

Agreement between Hong Kong Physiotherapists' Union and HMMP (Dental) Limited for Dental Scheme

This Agreement is made and entered into this on January 16, 2018 by and between HMMP (Dental) Limited and Hong Kong Physiotherapists' Union (hereinafter referred to as "the Company").

HMMP (Dental) Limited is a company whose purpose is to operate a dental health care service and arrange the qualified, licensed professionals and their staff members to participate in providing dental services, and

The Company agrees to appoint HMMP (Dental) Limited to provide dental services for the employees and their Eligible Dependents of the Company (hereinafter called "the Scheme Members") with effect from the effective date of this Agreement, herein specified for and on behalf of the Company's members as defined herein.

This Agreement is for a period of 12 months from the effective date of this Agreement. This Agreement shall be renewed from year-to-year thereafter upon each and all of the terms and conditions herein contained, subject to written confirmation from the Company and subsequent approval by HMMP (Dental) Limited.

This Agreement shall commence from April 1, 2018 and shall be in force for a period of one year until March 31, 2019.

The parties hereby agree as follows:

DEFINITIONS

AGREEMENT shall mean the Dental Service Agreement issued to the Company by HMMP (Dental) Limited and shall include Dental Scheme Coverage, Enrollment Form, Schedule of Benefits and any applicable Clinics Directory or other documents which constitute the entire Agreement of the parties.

COMPANY shall mean a Company, Employer, Group or Other Organizations to which the Eligible Subscriber belongs and has contracted with HMMP (Dental) Limited.

ELIGIBLE DEPENDENT shall mean:

- A. The lawful Family Members of any Enrolled Member. Family members mean spouse, children, parents, parents-in-law, brother & sister.
- B. Children are on or above age 8.

ELIGIBLE SUBSCRIBER shall mean an employee or other beneficiaries of the Company who is eligible to participate in HMMP (Dental) Limited under the eligibility requirements determined by the Company.

ENROLLED DEPENDENT shall mean any Eligible Dependent who has become a Member as a result of the rights and privileges accorded the Enrolled Subscriber under the terms of this Agreement. Such enrollment shall be evidenced by adding the dependent's name on the Enrolled Subscriber's Enrollment Form.

ENROLLED SUBSCRIBER shall mean an Eligible Subscriber who has subsequently chosen to become a Member in HMMP (Dental) Limited and has fully completed and submitted an Enrollment Form to the Company and the Company has subsequently notified HMMP (Dental) Limited of such enrollment.

MEMBER shall mean an Enrolled Subscriber or Enrolled Dependent in the Dental plan.

PLAN BENEFITS shall mean the coverage, subject to the Limitations and Exclusions provided in the Schedule of Benefits.

SPECIALTY DENTIST shall mean a dentist licensed by the Dental Council of Hong Kong who is trained to practice in a dental specialty.

PREMIUM AND ELIGIBILITY

Premium

As set forth in the Application, the member shall pay HMMP (Dental) Limited the Premium per HK\$400 per each enrolled Member, plus all applicable enrollment fees, commencing before the date of this Agreement.

Supplemental Payment

All Scheme Fees for the Scheme Members will be settled directly between HMMP (Dental) Limited and the Scheme Members. All payments incurred which are not covered under the Scheme will be

settled directly between HMMP (Dental) Limited and the Scheme Members at the clinic.

Eligibility List

The Member shall:

Specifically identify and submit Enrollment Forms on those Members who are newly eligible and have chosen to enroll to receive Plan Benefits prior to the effective date of coverage.

Provision of Plan Benefits

The Company acknowledges and understands that this Agreement provides solely and exclusively for services to be performed by HMMP (Dental) Limited. Each Enrolled Subscriber shall select clinic/dentist from the list furnished by HMMP (Dental) Limited to the Company and Enrolled Subscriber, herein referred to as the HMMP (Dental) Limited Clinics Directory. The Agreement provides for services only, is not an insurance policy and does not indemnify nor reimburse any Member or the Company in cash.

Determination of Eligibility The determination of who is ELIGIBLE SUBSCRIBER and who is actually participating in the plan shall be made by the Company.

Termination of the Agreement Either party can terminate this Agreement giving 3 months' written notice to the other party.

