

自付牙齒保健計劃參加表格 Voluntary Prepaid Dental Scheme Enrolment Form



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|----------------------------|-----------------------------------|
| 公司名稱 Company Name | Dah Sing Financial Group |
| 牙齒保健計劃 Dental Plan | Plan K21 / Plan K12 |
| 每位年費 Annual Fee per Member | HK\$380 / HK\$460 |
| 保障期 Entitlement Period | 1 February 2021 – 31 January 2022 |

請以正楷填寫下列各項。 Please complete every item in **BLOCK** letters

本人及家屬欲申請參加「韋予力牙齒保健計劃」。I and my dependants wish to enroll in "Dr. Vio Prepaid Dental Plan".

| 申請人英文姓名 Name of Applicants (e.g. 姓氏, 名字) (e.g. Surname, First Name) | 性別 Gender (男 Male / 女 Female) | 香港身份證 / 護照號碼 HKID / Passport No. (十一歲或以上人士 People aged 11 or above) | 出生證明書號碼 Birth Cert. No. (五至十歲小童 Children aged 5-10) | 申請人身份 Applicants' Identity | 請於適當位置 Please tick as appropriate | | 聯絡電話 Contact No. |
|--|-------------------------------------|--|--|---|--------------------------------------|--------------------------|---------------------|
| | | | | | Plan K21 \$380 | Plan K12 \$460 | |
| | | | | Existing Staff 現職員工: Staff Spouse 配偶: S; Children 子女: C; Parents 父母: P; Siblings 兄弟姐妹: SB | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | <input type="checkbox"/> Staff <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> SB | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> SB | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> SB | <input type="checkbox"/> | <input type="checkbox"/> | |

| | | |
|--|---|---|
| 付款方法 Payment Method (請 Please ☑) | <input type="checkbox"/> 劃線支票 Crossed Cheque | 支票銀行 Issuing Bank: _____ 支票號碼: _____ 支票抬頭 Payable to: Dr. Vio & Partners Limited (請於支票背面寫上申請人姓名。Please write down applicant's name on the back of the cheque.) |
| | <input type="checkbox"/> 直接存款 Direct Bank-in | 銀行名稱 Bank name: 香港上海滙豐銀行有限公司 HSBC 戶口名稱 Account name: Dr. Vio & Partners Limited 戶口號碼 Bank A/C No.: 004-511-830879-002 (如用HSBC轉帳, 不用輸入004。No need to input 004 if transfer from HSBC account.) |

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|--------------------------------------|--|---|
| 表格遞交 Submission of Enrolment form | 請將劃線支票/銀行直接存款單連同填妥的「參加表格」交回韋予力醫生醫務所。 Please submit your completed form with a crossed cheque / bank-in slip to Dr. Vio & Partners. | |
| | 郵寄 By Post | 香港上環干諾道西21號海景商業大廈3樓, 韋予力醫生醫務所 – 業務發展部收 3/F, Seaview Commercial Building, 21 Connaught Road West, Sheung Wan Attn: Business Development Department |
| | 電郵 Email | Business@drvio.com.hk |
| | 傳真 Fax | 2808-4066 |
| | | 只適用於銀行直接存款 Only applicable to Direct bank-in |

備註 Remarks:

- (1) 已繳付的年費, 概不退還, 亦不得轉讓予其他人。Annual fee paid is neither refundable nor transferable.
- (2) 在正常情況下, 申請人可在提交有效申請表格及款項的**14個工作天**內收到確認信, 並可致電牙科保健服務熱線**2666-6661**預約服務。而會員之香港身份證/護照/出生證明書將於預約及診所登記時用作證明身份。Under normal circumstances, applicants will receive the confirmation letter within **14 working days** from the date of submission of completed form and payment. To make an appointment, please call the **Dental Service Hotline at 2666-6661**. The HKID Card/ Passport/ Birth Certificate of the Scheme Members is used for identification when making an appointment and registration in clinic.
- (3) 取消預約必須於1個工作天(星期一至星期五)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。Cancellation of appointment should be made 1 working day (Monday to Friday) 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).
- (4) 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。When a member is late for more than 15 minutes, the appointment will be cancelled. The members will need to rearrange an appointment. Please be punctual.
- (5) 如有任何爭議, 韋予力醫生醫務所將保留最終決定權。In case of dispute, Dr. Vio & Partners Limited reserves the right of final judgment.

