

# HKICPA Dental Care Plans Application Form

Please mail your application form and payment by cheque (payable to Hong Kong Healthcare Medical Centre Ltd.) to Shop 121B, Emperor Group Centre, 288 Hennessy Road, Wanchai, Hong Kong.

## HKICPA Member (HKICPA # \_\_\_\_\_ )

Put a cross ("X") next to the selected plan

Choose one centre (" X ") to receive service

- Plan 303 @ \$320  
 Plan 404 @ \$550

- Tai Wai       Tokuawan  
 Tsuen Wan       Wanchai (Emperor Centre)

<b>Name</b> (as shown in HKID)	Mr	Ms									
<b>Mailing Address</b>											
<b>Email Address</b>						<b>HKID #</b>					X X X ( X )
<b>Contact Number</b>	(Home)					(Cell Phone)					

## Application for Family Member

<b>Name</b> (as shown in HKID)	Mr	Ms									
<b>Mailing Address</b>											
<b>Email Address</b>						<b>HKID #</b>					X X X ( X )
<b>Contact Number</b>	(Home) :					(Cell Phone)					

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<b>Name</b> (as shown in HKID)	Mr	Ms									
<b>Mailing Address</b>											
<b>Email Address</b>						<b>HKID #</b>					X X X ( X )
<b>Contact Number</b>	(Home) :					(Cell Phone)					

Put a cross ("X") next to the selected plan

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- Tai Wai       Tokuawan  
 Tsuen Wan       Wanchai (Emperor Centre)

**Remarks:**

- (a) Plan members must comply with the guidelines and regulations of the Hong Kong Healthcare Medical Centre ("HKHC") who reserves the right of final decision on all matters regarding the dental plan in case of any disputes.
- (b) The Plan Services cannot be used in conjunction with other coupons or privileges.
- (c) All bookings and consultation must be by appointment, and will take place at the same centre as selected by the member in his/her application. You are required to mention the HKICPA number when making an appointment.
- (d) Cancellation of appointment must be done at least 24 hours in advance and within normal business hours. Otherwise, \$50 cancellation charge will be applied for late cancellation or no show in next consultation.
- (e) The application process takes about 10 working days. Please safely keep your plan membership card. \$100 administration fee will be incurred for replacement.

I understand and accept the above terms.

Signature of HKICPA Applicant: \_\_\_\_\_

Date: \_\_\_\_\_