Renewal of the Agreement

HMMP (Dental) Limited and the Company may renew this Agreement at the end of the term hereof, and by mutual consent modify or alter this Agreement; provided, however, that said modifications, amendments, alteration or renewals shall be in writing, duly executed by both parties hereto, and attached to this Agreement. However, HMMP (Dental) Limited may amend this Agreement due to changes required by other legislation.

PLAN BENEFITS

Plan Benefits HMMP (Dental) Limited and the Company agree that HMMP (Dental) Limited shall provide services to Members of the Company under the Scheme as set forth in the Schedule of Benefits (including exclusions and limitations) for the term of this Agreement.

Limitation on Services

HMMP (Dental) Limited shall not have any liability or obligation whatsoever on account of any dentist, physician, hospital, or other person, institution or organization. See the Schedule of Benefits for specific Exclusions and Limitations.

PLAN ADMINISTRATION

Notices to Members

Whenever HMMP (Dental) Limited is obligated to give any notice to Members with regard to any matters covered by this Agreement or any regulations issued pursuant thereto, it shall be sufficient for HMMP (Dental) Limited to give such notice to a representative of the Company designated in writing to HMMP (Dental) Limited. The Company shall then be obligated to give that notice to the Enrolled Subscribers in its next regular communication.



Distribution of Plan Materials

With respect to the distribution of all materials, it shall be sufficient for HMMP (Dental) Limited to deliver the materials for distribution to Eligible or Enrolled Subscribers as the case may be. To avoid violating the Code of Professional Discipline of the DCHK concerning canvassing, the Clinics Directory (including names of the dental practitioners) should only be provided to the Members and their Eligible Dependents.

Record Confidentiality

HMMP (Dental) Limited is entitled to receive Members’ information reasonably necessary in connection with the administration of this Agreement but subject to all applicable confidentiality requirements. HMMP (Dental) Limited confirms that all data of Scheme Members provided by the Company will be used only for the purpose of providing dental services to the Scheme Members of The Company by the HMMP (Dental) Limited network during the scheme period. HMMP (Dental) Limited will treat this information in the strictest confidence.

Assignment of Benefits

All rights of Members to receive benefits hereunder are personal to Members and may not be assigned to anyone else.

Final Interpretation of the Agreement

HMMP (Dental) Limited reserves the right to final interpretation of the Agreement in case of dispute.

IN WITNESS WHEREOF the Parties hereto have duly executed this Agreement by their authorized representatives on the day and year first above written.

For and on behalf of
HMMP (Dental) Limited

For and on behalf of
Hong Kong Physiotherapists’ Union

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Authorized signatory with company chop

.....
Authorized signatory with company chop

Name: Ms. Noel Tang
Position: Senior Sales & Marketing Manager

Name:
Position:

Date: January 16, 2018

Date:

Appendix I Schedule of Benefits of Staff Dental Scheme

Scheme Members of Hong Kong Physiotherapists’ Union are eligible to participate in the Scheme with the following scheme benefits during the Scheme Period:

COVERED ITEMS	
Plan A: HK\$400 per member per year (Voluntary)	Limit
◆ Scaling and polishing 洗牙石/牙漬 (每年一次)	Once a year
◆ Oral examination including oral hygiene instruction 口腔檢查及口腔健康講解	Unlimited
◆ Intra-oral small film radiograph as necessary 口腔X-光片檢查 (按需要)	Unlimited
◆ Amalgam filling for posterior teeth (cariou) 銀粉補牙 (由蛀牙引起) (包括白齒及前白齒)	Unlimited
◆ Composite filling for anterior teeth (cariou) 瓷粉補牙 (由蛀牙引起) (只限門牙及犬齒)	Unlimited
◆ Simple extraction (excluding wisdom teeth & surgical extraction) 普通脫牙 (不包智慧齒及手術脫牙)	Unlimited
◆ Drainage of Abscesses (without surgery) 牙瘡治療 (非手術)	Unlimited
◆ Emergency consultations & dressings for pain relief 緊急治療及臨時補牙止痛服務	Unlimited
◆ Medications (pain killers) 藥物 (止痛藥)	Unlimited
Preferential rate for all other treatments not covered above 其他治療收費請參考合約優惠費用	

All treatments will be provided and subjected to the attending dentist’s judgement based on individual patient’s condition.