本人謹代表上述家屬同意並明白上述各項條款。On behalf of the above dependants and myself, I agree and understand the above terms and conditions.

| | | | |
|--|--------------------------|----------------------------|------------------------------------|
| 職員姓名 Full Name of Staff: _____ | 職員編號 Staff No.: _____ | 聯絡電話 Contact No.: _____ | 職員簽署 Staff Signature: _____ |
| 電郵地址/地址 E-mail Address / Address: _____ | | | 申請日期 Date of Application: _____ |

(請填上詳細及正確的電郵地址/地址, 以便收到確認信。Please state your complete email address / address in order to receive the confirmation letter.)

查詢 Enquiries : ☒ Business@drvio.com.hk / ☎ 3183-9981 或 or 3183-9919或 or 3183-9985

韋予力醫生醫務所《健康e訊》Dr. Vio eHealth

韋予力醫生醫務所將提供更多健康資訊和保健優惠給你和家人, 包括健康生活、家庭及兒童保健、醫療資訊和研究等。如閣下希望收到有關資料, 請填妥下列表格。所有資料遵照個人資料(私隱)條例使用。Dr. Vio & Partner would like to provide more health education and health check special offers to you & your family members including healthy living, family & child health, medical information & research, etc. If you wish to receive such information, please complete the below form. Data collected shall be in compliance with the Personal Data (Privacy) Ordinance.

- ☐ 本人同意 收到有關推廣資料, 請將本人資料加入閣下資料庫。I agree to receive such promotion materials. Please include me in your mailing list.
☐ 本人不同意 收到有關推廣資料。I do not wish to receive such promotion materials.

電郵 Email: _____ (如適用 if available) 年齡 Age: ☐ 0-18 ☐ 19-30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ 60+
 兒童成員 Kids: ☐ 有 Yes / ☐ 沒有 No 年齡 Age: ☐ 0-5 ☐ 6-12 ☐ 13-18
 簽署 Signature: _____ 日期 Date: _____

Information contained herein is supplied for the exclusive use of Dr. Vio & Partners' corporate clients only and should not be distributed to the public.

本單張之內容僅向韋予力醫生醫務所之公司客戶提供, 並非作公眾傳閱。

Ver. VIO2021/DS

牙科計劃服務範圍 Scope of Service for Dental Plan

| 服 務 範 圍 SCOPE OF SERVICE | | Plan K21 | Plan K12 |
|--------------------------|---|---------------------|----------------------|
| 1 | Scaling & Polishing 洗牙石及牙漬 (Scaling & Polishing could be done by Dental Hygienist. Should any dispute arise, the decision of Services Provider shall be final.) (洗牙服務由牙齒衛生員提供。如有任何爭議，服務供應商保留最終決定權。) | Once a year 每年一次 | Twice a year 每年兩次 |
| 2 | Oral check-up & Oral Hygiene Instruction 口腔檢查及口腔衛生指導 | Unlimited 次數不限 | Unlimited 次數不限 |
| 3 | Intra-oral X-Ray (when necessary) 口腔內X光細片(如有需要) (OPG X-Ray (Orthopantomography) is excluded) (不包括全口腔 X光) | Unlimited 次數不限 | Unlimited 次數不限 |
| 4 | Fluoride Varnish Treatment (when necessary) 氟素治療(如有需要) | Unlimited 次數不限 | Unlimited 次數不限 |
| 5 | Filling due to Carious 因蛀牙引起補牙 - Composite Filling for Anterior Teeth 前牙瓷粉 - Amalgam Filling for Posterior Teeth 後牙銀粉 | Unlimited 次數不限 | Unlimited 次數不限 |
| 6 | Simple Extraction (Extraction of wisdom teeth, surgical extractions or extraction for orthodontic reasons are not included) 簡單脫牙(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 |
| 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 | Unlimited 次數不限 |
| 8 | Abscess (Drainage without Surgery) 牙瘡(非手術性放膿) | Unlimited 次數不限 | 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 | Unlimited 次數不限 |

