

Enrolment Guide

Health Care Voucher Scheme, Vaccination Subsidy Scheme, Residential Care Home Vaccination Programme and Primary Care Directory

- Healthcare service providers are required to be enrolled with the Government of the Hong Kong Special Administrative Region (“Government”) if they are interested to participate in any of the schemes / programme designated in the “Covering Notes for Application to Enrol in the Health Care Voucher Scheme, Vaccination Subsidy Scheme, Residential Care Home Vaccination Programme and Primary Care Directory” and use the relevant functions in the eHealth System (Subsidies). They should as individual healthcare professionals complete and sign the enrolment forms for enrolment. If the healthcare service providers applying for enrolment in the Health Care Voucher Scheme (HCVS), Vaccination Subsidy Scheme (VSS) and Residential Care Home Vaccination Programme (RVP) are employed or engaged by a medical organization (whether it is incorporated or not) to provide relevant services with respect to the scheme(s) / programme or if they provide such services under the name of a medical organization (whether as a sole proprietor, partner, shareholder, director or other officer of the medical organization, and whether the medical organization is incorporated or not), the medical organization should also complete and sign the enrolment forms.
- For enrolment in the HCVS, VSS, RVP and the Primary Care Directory (PCD), the enrolment forms can be submitted through electronic application or paper application.
- Healthcare service providers applying for enrolment in the HCVS, VSS, RVP and PCD are required to:
 1. Complete the “Application Form” (either online or through paper application) [Appendix A] ;
 2. Complete the “Authority for Payment to a Bank” (either online or through paper application) [Appendix B] ;
 3. Supply documentary proof (including Hong Kong Identity Card (HKIC); the relevant valid practising certificate (except in the case of a registration under section 85 of the Chinese Medicine Ordinance (Cap. 549)); address proof of the applicant, medical organization and place(s) of practice (e.g. public utility bill or bank statement); certificate of business registration or incorporation of the medical organization, document on the bank account nominated for reimbursement payment); and
 4. Send the above forms and documents to the Department of Health.

- The “Application Form” and the “Authority for Payment to a Bank” (if applicable) should be signed by **both** the healthcare service provider and the medical organization (if applicable) which employs or engages him / her to provide relevant services with respect to the scheme(s) / programme.
- Personal particulars together with the professional registration information will be validated through computerized verification with the database of the respective professional Boards and Councils to verify the professional registration status of participating healthcare providers.

Enrolment in HCVS, VSS, RVP and PCD through electronic application (online enrolment)

- (1) Enter the enrolment function through either one of the following websites:
 - ◆ HCVS website (www.hcv.gov.hk)
 - ◆ CHP website (www.chp.gov.hk)
- (2) Type in the required information regarding the personal and professional particulars, medical organization and place(s) of practice
- (3) Type in the required information regarding the nominated bank account(s) for reimbursement

** Upon electronic submission of the enrolment application, the e-Health System (Subsidies) would provide an “enrolment reference number”*
- (4) Print out the completed enrolment forms
- (5) Sign the “Application Form” (Part V – “Execution”)
 - By the applicant and the authorized signatory of the medical organization
- (6) Sign the “Authority for Payment to a Bank” (Part 2 – “Declaration”)
 - By the applicant and the authorized signatory of the medical organization
- (7) Send the following information to the Department of Health (DH) by mail-
 - The completed “Application Form” (with Part V – “Execution” signed)
 - The completed “Authority for Payment to a Bank” (with Part 2 “Declaration” signed)
 - The required documentary proofs (including)
 - ☐ Hong Kong Identity Card (copy)
 - ☐ Relevant valid Practising Certificate (except in the case of a registration under section 85 of the Chinese Medicine Ordinance (Cap. 549)) (copy)
 - ☐ Address proof of the applicant, medical organization and place(s) of practice (e.g. copy of public utilities bill or bank statement)
 - ☐ Certificate of business registration or incorporation of the medical organization (copy)

- ☐ Bank account information document (e.g. **certified true copy**^{Note} **of bank correspondence** showing the bank name, bank account number, name of the account holder)
[Copies of documentary proof will not be returned to the applicant]

(8) Please mail the forms and documents to the respective office of the Department of Health:

For medical practitioners:

Programme Management and Vaccination Division
2/F, 147C, Argyle Street, Kowloon

For healthcare service providers in other professions:

Health Care Voucher Unit
1/F, Central District Health Centre,
1 Kau U Fong, Central, Hong Kong

^{Note} If the bank correspondence relates to the Applicant, the copy must be certified by the Applicant. If the bank correspondence relates to a medical organization, the copy must be certified by the authorized signatory of the medical organization appearing in Part 2 – declaration of the “Authority for Payment to a Bank” Form

Flow chart for enrolment in HCVS, VSS, RVP and PCD through electronic application
(online enrolment)

Enter the enrolment function through either HCVS website (www.hcv.gov.hk) or CHP website (www.chp.gov.hk)



Type in the required information regarding the personal and professional particulars, medical organization and place(s) of practice



