

本署檔號 Our Ref. : (21) in DH/VO/P1/2
電話 Tel. : 2125 2125
圖文傳真 Fax : 2713 9576

22 August 2011

Dear doctors,

**Update on Practice Information for Vaccination Subsidy Schemes 2011/12
and Enrolment of Primary Care Directory**

We are delighted to inform that the Vaccination Subsidy Schemes 2011/12 will commence on 26 September 2011 and solicit your kind assistance in providing update on your practice information for implementation of VSS 2011/12. In addition, we would like to bring to your attention that the Primary Care Directory is calling for enrolment.

I. Vaccination Subsidy Schemes (VSS) 2011/12

Doctors, who enrolled in VSS 2010/11, are eligible for participation in VSS 2011/12 and are not required to enroll again. The following provides information on the two schemes under VSS 2011/12:-

i. Childhood Influenza Vaccination Subsidy Scheme (CIVSS)

Hong Kong residents between the age of 6 months and less than 6 years OR attending a kindergarten or a child care centre in Hong Kong are entitled to a government subsidy of seasonal influenza vaccination (HK\$80 per dose) received from private medical practitioners enrolled in the CIVSS. The Government will reimburse the enrolled private medical practitioners through eHealth System. The CIVSS will commence on 26 September 2011.

ii. Elderly Vaccination Subsidy Scheme (EVSS)

The Government will subsidise Hong Kong residents aged 65 or above to receive seasonal influenza vaccination (with subsidy of HK\$130 per dose) and pneumococcal vaccination (23-valent polysaccharide) (with subsidy of HK\$190 per dose) provided by enrolled medical practitioners. The EVSS for influenza vaccination season in 2011/12 will start on 26 September 2011 while that for pneumococcal vaccination is ongoing.



Please visit the Centre for Health Protection (CHP) website at www.chp.gov.hk for more details about the above mentioned schemes.

Your kind assistance sought

If there is **NO change** of your vaccination service fee currently shown at the on-line directory, please kindly confirm it by **returning the reply slip (Annex I) on or before 12 September 2011** by fax (2713 9576) or mail.

If there is **change** to the vaccination service fee and/ or other particulars related to practice information, please kindly **fill in the Change Form (Annex II) and return it with relevant documents on or before 12 September 2011** by fax (2713 9576) or mail.

Note: The mailing address is: Vaccination Office, 2/F, Centre for Health Protection, Department of Health, 147C Argyle Street, Kowloon).

II. Enrolment of Primary Care Directory

As one of the primary care initiatives, the Department of Health has launched the Primary Care Directory in April 2011 to facilitate the public to search for their own primary care providers. Registered doctors who commit themselves to the provision of directly accessible, comprehensive, continuing and coordinated person-centred primary care services are eligible for enrolment. Upon successful enrolment, your personal and practice-based information will be made available for public search. If you have not joined the Directory, you are invited to enroll on-line at www.pcdirectory.gov.hk.

We look forward to working with you closely in the Vaccination Subsidy Schemes 2011/12 and the Primary Care Directory.

Yours faithfully,



(Dr. Henry NG)

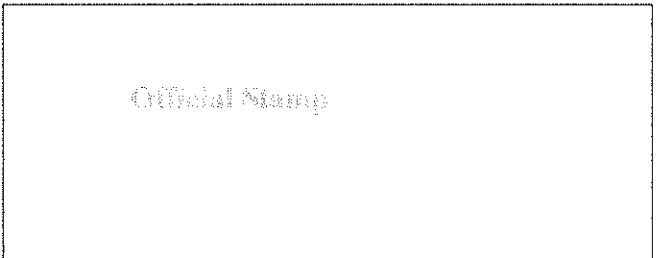
for Director of Health

To: Vaccination Office

Fax: 2713 9576

**Confirmation of No Change of Vaccination Service Fee
for Vaccination Subsidy Schemes 2011/12 ***

(A) Particulars of Service Provider (SP) :
Name of SP : _____
SPID : _____
(B) Particular of Practices (please tick as appropriate)
<input type="checkbox"/> All Practices : _____ (Name of Practice)
<input type="checkbox"/> Practice 1 : _____
<input type="checkbox"/> Practice 2 : _____
<input type="checkbox"/> Practice 3 : _____
<input type="checkbox"/> Practice 4 : _____



**Signature of Service Provider / Authorized
Signature from Medical Organisation**

Date: _____

**Name of Authorized Person from Medical
Organisation**

* Should there be any change of vaccination service fee, please return the Annex II Change Form

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

2011-12 Vaccination Season
Request to Change Particulars
Enrolled Health Care Provider (EHCP) using the eHealth System

(Read "Notes for Attention" before completing this change request)

Note : HCVS - Health Care Voucher Scheme
 CIVSS - Childhood Influenza Vaccination Subsidy Scheme
 EVSS - Elderly Vaccination Subsidy Scheme

<u>Present Particulars of EHCP</u>	
Name of EHCP: _____	(HKIC No. _____)
Name of Medical Organization: _____	
CHANGE REQUESTS TO BE MADE (as shown <input checked="" type="checkbox"/> below)	
(A) Personal particulars of EHCP:	
<input type="checkbox"/> Correspondence address : _____	_____
	中文地址 : _____
<input type="checkbox"/> Contact e-mail address : _____	_____
<input type="checkbox"/> Daytime contact tel. no. : _____	_____
<input type="checkbox"/> Fax no. : _____	_____
(B) Particulars of Medical Organization:	
<input type="checkbox"/> Correspondence address : _____	_____
	中文地址 : _____
<input type="checkbox"/> Contact e-mail address : _____	_____
<input type="checkbox"/> Daytime contact tel. no. : _____	_____
<input type="checkbox"/> Fax no. : _____	_____
(C) Practice details and service fees:	
(i) REMOVE practice from EHCP's enrolment	
<input type="checkbox"/> Practice name : _____	_____
	執業地點中文名稱 : _____
<input type="checkbox"/> Practice address : _____	_____
	執業地點中文地址 : _____
Reasons for removal : _____	_____
	[Optional] _____

(ii) ADD practice under EHCP's enrolment

[N.B. If a new bank account is nominated, please complete an "Authority for Payment to a Bank" and submit the required documentary proof.]

- Practice name : _____
執業地點中文名稱 : _____
- Practice address : _____
執業地點中文地址 : _____
- Practice tel. no. : _____

Scheme(s) to which this new practice relates (only applicable to EHCP who has already enrolled in the respective scheme(s)): HCVS CIVSS EVSS

(iii) UPDATE service fee (exclusive of Government subsidy)

- CIVSS# \$ _____
- EVSS
- Seasonal influenza vaccination# \$ _____
- Pneumococcal vaccination \$ _____
- Seasonal influenza AND pneumococcal vaccination at same consultation# \$ _____

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

(D) CHANGE in bank details of currently enrolled practices: [N.B. To be supported by a completed "Authority for Payment to a Bank"]

(E) WITHDRAWAL from scheme(s):

- HCVS CIVSS EVSS
- Reasons for withdrawal
[Optional]: _____

(F) OTHERS:

(Official Stamp)

Signature of Enrolled Health Care Provider

Authorised signature
For and on behalf of the Medical Organization

Name in block letters

Name in block letters (Authorised Signatory)

Date: _____

Date: _____