當值牙醫會根據病人之實際情況而決定所需之牙科服務

Remarks:

- Scheme period: April 1, 2018 to March 31, 2019. 計劃有效期由二零一八年四月一日至二零一九年三月三十一日。
- 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。
- Members must be aged over 8. 會員必須年滿8歲。
- 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。
- 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。
- 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。
- Refund arrangement is applicable only to both follow conditions: 退款安排須符合以下兩項條件:
 - The service has not been used and \$100 administrative fee is charged for the cancellation of membership. 顧客未曾使用有關服務，並且退款須繳付一百元行政費。
 - Subject to the mutual agreement between the member and the company. 顧客和公司雙方同意。
- 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。

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: 2158 2660 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 2158 2660)。

1. 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。
2. 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。
3. 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。
4. 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。
5. 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。
6. Dislodged fillings/replacement which is not caused by tooth decay are excluded. 不因蛀牙而導致的補牙剝落及重補均不受保障。
7. 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。
8. Medications (antibiotics & painkillers) are covered by the plan including Paracetamol TAB (acetaminophen) 500MG, Diclofenac NA TAB (Diclofenac Sodium) 25MG, Mefenamic Acid Cap 250MG, Metronidazole TAB 200MG, Amoxil G CAP (Amoxicillin) 250MG, Erythromycin CAP (Erythrocin) 250MG. (If applicable in the plan) 合約內的藥物 (抗生素、止痛藥) 只限於止痛藥 (必理痛)、非類固醇消炎止痛藥、抗生素、盤尼西林類抗生素、紅黴素 (非盤尼西林類抗生素)。(如果適用於該計劃)
9. 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杜牙根、牙週病、牙橋、牙套及口腔手術，不包括在保障範圍內。
10. 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。
11. 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。
12. 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)
13. 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。
14. 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。
15. 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。
16. Accident means the incident leads to hospitalization for not less than 1 day and requires medical certification. (If applicable in the plan) 意外指該事件會導致參與僱員入院不少於1日及需要醫療證明。(如適用於計劃內)
17. 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。
18. 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。
19. 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. 牙科網絡醫生會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。

Appendix II Dental Clinic Location

Hong Kong 香港區

Causeway Bay 銅鑼灣

Smart Dental Centre (3 Dental Treatment Rooms) Room 2310A, Hang Lung Centre, 2-20 Paterson Street, Causeway Bay 維健牙科中心 (3 間牙科診療室) 銅鑼灣百德新街2-20號恆隆中心23樓2310A室 Tel: 2576 3028 Fax: 2199 7775 * Scaling & Polishing could be done by Dentist or Dental Hygienist 洗牙服務可由牙醫或牙齒衛生員提供	Mon – Fri Sat Sun & P.H.	10:00 a.m. – 1:00 p.m. 2:00 p.m. – 6:30 p.m. 10:00 a.m. – 1:00 p.m. 2:00 p.m. – 5:30 p.m. Closed
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Central 中環

Smart Dental Centre (6 Dental Treatment Rooms) Room 2010-12, Melbourne Plaza, 33 Queen's Road Central, Central 維健牙科中心 (6 間牙科診療室) 中環皇后大道中33號萬邦行20樓2010-12室 Tel: 2810 5066 Fax: 2810 5811 * Scaling & Polishing could be done by Dentist or Dental Hygienist 洗牙服務可由牙醫或牙齒衛生員提供	Mon – Fri Sat Sun & P.H.	10:00 a.m. – 1:00 p.m. 2:00 p.m. – 6:30 p.m. 10:00 a.m. – 1:00 p.m. 2:00 p.m. – 5:30 p.m. Closed
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Kowloon 九龍區

Kwun Tong 觀塘

Dr. Lee Kin Man, Raymond's Clinic (2 Dental Treatment Rooms) Shop 112 - 113, Tsui Pak House, Tsui Ping Estate, Kwun Tong 李健民牙科診所 (2 間牙科診療室) 觀塘翠屏邨翠柏樓112至113室 Tel: 2709 6705 Fax: 2793 1781 * Scaling & Polishing could be done by Dentist or Dental Hygienist 洗牙服務可由牙醫或牙齒衛生員提供	Mon, Wed, Fri Alternate Sat Sun & P.H.	10:00 a.m. – 1:00 p.m. 2:30 p.m. – 6:30 p.m. 10:00 a.m. – 1:00 p.m. 2:30 p.m. – 5:00 p.m. Closed
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Mongkok 旺角