Remarks 備註:

- Dental examinations which are carried out by our General Dental Practitioners will be covered.
合約包括普通牙科醫生之牙齒檢查。
- Dental examinations which are carried out by our Specialists and/or Specialty Dentists will NOT be covered.
合約不包括專科醫生及/或碩士文憑醫生之牙齒檢查。
- Small intra oral radiographs as suggested by our General Dental Practitioners will be covered by the dental plan.
合約包括我們的普通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) will NOT be covered.
合約不包括電腦掃描，全口 X-光片及側面頭部 X-光片。
- Dental cleanings (Scale and polish) involving the removal of plaque and tartar deposits that have built up on the teeth over time will be covered.
洗牙服務只包括去除一般牙菌膜及牙石。
Subgingival debridement refers to the removal of the subgingival plaque and any flecks of tartar on the root surfaces subgingivally will NOT be covered.
合約不包括深層洗牙，例如(去除牙齦底下之牙菌膜及牙石)。
- Fillings 補牙
Amalgam (black) fillings for posterior teeth (premolars and molars) due to decay will be covered.
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。
Composite (white) fillings for anterior teeth (canines and incisors) due to decay will be covered.
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.) will NOT be covered.
補牙不包括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)。
- Extractions 脫牙
Simple extractions will be covered.
合約只包括簡單脫牙。
Surgical extractions will NOT be covered.
合約不包括手術性脫牙。
Extractions of wisdom teeth (simple or surgical) will NOT be covered.
合約不包括(簡單或手術性)之智慧齒脫牙。
Orthodontic extractions (simple or surgical) will NOT be covered.
合約不包括因矯齒治療(簡單或手術性)之脫牙。

7. Fluoride treatment as suggested by our General Dental Practitioners and preventive advice (e.g. oral hygiene instructions, flossing instruction, diet instructions etc.) will be covered.
合約包括我們的普通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）。
8. Emergency treatment
緊急治療
In business hour, emergency consultation and temporary pain relief will be covered.
合約包括在辦公時間內之緊急會診及臨時止痛。
Medications such as antibiotics and analgesics will be covered.
如有需要，合約包括抗生素及止痛藥物。
9. Drainage of abscess without surgery will be covered (applicable to selected plan only, please refer to the plan details).
合約包括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 (i.e. surgical drainage) of an abscess will NOT be covered.
合約不包括手術性之切口引流。
10. Specialist treatment
專科治療
General Dental Practitioners may refer their patients to our Specialists or Specialty Dentists when the patients need a level of care that cannot be provided by them.
如有需要，普通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 will NOT be covered.
合約不包括所有專科及碩士文憑醫生之諮詢及治療。
11. 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 by request and members are welcome to consult our dentists regarding the fees of these items prior to their treatment.
請注意，以上只提及部分合約內不包括之牙科治療，如對收費及療程有任何疑問，歡迎向我們的醫生查詢。
12. For the treatments not covered by the Dental Plan, special rates will be offered to our members. (Excluding Specialists Treatment)
會員可以以優惠收費享用合約內不包括之牙科治療（專科治療除外）。
13. 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，實際收費會因應治療之複雜程度而更改。
14. An employee is eligible to enroll his/her dependants in our Dental Plan.
合資格員工家屬可申請相關之牙科計劃。
15. The employee and his/her dependants may select different Dental Plans if applicable. The chosen Dental Plan cannot be varied during the effective period.
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。所選定之計劃於該年度內不得更改。
16. The membership and subscription fee for a Dental Plan are not transferable.
會籍及年費不得轉讓。
17. An employee will be charged the full Dental Plan fee if he/she enrolls after the commencement of a contractual year.
員工無論在合約年度開始後的任何時間參加此計劃，亦須繳付全數費用。
18. No refund of the Dental 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。
19. Dr. Vio and Services Provider reserves the right to change the clinic location and/or clinic consultation hours without notice at any time. 韋予力及服務供應商有權更改診所資料(例如診所地址及/或應診時間)而毋須另行通知。
20. Dr. Vio and Services Provider has the right to terminate any membership at its sole and absolute discretion in the case of dispute.
韋予力及服務供應商保留終止任何會員之權利。
21. 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。
22. The personal data of the applicants are collected for processing of the applications and provision of services to members. Dr. Vio and Services Provider 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。韋予力及服務供應商將遵從《個人資料(私隱)條例》(第486章)之規定行事。
23. Dr. Vio and Services Provider reserves the right to make the final decision on any disputes or matters relating to the Terms and Conditions of the Dental Plan. 如對此計劃的內容有任何爭議，韋予力及服務供應商保留最終解釋及決定權。

