001

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

Contact Information	Mobile No.: _____ <small>(Application confirmation will be sent to this mobile no. via SMS)</small>
	E-mail address of the 1st Applicant : _____ <small>(in Block Capital Letter)</small>

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 Services 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 : (Staff) _____ **Date :** _____

- (i) I confirm I understand the **Membership is valid for 1 year**, 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15日

牙齒保健計劃申請表
太古職員會 (Co Code: SW00 / Rolling)

會籍申請期: 2026年7月1日 至2027年6月30日
會籍有效期為一年, 逾期無效。(收到確認短信起計)

(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**		職員/學生編號	身份證號碼	選擇計劃 (港元 HK\$)	
(1)			— — ()	<input type="checkbox"/> K21 - \$ 400	<input type="checkbox"/> K12 - \$ 650
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)			— — ()	<input type="checkbox"/> K21 - \$ 400	<input type="checkbox"/> K12 - \$ 650
(3)			— — ()	<input type="checkbox"/> K21 - \$ 400	<input type="checkbox"/> K12 - \$ 650
(4)			— — ()	<input type="checkbox"/> K21 - \$ 400	<input type="checkbox"/> K12 - \$ 650
(5)			— — ()	<input type="checkbox"/> K21 - \$ 400	<input type="checkbox"/> K12 - \$ 650

申請人確認已經參加以上之牙齒保健計劃, 否則家屬不可參加。
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。
建議12歲以上人士參加。

合共費用: 港元\$

申請辦法

電子支付 (銀行轉帳/ATM過數)
請將付款通知書連同填妥之申請表格以PDF格式電郵到

cs@health-care.com.hk

付款通知書必須清晰列明以下資料:

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

處理申請需時約10個工作天。

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

戶口資料:

香港滙豐銀行

恒健牙科服務有限公司
509-115119-001

轉數快(FPS)(付款至銀行戶口)

戶口名稱: HEALTH * C**** D S L
戶口號碼: 509115119001

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

聯絡資料	主申請人之手提電話:	(申請確認將以SMS方式傳到此手機碼)
	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的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: (員工)

日期:

- (i) 申請人清楚明白會籍有效期為 1年, 服務及/或療程項目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。

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 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 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。