HM DentalCare Centre (Smart Dental Centre) (4 Dental Treatment Rooms) Room 1025 - 1028, 10/F, Office Tower One, Grand Plaza, 639 Nathan Road, Mongkok 維健牙科中心 (4 間牙科診療室) 旺角彌敦道639號雅蘭中心第1期1025 – 1028 室 Tel: 2391 2208 / 2391 2210 Fax: 2391 2228 * Scaling & Polishing could be done by Dentist or Dental Hygienist 洗牙服務可由牙醫或牙齒衛生員提供	Mon – Fri Sat Sun & P.H.	10:00 a.m. – 1:00 p.m. 2:00 p.m. – 6:30 p.m. 10:00 a.m. – 1:00 p.m. 2:00 p.m. – 5:30 p.m. Closed
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New Territories 新界區

Ma On Shan 馬鞍山

Yan Oi Tong Ma On Shan Dental Centre (3 Dental Treatment Rooms) Shop 12, G/F., Marbella, Ma On Shan, N.T. 仁愛堂馬鞍山牙科中心 (3 間牙科診療室) 新界馬鞍山鞍駿街23號迎濤灣商場地下12號舖 Tel: 3565 6620 / 3565 6621 Fax: 3565 6619	Mon – Fri Sat Sun & P.H.	10:00 a.m. – 1:00 p.m. 2:30 p.m. – 7:30 p.m. 10:00 a.m. – 1:00 p.m. 2:30 p.m. – 5:30 p.m. Closed
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Tuen Mun 屯門

Yan Oi Tong Melody Garden Dental Centre (2 Dental Treatment Rooms) Shop 60 on G/F, Melody Garden, No. 2 Wu Chui Road, Tuen Mun, N.T. 仁愛堂美樂牙科中心 (2 間牙科診療室) 屯門湖翠路2號美樂花園商場地下60號舖 Tel: 2618 2689 Fax: 2618 0613	Mon – Fri Sat Sun & P.H.	10:00 a.m. – 1:00 p.m. 2:30 p.m. – 7:30 p.m. 10:00 a.m. – 1:00 p.m. 2:30 p.m. – 5:30 p.m. Closed
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Tai Po 大埔

Yan Oi Tong Tse Ng Tsui Ha Medical Centre (4 Dental Treatment Rooms)
Shop 1 & 2, G/F., 2 - 16 Kwong Fuk Road, Tai Po
仁愛堂謝吳翠霞醫療中心 (4間牙科診療室)
大埔廣福道2-16號地下1號及2號舖
Tel: 2652 0071 Fax: 2652 0079

Mon – Fri	10:00 a.m. – 1:00 p.m. 2:30 p.m. – 7:30 p.m.
Sat	10:00 a.m. – 1:00 p.m. 2:30 p.m. – 5:30 p.m.
Sun & P.H.	Closed

Referral Service 轉介服務 (subject to Private Fee 按醫生私人收費)

Specialist in Family Dentistry 家庭牙醫科專科

Dr. Lee Kin Man, Raymond
李健民 家庭牙醫科專科醫生

Qualification 專業資格

B.D.S. (HK)
P.Dip. D.S. (HK)
D.G.D.P. (UK)
M.G.D.S., R.C.S. (Edin)
F.H.K.A.M. (Dental Surgery)
F.C.D.S.H.K. (Family Dentistry)

Oral Surgery 口腔外科

Dr. Tsui Hing Chung, Sunny
徐興中 牙科醫生

Qualification 專業資格

B.D.S. (HK) F.D.S.R.C.S. (Eng)
F.R.A.C.D.S.
F.H.K.A.M. (Dental Surgery)
F.C.D.S.H.K. (OMS)

Smart Dental Specialist Centre 維健牙科專科中心

Room 2010-12, Melbourne Plaza, 33 Queen's Road Central, Central
中環皇后大道中33號萬邦行20樓2010-12室