附加治療項目 Price List on Additional Treatments
(如不包括在自付牙齒保健計劃內 if not included in the prepaid Voluntary Prepaid Plan)

| No. | Item Code 項目代碼 | Treatment Items治療項目 | Charge (HK\$) 服務收費 | |
|-----|-------------------------------|--|--------------------|------------------|
| | | | *List Price (原價收費) | Discounted (折扣價) |
| 1 | PERI021GP | Further Scaling & Polishing & Prophylaxis後加洗牙石及牙漬 | \$630 | \$315 |
| 2 | Additional Fillings後加補牙: | | | |
| | REST003GP | a) Amalgam Filling (1 surface)銀粉補牙 (一個牙面) | \$650起/up | \$450起/up |
| | REST004GP | Amalgam Filling (2 surfaces) 銀粉補牙 (二個牙面) | \$700起/up | \$500起/up |
| | REST005GP | Amalgam Filling (3 surfaces or above) 銀粉補牙 (三個牙面或以上) | \$800起/up | \$600起/up |
| | REST007GP / REST024GP | b) Composite Filling (1 surface) 瓷粉補牙 (一個牙面) | \$750起/up | \$450起/up |
| | REST008GP / REST025GP | Composite Filling (2 surfaces) 瓷粉補牙 (二個牙面) | \$850起/up | \$600起/up |
| | REST009GP / REST026GP | Composite Filling (3 surfaces) 瓷粉補牙 (三個牙面) | \$950起/up | \$750起/up |
| | REST002GP | c) Abrasion Composite Resin Filling瓷粉補牙- 磨損性窩壩 | \$700起/up | \$450起/up |
| 3 | SURG013GP | Abscess (with surgery) 牙瘡(需手術) | \$660起/up | \$450起/up |
| 4 | PLAN024GP | Pin Insertion (per pin) 輔助補牙針(每支) | \$550 | \$275 |
| 5 | REST021GP | Fissure Sealant (each tooth) 牙紋防蛀劑(每隻) | \$450 | \$350 |
| 6 | SURG010GP | Complicated Extraction複雜脫牙 | \$2,420起/up | \$1,100起/up |
| 7 | Wisdom Tooth Extraction脫智慧齒 : | | | |
| | SURG008GP | Simple Extraction - No surgery needed (each tooth) 簡單脫智慧齒 - 不需手術 (每隻) | \$2,090起/up | \$1,500起/up |
| | SURG015GP-SURG016GP | Impacted Tooth - Need surgery (each tooth) 阻生智慧齒 - 需手術 (每隻) | \$4,400起/up | \$3,000起/up |
| 8 | Root Canal Treatment 牙根管治療 | | | |
| | ENDO013GP | Incisor, Canine門牙, 犬齒 | \$4,000起/up | \$2,500起/up |
| | ENDO014GP | Premolar小白齒 | \$4,500起/up | \$3,050起/up |
| | ENDO015GP ~ ENDO016GP | Molars大牙 | \$5,500起/up | \$3,500起/up |
| 9 | PROS052GP ~ PROS058GP | Denture 活動假牙套 | \$5,280起/up | \$3,850起/up |
| | PROS045GP ~ PROS051GP | | | |
| | PROS036GP ~ PROS037GP | | | |
| | PROS015GP ~ PROS017GP | | | |
| 10 | PROS018GP ~ PROS027GP | Crowns & Bridges 牙套及固定牙橋 | \$5,830起/up | \$3,080起/up |
| | PROS001GP ~ PROS004GP | | | |
| | PROS072GP | | | |
| 11 | SURG001GP | Oral Surgery口腔外科手術 | \$3,080起/up | \$1,650起/up |
| 12 | BLEA001GP | Tooth Bleaching (Full Mouth -- Home Bleaching) 牙齒漂白 (全口 -- 家居專業漂牙) | \$5,000 | \$3,300 |
| 13 | BLEA007GP | A professional 1-Hour Tooth Whitening Treatment 專業一小時藍光漂牙 | \$7,800 | \$6,930 |

