



Dental Care Scheme Application Form – Luen Wo Hui Residential Association
Effective Period from 01/08/2014 to 31/07/2015

Offer 1: Plan K12 – **HK\$400** or Plan K21 – **HK\$330**

Offer 2: You can pay only HK\$6,300 to get a professional 1-Hour Tooth Whitening Treatment* for which original price is HK\$7,800 only if you apply together with Dental Care Scheme.

Please complete this application in **English** and in **BLOCK** letters. Name should be same as the one on your I.D. Card. This form can be copied if needed.

Name of Applicant	Membership Number	Position / Staff No.	HKID No.	Dental Plan
1)	<input type="checkbox"/> New Application <input type="checkbox"/> Renewal _____			<input type="checkbox"/> K12 - \$400 <input type="checkbox"/> K21 - \$330 <input type="checkbox"/> 1-Hour Tooth Whitening - \$6,300
Total Amount HK\$				

Name of Family Members	Membership Number	Relationship	HKID No.	Dental Plan
2)	<input type="checkbox"/> New Application <input type="checkbox"/> Renewal _____			<input type="checkbox"/> K12 - \$400 <input type="checkbox"/> K21 - \$330 <input type="checkbox"/> 1-Hour Tooth Whitening - \$6,300
3)	<input type="checkbox"/> New Application <input type="checkbox"/> Renewal _____			<input type="checkbox"/> K12 - \$400 <input type="checkbox"/> K21 - \$330 <input type="checkbox"/> 1-Hour Tooth Whitening - \$6,300
4)	<input type="checkbox"/> New Application <input type="checkbox"/> Renewal _____			<input type="checkbox"/> K12 - \$400 <input type="checkbox"/> K21 - \$330 <input type="checkbox"/> 1-Hour Tooth Whitening - \$6,300
Total Amount HK\$				

Application:

By Post: Please send completed application form with crossed cheque to:
“Flat 4, 1/F., MEI LUN BUILDING, No. 37 LUEN ON STREET, LUEN WO HUI, FANLING, N.T.”
Please make cheque payable to **“Health & Care Dental Services Limited”**

By Fax: Please bank in the total amount to HSBC Bank Account No. **509-115119-001**, and fax the bank slip together with the completed application form to 2669 8528 for processing.

Mailing Address	
Contact Number	(Residential): _____ (Mobile): _____

- Note: 1) Herein “Family Members” includes only parents, spouse, children, and siblings. Please note that primary applicant must join the plan.
2) If applicant is confirmed to be not suitable for whitening* treatment after dental examination, the whitening treatment* charge will be refunded.
3) Cancellation of appointment should be done 24 hours in advance, otherwise, a fine of HK\$50 will be charged in the next visit.
4) Please allow ten (10) working days for membership enrollment.
5) I understand that the period of the dental care scheme endures for one year 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. According to the Professional Code and Conduct issued by the Dental Council, no one is allowed from any form of canvassing or advertising. 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) For further enquiries, please call services hotline 31047881.

Appointment Information:

- 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: weekday from 5:00 pm to 8:00 pm, Saturday from 2:30 pm to 6:00 pm.
- Peak seasons of clinics are January, July, August and December
- Dental services are provided on Monday to Saturday.

Signature: (Applicant) _____ **Date:** _____

For office use only: Application Date: _____, Expiry: _____, code no.: 20131003C /CO/IC /LWHA

牙齒保健計劃申請表 – 聯和墟居民協會

生效期由 01/08/2014 至 31/07/2015

優惠一： 計劃 K12 – **HK\$400** 或 計劃 K21 – **HK\$330**

優惠二： 現凡參與保健計劃者，同時可以優惠價 HK\$6,300，享有原價 HK\$7,800 之專業一小時藍光漂牙*治療。

(為方便電腦操作，請以**英文正楷**填寫此表格，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。)

申請人姓名	會員証號碼	職位/ 職員編號	身份證號碼	選擇計劃
1)	<input type="checkbox"/> 首次申請 <input type="checkbox"/> 續會申請_____			<input type="checkbox"/> K12 - \$400 <input type="checkbox"/> K21 - \$330 <input type="checkbox"/> 一小時藍光漂牙 - \$6,300
合共費用 HK\$				

申請人之家屬姓名	會員証號碼	家屬關係	身份證號碼	選擇計劃
2)	<input type="checkbox"/> 首次申請 <input type="checkbox"/> 續會申請_____			<input type="checkbox"/> K12 - \$400 <input type="checkbox"/> K21 - \$330 <input type="checkbox"/> 一小時藍光漂牙 - \$6,300
3)	<input type="checkbox"/> 首次申請 <input type="checkbox"/> 續會申請_____			<input type="checkbox"/> K12 - \$400 <input type="checkbox"/> K21 - \$330 <input type="checkbox"/> 一小時藍光漂牙 - \$6,300
4)	<input type="checkbox"/> 首次申請 <input type="checkbox"/> 續會申請_____			<input type="checkbox"/> K12 - \$400 <input type="checkbox"/> K21 - \$330 <input type="checkbox"/> 一小時藍光漂牙 - \$6,300
合共費用 HK\$				

申請辦法：

郵寄： 請將填妥之申請表格連同劃線支票，寄往：“香港新界粉嶺聯和墟聯安街37號2樓”

支票抬頭請註名：“恒健牙科服務有限公司”

傳真： 請將合共費用轉帳或匯入香港上海匯豐銀行戶口 509-115119-001，然後傳真銀行入數單據及填妥之申請表格至 2669 8528

通訊地址 (英文)	
聯絡電話	(住宅): _____ (手提電話 / 傳呼機): _____

備註： 1) 上述“家屬”祇包括申請人之父母、配偶、子女及兄弟姊妹。而申請人必須參加以上之保健計劃，其親屬才可享有此優惠。

2) 若牙科醫生於口腔檢查後認為申請人牙齒狀況並不適合作漂牙治療*，已付之漂牙*費用則全部退回。

3) 取消預約必須於 24 小時前通知，否則病人須於下次應診時繳交港幣五十元之失約罰金。

4) 請預留十個工作天辦理登記手續。

5) 本人明白本「牙齒保健計劃」為期一年，計劃年費已包括所參加計劃內之各項費用，而所選定之計劃於該年度內不能更改及已付之費用亦不予退還。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醫資料作任何形式之宣傳及推廣用途；故此，申請人亦只可於成功申請後才可獲取有關資料。如有任何爭議，恒健牙科服務有限公司保留最終決定權。

6) 如有查詢，請致電服務熱線 3104 7881 洽。

預約參考資料

- 由於各診所需預留部份時段予覆診客戶、緊急治療客戶及非合約公司客戶；為能配合各會員之首選預約時間，敬希各會員預早致電預約。
- 診所之繁忙時段通常為週日下午五時至晚上八時、週末下午二時三十分至六時。
- 診所之繁忙月份通常為一月、七月、八月及十二月。
- 牙科服務只限星期一至星期六提供。

簽署：(申請人) _____ 日期： _____

以下由本公司填寫： Application Date: _____ Expiry: _____ code no.: 20131003C/CO/IC/LWHA