Type in the required information regarding the nominated bank account(s) for reimbursement
(upon electronic submission of the enrolment application, an "enrolment reference number" would be provided)



Print out the completed enrolment forms



Sign the "Application Form" (Part V – "Execution")
(to be signed by both the applicant and the authorized signatory of the medical organization)



Sign the "Authority for Payment to a Bank" (Part 2 – "Declaration")
(to be signed by both the applicant and the authorized signatory of the medical organization)



Send the following information to Department of Health by mail:

- The completed "Application Form" (with Part V – "Execution" signed)
- The completed "Authority for Payment to a Bank" (with Part 2 "Declaration" signed)
- The required documentary proof (including)
 - ☐☐ Hong Kong Identity Card (copy)
 - ☐☐ Relevant valid Practising Certificate (except in the case of a registration under section 85 of the Chinese Medicine Ordinance (Cap. 549)) (copy)
 - ☐☐ Address proof of the applicant, medical organization and place(s) of practice (e.g. copy of public utilities bill or bank statement)
 - ☐☐ Certificate of business registration or incorporation of the medical organization (copy)
 - ☐☐ Bank account information document (e.g. certified true copy of bank correspondence showing the bank name, bank account number and name of the account holder)

Enrolment in HCVS, VSS, RVP and PCD through paper application (paper enrolment)

- (1) Visit either one of the websites:
 - ◆ HCVS website (www.hcv.gov.hk)
 - ◆ CHP website (www.chp.gov.hk)
- (2) Download and print the enrolment forms
- (3) Complete the “Application Form”
[For paper application, the field for “enrolment reference number” should be left blank]*
- (4) Sign the “Application Form” (Part V – “Execution”)
 - By the applicant and the authorized signatory of the medical organization (if applicable)
- (5) Complete the “Authority for Payment to a Bank” (if applicable)
- (6) Sign the “Authority for Payment to a Bank” (Part 2 – “Declaration”) (if applicable)
 - By the applicant and the authorized signatory of the medical organization
- (7) Send the following information to the Department of Health by mail-
 - The completed “Application Form” (with Part V – “Execution” signed)
 - The completed “Authority for Payment to a Bank” (with Part 2 - “Declaration” signed) (where applicable)
 - The required documentary proof (including) -
 - ☐ Hong Kong Identity Card (copy)[#]
For applicant solely applies for enrolment in PCD, only copy of Hong Kong Identity Card is required
 - ☐ Relevant valid Practising Certificate (except in the case of a registration under section 85 of the Chinese Medicine Ordinance (Cap. 549)) (copy)
 - ☐ Address proof of the applicant, medical organization and place(s) of practice (e.g. copy of public utilities bill or bank statement)
 - ☐ Certificate of business registration or incorporation of the medical organization (copy)
 - ☐ Bank account information document (e.g. **certified true copy**^{Note} **of bank correspondence** showing the bank name, bank account number, name of the account holder)

[Copies of documentary proof will not be returned to the applicant]

- (8) Please mail the forms and documents to the respective office of the Department of Health:

For medical practitioners:

Programme Management and Vaccination Division

2/F, 147C, Argyle Street, Kowloon

For healthcare service providers in other professions:

