



Primary Dental Co-care Pilot Scheme for Adolescents (PDCC)
Form for Fee of PDCC Non-subsidised Items

Note: This form is subject to and shall be interpreted under the “Primary Dental Co-care Pilot Scheme for Adolescents Terms and Conditions of Agreement with Private Dentists” (T&C). In the event of conflict between this form and the T&C, the T&C shall prevail.

I. About the Private Dentist

Name in English: Dr. _____ Name in Chinese : _____

HKID No : _____ eHR UID : _____

II. About the Healthcare Service Location

Name of Healthcare Service Location: _____

Type of Practice (choose one only) Private Non-governmental Organisation

For Private Dentist who provides PDCC Services in more than one healthcare service location (HSL), please complete a separate sheet of each HSL.

III. Fee of PDCC Non-subsidised Items

The fee of the following PDCC Non-subsidised Items charged by the Private Dentist will be disclosed to the public in accordance with the latest edition of the Operation Manual.

PDCC Non-subsidised Items		Fee (HK\$)
X-ray	Periapical / Bitewing	
	Orthopantomogram (OPG)	
Filling with one surface		
Non-surgical extraction		

IV. Undertaking

The Private Dentist undertakes to perform any suitable PDCC Non-subsidised Items specified in Part II of this Form during the same visit of the provision of the subsidised services of the programme, contingent upon his professional clinical judgement, and with the consent of the Scheme Participant or his parent or guardian. The fee charged to Scheme Participants shall not exceed the amount as stated above. The Private Dentist undertakes to inform the Programme Office by returning this form upon request, in the future or thereafter, to the information provided above.

Signature of Private Dentist: _____ Date: _____

*Please sign and return the completed form to the Programme Office
via email (am3_cds@dh.gov.hk) or fax (2111 3877)
Should you have any enquiry, please contact us at (2111 3830)*