

Healthy Teeth Collaboration (HTC)

Arrangement to verify the eligibility before receiving each dental treatment

(Applicable only to holders of Hong Kong identify cards with codes “C” or “U”)

To: (Name of NGO dental clinic)

I, _____(name), with Hong Kong ID card no. (XXXXXXXXXX), understand that before receiving dental treatment each time, (Name of NGO dental clinic) will contact the Department of Health to verify eligibility through Department of Health’s checking system. This is to confirm whether I have valid Hong Kong resident status on the day of treatment.

If I am determined to be ineligible, I understand that I will not be entitled to receive any subsidies under “Healthy Teeth Collaboration” programme for the dental treatment on that day, including those ongoing treatments but not completed (such as root canal treatment). If I choose to continue receiving dental treatment, I commit to paying the relevant fees to (Name of NGO dental clinic).

Signature : _____

Date : _____