Healthy Teeth Collaboration (HTC)

Arrangements to Verify Eligibility of Service Users Before Each Dental Treatment

(Applicable to holders of HKID marked with symbols “C” or “U”)

To: Loving Smiles Special Care Dental Centre,

Name of Service User : _____ HKID No. _____

I understand that every time before the above-named person receives dental treatment, Loving Smiles Special Care Dental Centre will verify his/her eligibility through Department of Health to determine whether the above-named person has a valid Hong Kong resident status on that day and is eligible to receive the "Healthy Teeth Collaboration" service.

I understand that once the above-named person is confirmed ineligible, he/she will not be entitled to any subsidies under “Healthy Teeth Collaboration” Program including those treatments that have been started but not completed (such as root canal treatment). If the above-named person wants to continue to receive dental treatment, they need to pay all the related expenses to Loving Smiles Special Care Dental Centre.

Signature: _____

Name: _____

Relation with the servicer user:

☐ Service User himself/herself

☐ Agent (Please circle the relationship: parent / grandparent / brother or sister / spouse)

☐ Legal guardian

☐ Rehabilitation service unit

Date: _____