Appointment only 敬請預約

Tel: 2116 0076

* Should any of the above clinic information be changed, notification will not be sent individually. For details, please kindly refer to our website: <http://www.smartdental.hk> 診所資料如有更改，恕不另行通知。詳情請瀏覽本公司網址 <http://www.smartdental.hk>

Appendix III 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 維健牙科合約優惠價	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	650	350	46%
4 Chlorhexidine Mouthrinse 漱口水	110	80	27%
5 Localised Fluoride Varnish Application (1-3 teeth) 局部氟素添加 (1-3 隻牙齒)	600	80	87%
6 Incision & Drainage (per incision) 開刀放膿 (每切口)	650	350	46%
7 Medicine (Antibiotic / Painkiller) 藥費 (抗生素或止痛藥)	300	80	73%
8 Temporary Dressing 臨時補牙	350	250	29%
9 Permanent Filling for carious teeth only 補牙 (只限蛀牙)			
Amalgam Filling (one surface) 銀粉 (一面)	750	350	46%
Toothcolour Filling for front teeth (one surface) 牙色物料 - 前牙 (一面)	810	420	48%
Toothcolour Filling for back teeth (one surface) 牙色物料 - 後牙 (一面)	820	420	49%
10 Root Canal Treatment 根管治療 (杜牙根)			
Incisor (per unit) 門牙 (每隻)	4,200	2,500	40%
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	3,800	17%
11 Crown, Bridge and Post 牙冠、牙橋及牙柱			
Pin Insertion (per pin) 牙針 (每支)	300	200	33%
Metal parapost insertion (per post) 金屬牙柱 (每支)	1,200	800	33%
Cast Post & Core (per unit) 鑄造筍釘柱 (每支)	1,520	1,350	11%
Full Metal Crown (per unit) 合金牙冠 (每單位)	5,200	3,100	40%
Full Metal Bridge (per unit) 合金牙橋 (每單位)	5,200	3,000	42%
Ceramo-metal Crown (per unit) 烤瓷合金牙套 (每單位)	6,400	3,250	49%
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	3,200	1,280	60%
Surgical Extraction – simple 小型脫牙手術	3,800	1,500	61%
Surgical Extraction – moderate 中型脫牙手術	4,000	2,000	50%
Surgical Extraction – complicated 複雜脫牙手術	4,500	2,500	44%
Impacted Tooth Extraction – simple 小型脫牙手術 – 阻生齒	4,800	3,000	38%
Impacted Tooth Extraction – moderate 中型脫牙手術 – 阻生齒	4,500	3,500	22%
Impacted Tooth Extraction – complicated 複雜脫牙手術 – 阻生齒	5,000	4,000	20%
13 Denture 假牙			
Acrylic Denture - Full Upper or Lower 牙托 (膠、全上或下顎)	8,000	6,750	13%
14 Acrylic 膠托 - Partial 牙托 (部份)			
1 - 3 teeth / clasps 1 - 3 隻牙齒 / 鉤	4,650	4,250	9%
4 - 6 teeth / clasps 4 - 6 隻牙齒 / 鉤	5,150	4,750	8%
7 - 9 teeth / clasps 7 - 9 隻牙齒 / 鉤	6,300	5,250	17%
More than 9 teeth / clasps 多過 9 隻牙齒 / 鉤	9,130	5,750	37%
15 Metal 合金托 - Partial 牙托 (部份)			
1 - 3 teeth / clasps 1 - 3 隻牙齒 / 鉤	5,200	4,750	9%
4 - 6 teeth / clasps 4 - 6 隻牙齒 / 鉤	5,700	5,250	8%
7 - 9 teeth / clasps 7 - 9 隻牙齒 / 鉤	6,200	5,750	7%
More than 9 teeth / clasps 多過 9 隻牙齒 / 鉤	9,500	6,250	34%

Note: 注意:

- Front teeth means 12 teeth from right canines to left canines of lower & upper jaw. 前牙指上下左右犬齒至右犬齒的12顆牙齒。
- Back teeth means any teeth other than front teeth. 後牙指前牙以外的牙齒。
- Please confirm treatment fee with our clinic staff before service commencement. 請在接受治療前跟診所職員確實收費。
- Rates are subject to change without prior notice. 以上費用只作參考之用，如有更改恕不另行通知。