



3. Forms and Documents

3.1 Enrolment documents

The following transaction documents are downloadable from CHP website at <http://www.chp.gov.hk>:-

- (a) the Application Form;
- (b) the Authority for Payment to a Bank form; and
- (c) the Definition, Terms and Conditions of Agreement and Schedule.

3.2 Other forms and documents

The following documents are also downloadable from CHP website:-

- (a) *Consent To Use Vaccination Subsidy* form;
- (b) Change Form; and
- (c) Request for Vaccination Record Cards and *Consent to Use Vaccination Subsidy* form.



3.4 Change Form

(C) Delete Practice or Delete Scheme/Programme from the Practice

Practice name : _____

Practice address : _____

Delete practice

Delete Scheme(s)/Programme from the practice : HCVS CIVSS EVSS PCD RVP

(D) Withdrawal from Scheme(s)/ Programme by EHCP for all Practices

All HCVS CIVSS EVSS PCD RVP

Reasons for withdrawal [Optional]: _____

(E) Change of Bank Account Information

Practice Name : _____

Practice Address : _____

Bank Account Name : _____

Please provide the completed "Authority for Payment to a Bank" if you have never provided the certified true copy of bank account number and name of account holder of the above bank account.

(F) Change of Medical Organization/EHCP/PPV

Address : _____

中文地址 : _____

E-mail address : _____

Tel. no. : _____

Signature of EHCP _____

Name of EHCP in block letters _____

DH_eHS020 (07/13)

To: Director of Health
(c/o Vaccination Office)
Fax: 2713 9576

**Request to Change Particulars
Enrolled Health Care Provider (EHCP) using the eHealth System**

Please read "Notes for Attention" before completing this change request and put a tick where appropriate.
Legend : HCVS - Health Care Voucher Scheme PCD - Primary Care Directory
EVSS - Elderly Vaccination Subsidy Scheme CIVSS - Childhood Influenza Vaccination Subsidy Scheme
RVP - Residential Care Home Vaccination Programme

Name of EHCP: _____ Service Provider Identity No. (SPID): _____

(A) Add Practice (please use additional sheet for each addition of practice)

Effective Date : With Immediate Effect From _____ / _____ / _____ (DD/MM/YYYY 年)

Practice Name : _____

執業地點中文名稱 : _____

Practice Address : _____

執業地點中文地址 : _____

Tel. No : _____ Fax No.: _____

Bank Account Name : _____ Bank Account No.: _____

Please provide the completed "Authority for Payment to a Bank" (Appendix B of the enrolment document) if you have never provided the certified true copy of bank correspondence showing the bank name, bank account number and name of account holder of the above bank account.

Scheme(s)/Programme enrolled for this practice: HCVS CIVSS EVSS RVP PCD

Type of practice selected for display on the PCD (For Service Provider enrolled in PCD only):
 Non-governmental Organization Private University

Service fee to be charged for the vaccination service after deducting the Government subsidy:

CIVSS Seasonal influenza (SI) vaccination # \$ _____

EVSS SI vaccination # \$ _____ Pneumococcal (23vPPV) vaccination \$ _____

SI # AND 23vPPV vaccination at same consultation \$ _____

The service fee for seasonal influenza vaccination is only for inactivated influenza vaccine given intramuscularly.

(B) Change of Service Fee (Please use additional sheet for each practice)

Practice Name	CIVSS	EVSS (SI)	23vPPV	SI&23vPPV
_____	\$ _____	\$ _____	\$ _____	\$ _____

DH_eHS020 (07/13) 1

