



Dental Care Plan 牙科保健計劃

Plan 計劃		(K21)	(K12)
Annual Fee 年費		HK\$380	HK\$480
Treatment Items 牙科治療		Per Year 每年	Per Year 每年
1	Oral Check-Up & Oral Hygienic Instruction 口腔檢查及口腔衛生指導	Unlimited 次數不限	Unlimited 次數不限
2	Scaling & Polishing 洗牙石及牙漬	Once 一次	Twice 二次
3	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	Unlimited 次數不限
4	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 已補過之蛀牙，並不包括在此計劃內，需另行收費	Unlimited 次數不限	Unlimited 次數不限
5	Intra-oral X-Ray (when necessary) ^{Note1} 口腔內 X-光細片(如有需要) ^{備註1}	Unlimited 次數不限	Unlimited 次數不限
6	Fluoride Varnish Treatment (when necessary) 氟素治療(如有需要)	Unlimited 次數不限	Unlimited 次數不限
7	Emergency Treatment(Within office hours) 緊急治療(應診時段內) (i) Temporary Pain Relief 臨時止痛 (ii) Temporary Filling / Dressing 臨時補牙/敷料 (iii) Abscess (Drainage Without Surgery) 牙瘡(非手術性放膿)	Unlimited 次數不限	Unlimited 次數不限
8	Medication for the above mentioned treatment 以上治療項目所需之藥物(經由牙科醫生判斷)	Unlimited 次數不限	Unlimited 次數不限
Extra Coverage: Free consultation and examination for Oral Implant treatment. (Provided at Central Clinic) 特別項目: 免費“微創植齒”治療諮詢及檢查。(中環診所提供)			

Note 1 : OPG X-Ray (Orthopantomogram) is excluded

此計劃由恒健牙科服務有限公司提供

備註1 : 不包括全口腔X光

Remark 備註 :

- The covered Treatment Items will NOT include 上述牙科治療並不包括 :
 - Any procedure that is not shown on the above table 以上表格內容沒有列明的治療。
 - Any specialist consultation and treatment 專科諮詢及治療。
 - Any procedure that is required for necessary care or within the generally accepted parameters of care, in which, the dentist has the final decision on the necessity of treatment 所有牙科治療，均必須由牙科醫生作最後決定。
- Drugs / Medication are not covered unless they are dispensed in the dental office during the dental visit 牙科計劃並不包括牙科藥物，除非該藥物於治療當天由牙科醫生處方。
- No appointment under the dental plan will be arranged on Sunday and Public Holidays 牙科計劃預約不適用於星期日及公眾假期。
- Oral Examination is done by dentist, and scaling and prophylaxis are generally done by dental hygienist. 口腔檢查由牙醫處理，洗牙及去牙漬通常由牙齒衛生員執行。
- The dental plan is only for members and their family members of the Association of Hong Kong Nursing Staff. Any review, retransmission, dissemination or other than the intended individuals is strictly prohibited. 此牙科計劃只適用於香港護士協會之會員及其家屬，請勿傳閱及發放本計劃之詳情予非合資格之人士。
- According to the Code of Professional Discipline of the Dental Council of Hong Kong, any publicity for promoting the professional services of a dentist is not allowed. An applicant will receive the relevant details after successful enrolment in the Plan. 根據牙醫管理委員會之專業守則指引，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。因此所有申請人必須於成功申請計劃後方可取得有關資料。

Dental Clinic 牙科醫務所

- 141 Des Voeux Road, Central, H.K. 中環 德輔道中141號
- 664 Nathan Road, Mongkok 旺角 彌敦道664號
- Metro City, Tseung Kwan O 將軍澳 新都城
- 388 Castle Peak Road, Tsuen Wan 荃灣 青山公路荃灣段388號
- Grand Central Plaza, Shatin 沙田新城市中央廣場
- Tai Po Plaza, Tai Po 大埔大埔廣場
- Fortune Plaza, Tai Po 大埔昌運中心
- Fortune Kingswood, Tin Shui Wai 天水圍置富嘉湖

Entry Qualification 申請資格

All participants must be the AHKNS members or his/her dependents but must be Resident of the HKSAR with no age limitation and the benefit of membership and services are not transferable. 所有參加此計劃者必須為香港護士協會會員或會員及其家屬但必須為香港居民，年齡不限，所有計劃項目均不得轉讓。



香港護士協會

九龍佐敦白加士街 25-27 號慶雲商業大廈四樓

電話：2314-6912 / 2314-6944

傳真：3521-1540

ASSOCIATION OF HONG KONG NURSING STAFF

4/F., Hing Wan Commercial Building, 25-27 Parkes Street, Jordan, Kowloon

Tel: 2314-6912 / 2314-6944 Website: www.nurse.org.hk

Fax: 3521-1540

Application Form 申請表 (All in BLOCK Letters 請以英文正楷填寫)

Name of Member 會員姓名：_____ Membership No. 會員證號碼：_____

Details of the first named Applicant

Name 姓名：_____ (Eng 英文) _____ (Chi 中文)

Address 住址：_____

Tel 電話：_____ Fax 傳真_____

Mobile Phone 手提電話：_____ Email 電郵：_____

****請注意所有申請者必須參與相同計劃**

Name of Applicant 申請者姓名	Relationship with member 與會員之關係	HKID No. 身份證號碼	Age 年齡	Sex 性別	Plan Applied 申請計劃：
1) as stated above 如上述					<input type="checkbox"/> (K21) \$380/person <input type="checkbox"/> (K12) \$480/person
2)					
3)					
4)					

Total Fee 合共費用: HK\$ _____

Payment by Cash / EPS / Visa 現金 / 易辦事 / VISA 信用卡

付款方式：

Cheque payable to "Association of Hong Kong Nursing Staff"
支票抬頭「香港護士協會」
(By Post Only 只限郵寄)

Cheque No 支票號碼：_____

Important Notes 注意事項

Fee 費用

All paid fees are non-refundable. 所有已付費用概不退還。

Effective Date 生效日期

Effective Date will be about 10 working days after receipt of a fully completed Application and payment of the Fee. Upon completion of enrollment, a notice together with details of clinics will be sent to the Applicant by SMS. The Service Provider reserves their right to reject an application. 生效日期將在收到完整填寫的申請和費用後約十個工作日。註冊完成後，將通過短訊向申請人發送通知包括診所詳細資料。服務供應商保留拒絕任何申請的權利。

Clinic Appointment 診所預約

Members must clearly mention that they have joined the "Dental Care Plan" while booking. 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」

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。(Working Day 工作天: Monday - Friday 星期一至星期五)

When a member is late for more than 15 minutes, his/her appointment will be cancelled. The member will need to re-book an appointment, Please be punctual.如遲到超過15分鐘，其所預約之服務將會被取消。會員需重新預約其它時間。敬請準時出席。

Application Date 申請日期：_____ Signature of Applicant 申請人簽名：_____

(Office Use Only 辦公室專用)	
Scheme No. 保健計劃號碼：_____	Effective Period 計劃有效期： From 由 _____ To 至 _____