備註 Remarks:

- 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 instruction at the clinic.
- 以上治療項目收費已包括所需之藥物費用，不包括專科治療。 All medication are included in the treatment mentioned above. Specialist treatment is excluded.
- *中環診所之門診參考收費 List Price of Central Clinic for reference.
- 價目如有更改，恕不另行通知。 Prices may be subject to change without prior notice.

牙科診所地址 Location List of Dental Clinics

| HONG KONG 港島 | |
|---------------------------|--|
| Central 中環 | Unit 08-10, 9/F., China Insurance Group Building, 141 Des Voeux Road Central 德輔道中 141 號中保集團大廈 9 樓 08-10 室 |
| KOWLOON 九龍 | |
| Mongkok 旺角 | Room 1001-03, 10/F, Wai Fung Plaza, 664 Nathan Road 彌敦道 664 號惠豐中心 10 樓 1001-1003 室 |
| NEW TERRITORIES 新界 | |
| Tseung Kwan O 將軍澳 | Shop 231-233, Level 2, Phase 1, Metro City, Tseung Kwan O 新都城一期 2 樓 231-233 號舖 |
| Shatin 沙田 | Unit 1312, 13/F, Tower 1, Grand Central Plaza, Shatin 沙田新城市中央廣場一座 13 樓 1312 室 |
| Tai Po 大埔 | Shop 66, 1/F., Fortune Plaza, 4 On Chee Road 安慈路 4 號昌運中心 1 樓 66 號舖 |
| Tin Shui Wai 天水圍 | Shop 228, 2/F, Phase 1, Fortune Kingswood 置富嘉湖 1 期 2 樓 228 號舖 |
| Tsuen Wan 荃灣 | Shop 116, Level 1, CDW Building(8½), 388 Castle Peak Road 青山道 388 號中染大廈(8 呎半) 1 樓 116 號舖 |

Remarks 備註:

- (1) Dr. Vio and Services Provider reserves the right to change the clinic location and/or clinic consultation hours without notice at any time.
韋予力及服務供應商有權更改診所資料(例如診所地址及/或應診時間)而毋須另行通知。
- (2) For appointment booking or enquiry, please call central hotline 2666 6661.
如需預約或查詢, 請致電中央預約熱線 2666 6661。
- (3) Dental services are provided from Monday to Saturday (some clinic(s) may only provide service from Monday to Friday. Please contact central 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)。
- (4) All appointments for dental care plan's member should be arranged by service hotline. Member should not arrange the booking via clinic directly, otherwise all services will be charged as standard rate.
已參加牙科保健計劃之會員必須經熱線預約服務。若自行跟診所預約服務, 所有服務將會按正價收費。
- (5) 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。
- (6) Cancellation of appointment should be made 1 working day (Monday to Friday) in advance and successfully confirmed by Services Provider's staff. Otherwise, the quota for the scale and polish procedure will be deducted automatically.
取消預約必須於1個工作天(星期一至星期五)前成功通知服務供應商及必須經職員確認, 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。
- (7) When a member is late for more than 15 minutes, the appointment will be cancelled. The members will need to rearrange 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。
- (8) 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 one-month 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一個月或之前致電預約, 誤期者不另作安排。