



- Please submit this form together with official receipt(s) via the e-Medical Claims System 請將此表格連同正式收據經 e-Medical Claims System 遞交。
- All reimbursement will be autopaid to the corresponding staff salary bank account 償款將以自動轉賬方式存入有關職員的新金賬戶。
- If you have any questions, please contact Finance Office (Medical Team) at 3411 2299 如有查詢請致電 3411 2299 聯絡財務處(醫療組)。

Member/Clinic
Copy

Staff Name 職員姓名 _____ Member Name & Code 成員姓名及編號 _____ Staff or Affiliation No. 職員或家屬編號 _____
Department 部門 _____ Contact Tel No. 聯絡電話 _____ Date of final payment 付清費用日期 (DD/MM/YYYY) _____

Secondary Dental Care 特別牙科護理	Frequency / Tooth No. 次數/牙齒編號 (A)	Quoted Reference Price* 參考價* HK\$	To be completed by Dentist	
			Fees Charged 徵收費用 (B)	Total (HK\$) 總收費 (港幣) (A) x (B)
Restoration# 修補 #				
Crown per tooth 鑲齒冠 (以每隻計) (Porcelain on Non-precious alloy 非貴金屬合金瓷面)		2,500		
Bridgework per tooth 固定牙橋 (以每隻計) (Porcelain on Non-precious alloy 非貴金屬合金瓷面)		2,300		
Post(s) per tooth 牙柱 (以每隻計)		700		
Pin 牙釘		70		
Dentures# 假牙#				
Relining (Heat-cured acrylic) 重加襯裡的熱合成膠		550		
Repair 修補假牙		450		
Replacement / Additional of Tooth 更換/加假牙		260		
Adjustment, Repair, Rebase and Wire Clasp 調校、修理、重整牙托底部及加牙托扣		400		
Adjustment 調校		120		
2 Full sets (upper AND lower) 全份一全口上下膠托		6,900		
1 Full set (upper OR lower) 單份一全口上或下膠托		3,900		
Acrylic Plate (Plastic) 膠托 (up to five teeth 最多五隻牙)		1,800		
Metal Plate 金屬托 (up to five teeth 最多五隻牙)		2,600		
Oral Surgery 手術				
Impaction including impacted wisdom teeth with surgery, removal of impacted tooth and suture for bleeding and removal of gums 牙阻生之手術 (包括阻生之智慧齒)、傷口縫合及割除牙肉		3,300		
Apicectomy 割除牙腳牙尖手術		2,000		
Periodontics 牙週病				
Per quadrant, per course of treatment 每次每 1/4 邊的治療		980		
Endodontics/Root Canal Treatment 牙髓病/牙根管治療				
1 canal 1 根管		2,100		
2 canals 2 根管		2,600		
3 canals 3 根管		3,300		
4 canals 4 根管		4,000		
TOTAL 合計				

Quotation for Non-Claimable Items (Please provide details) 不能索償的附加項目之報價表(請提供詳細資料)	The following fees are not claimable from the University. 以下收費不能向大學索償。	To be completed by Dentist Fees Charged 徵收費用
In excess of the quoted reference price for 超過參考價的項目： 1. 2. I acknowledge receipt and take note of the above Quotation 本人確認收到及得悉以上報價		
Member's Signature 成員簽署 _____	Date 日期 _____	

I have read and understood the relevant rules and regulations of the Integrated Medical Scheme. I should be fully responsible for bearing the expenses of non-claimable items and the expenses in excess of the quoted reference price of the claimable items. 本人已詳閱並了解有關綜合醫療計劃之條例，並需自付所有不能索償項目的費用及超越參考價的費用。

Dentist's Chop & Signature
牙醫簽署及蓋印

Member's Signature 成員簽署 _____ Date 日期 _____

*Quoted reference prices are applicable for general dentist service only. 參考價只適用於普通科牙醫服務。
*Additional laboratory fee may be applicable for restoration and dentures works. Subject to the dentist's evaluation on a case by case basis and acceptable by the member, it may range from 10 to 20% of the Quoted Reference Price. 修補和假牙療程可能會涉及額外的牙科工場費用，收費須由牙醫按個別情況進行評估報價並為成員接受，有關費用約為參考價格的 10% 至 20%。

Remarks 備註：
(1) For more details of the University's Privacy Policy Statement and Personal Information Collection Statement, please visit the website at <http://bupdpo.hkbu.edu.hk/policies-and-procedures/pps-pics/>. 有關大學私隱政策聲明及收集個人資料聲明的詳情，請瀏覽網站 <http://bupdpo.hkbu.edu.hk/policies-and-procedures/pps-pics/>.