Health Care Voucher Unit

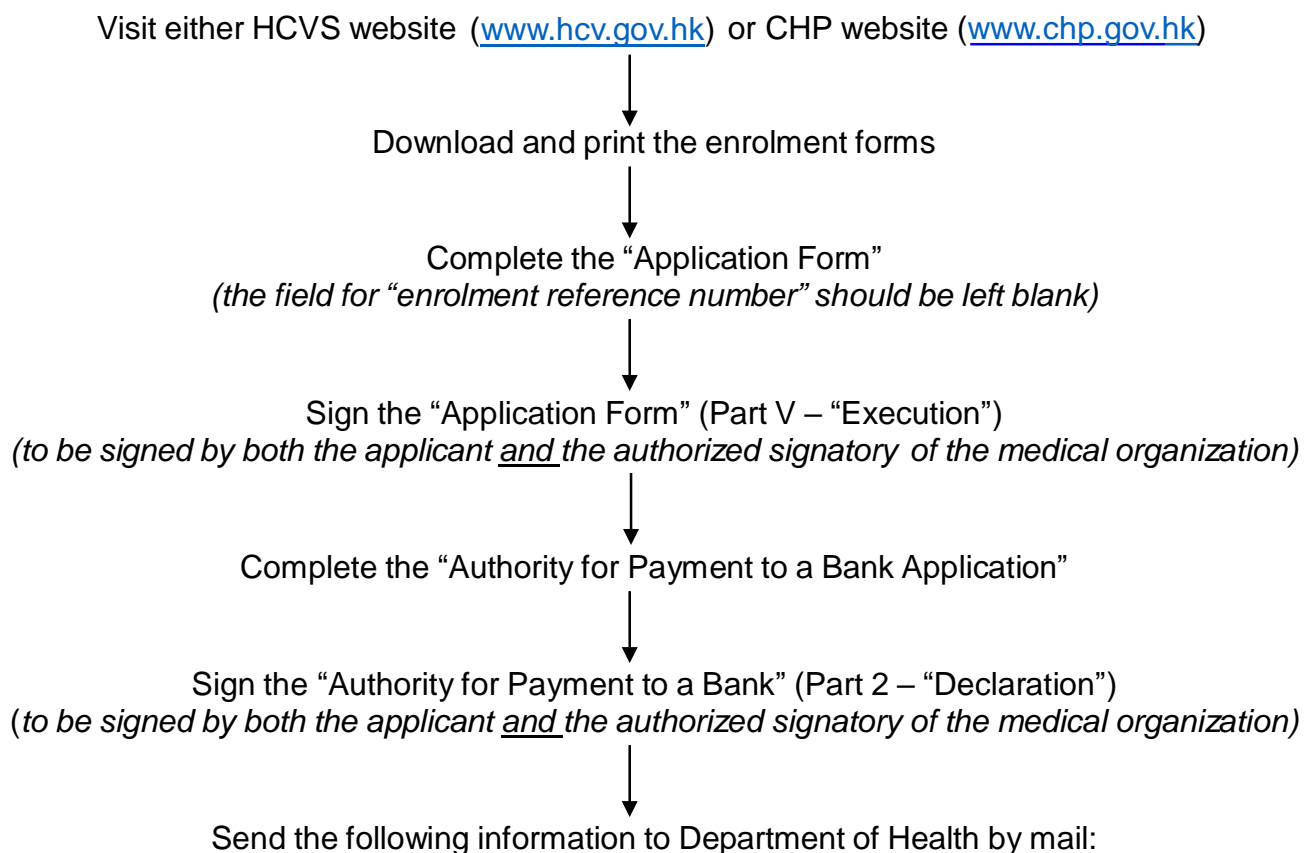
1/F, Central District Health Centre,

1 Kau U Fong, Central, Hong Kong

^{Note} If the bank correspondence relates to the Applicant, the copy must be certified by the Applicant. If the bank correspondence relates to a medical organization, the copy must be certified by the authorized signatory of the medical organization appearing in Part 2 – declaration of the “Authority for Payment to a Bank” Form

HCVS and / or VSS and / or RVP

Flow chart for enrolment through paper application (paper enrolment)



- The completed "Application Form" (with Part V – "Execution" signed)
- The completed "Authority for Payment to a Bank" (with Part 2 "Declaration" signed)
- The required documentary proof (including)
 - ☐☐ Hong Kong Identity Card (copy)
 - ☐☐ Relevant valid Practising Certificate (except in the case of a registration under section 85 of the Chinese Medicine Ordinance (Cap. 549)) (copy)
 - ☐☐ Address proof of the applicant, medical organization and place(s) of practice (e.g. copy of public utilities bill or bank statement)
 - ☐☐ Certificate of business registration or incorporation of the medical organization (copy)
 - ☐☐ Bank account information document (e.g. certified true copy of bank correspondence showing the bank name, bank account number and name of the account holder)

Enrolment in PCD through electronic application (online enrolment) (for current eHealth System (Subsidies) enrollees only)

- (1) Login to the Service Provider account in eHealth System (Subsidies):
 - ◆ HCVS website (www.hcv.gov.hk)
 - ◆ CHP website (www.chp.gov.hk)
- (2) Go to “My Profile”
- (3) Press the button “Join / Add Practice(s) to Primary Care Directory”
- (4) Enter Token Passcode and press the button “Confirm”
- (5) Select the practice(s) to join PCD and select the respective type of practice
- (6) Read the Terms and Conditions of PCD and press the button “Join Primary Care Directory”
- (7) The PCD account will be created after pressing the button “Join Primary Care Directory”.
- (8) Choose to activate the PCD account immediately once it is created

Activation of service provider account in HCVS and / or VSS and / or RVP

For each healthcare service provider enrolled in the above scheme(s) / programme, a “Service Provider account” will be created for using the relevant functions in the eHealth System (Subsidies). On completion of the enrolment process, the enrolled healthcare service provider will receive an electronic mail and a confirmation letter on the scheme(s) / programme which he / she has been successfully enrolled in. For an enrolled healthcare service provider who has already had an activated Service Provider account, he / she can use the account for using the relevant eHealth System (Subsidies) functions of the newly enrolled scheme(s) / programme. For one who has not had a Service Provider account, he / she can enter the eHealth System (Subsidies) through a hyperlink provided in the electronic mail for activation of the Service Provider account using also the Service Provider ID and authentication token received with the confirmation letter.

- To activate the Service Provider account, an enrolled healthcare service provider should :
 1. Check the electronic mail sent to the email address provided by healthcare service provider in the enrolment form;
 2. Click on the hyperlink provided in the electronic mail for accessing the designated eHealth System (Subsidies) webpage; and
 3. Enter the following information into the data field of the webpage:
 - ☐ Service Provider ID (shown on the confirmation letter)
 - ☐ Token passcode (shown on the authentication token)
 - ☐ Own password for accessing the Service Provider account in the future
- Activation of the Service Provider account should be done **within 21 days** of the date of issuance of the confirmation letter.