

# Claim Management under VSS/RVP

Step-by-step Guide



# Overview of Vaccine Programme



## eHealth Express Registration

- Support eHealth expressed registration
- Support giving sharing consent



## Vaccination Record Input

- Input and confirm vaccination details



## Vaccination Record Management

- Healthcare Professionals (HCPs) view vaccination records
- Confirm records input by the clinic admin
- Manage claim transactions
- View monthly statements
- Update vaccine availability

# HCPs





As a **doctor**, how do I search for a participant  
and record their vaccination?

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**VSS / RVP**



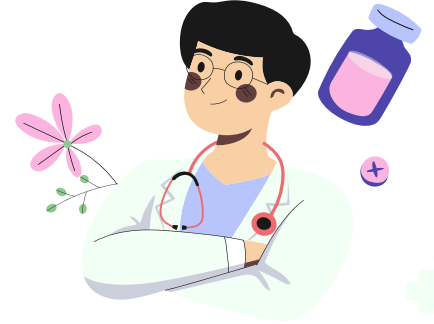
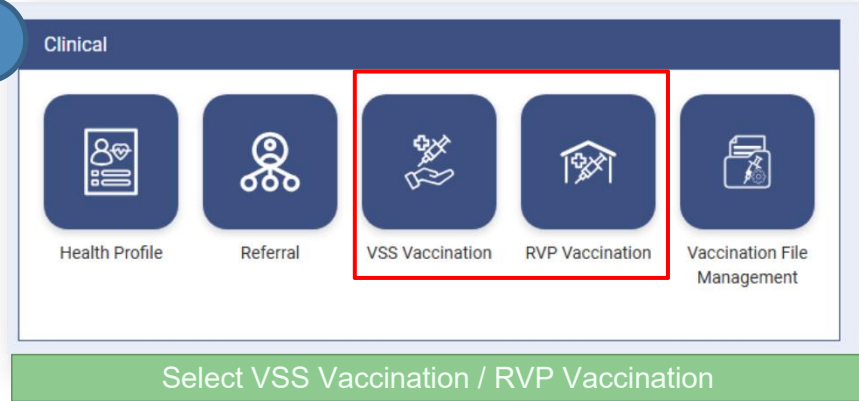


# Detail Steps

1



2







# Detail Steps

3

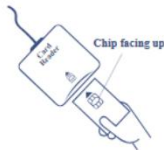
Please select participant

Enter Document No.

Document Type: Hong Kong Identity Card   
 HKIC No. :  

OR

Read Smart ID Card



[Click here](#)

[Back](#)

[Next](#)

Please choose the document type for the scheme participants.

Participants who **do not use ID card** for insertion OR persons **aged below 18** or **mentally incapacitated** should use paper consent form.



[Click to print](#)

[Consent Form \(Bilingual\)](#)

[Consent Form \(Chinese\)](#)

[Consent Form \(English\)](#)





# Detail Steps

4

Input required personal particulars

1 Participant Information & Eligibility Checking ————— 2 eHRSS Registration ————— 3 Confirmation

## Participant Information

Document Type: Hong Kong Identity Card

HKIC No.: K008923(0)

HKIC Symbol:   [What is HKIC Symbol?](#)

English Name: CHAN, APPLE

Date of Birth: 10-Jan-1970

Sex: Female

Please remember to provide the scheme participant's HKIC Symbol.





# Detail Steps

5A

## Participant Eligibility & Consent Requirements

Requirements for joining eHealth and sharing consent differ according to eHealth status and age. The eHealth system will adjust its behavior based on the participant's existing eHealth status and age.



### Consent to be given by patients

#### eHRSS Registration

① Participant has not registered to eHRSS. Please click the checkbox to complete the eHRSS registration and give sharing consent to your organisation.

- ☒ The healthcare recipient / The substitute decision maker(SDM) consents the healthcare recipient to register with eHealth
- ☒ The healthcare recipient / The substitute decision maker(SDM) consents to give sharing consent to the healthcare provider.
- ☒ Consent to be given by patient ☐ Consent to be given by Substitute Decision Maker (SDM)

Registration Date:

17-Sep-2025

Communication Language:

☒ Chinese

☐ English

Mobile Contact No.:

(Please provide Hong Kong mobile number with prefix 4/5/6/7/8/9)

eHRSS Sharing Consent:

| HCP ID     | Service Provider        | Type of Sharing Consent    |
|------------|-------------------------|----------------------------|
| 4310898234 | Virtual HOSPITAL - VHC4 | Indefinite Sharing Consent |

- ☐ I confirm the healthcare recipient has expressly declared and confirmed that:
- he/she has read and understood the Participant Information Notice and the Personal Information Collection Statement of eHealth.
  - he/she consents to register with eHealth, which enables authorised healthcare providers to access and share his/her eHealth records for healthcare purposes.
  - he/she consents to give indefinite sharing consent to the above healthcare provider.

Click the checkbox to acknowledge the disclaimer

- Select communication languages
- Input mobile contact no.





# Detail Steps

5B

## Participant Eligibility & Consent Requirements

The eHealth system will adjust its behavior based on the participant's existing eHealth status and age.

### Consent to be given by Substitute Decision Maker (SDM)

#### eHRSS Registration

Participant has not registered to eHRSS. Please click the checkbox to complete the eHRSS registration and give sharing consent to your organisation.

- ☐ The healthcare recipient / The substitute decision maker(SDM) consents the healthcare recipient to register with eHealth
- ☒ The healthcare recipient / The substitute decision maker(SDM) consents to give sharing consent to the healthcare provider.
- ☐ Consent to be given by patient
- ☒ Consent to be given by Substitute Decision Maker (SDM)

Registration Date: 17-Sep-2025

Communication Language: ☒ Chinese ☐ English

Mobile Contact No.:

(Please provide Hong Kong mobile number with prefix 4/5/6/7/8/9)

#### eHRSS Sharing Consent:

| HCP ID     | Service Provider        | Type of Sharing Consent    |
|------------|-------------------------|----------------------------|
| 4310898234 | Virtual HOSPITAL - VHC4 | Indefinite Sharing Consent |

#### SDM-For HCR under 16/ at 16 or above and is incapable of giving consent

HKIC No.:

ID Doc Type:

ID Doc No.:

Title:

Type of HCR:  
Incapable of giving consent

\* Type of SDM:

\* Mobile Phone No. (SDM):  
with prefix 4/5/6/7/8/9

\* English Name: Surname  Given Name  ☐ Single Name

Chinese Name:

☐ I confirm the healthcare recipient and his/her SDM have expressly declared and confirmed that:

- The identity and communication information of the healthcare recipient (HCR) and his/her substitute decision maker (SDM) have been verified.
- The relationship proof of the HCR and his/her SDM has been verified (if applicable).

The SDM has confirmed that -

- The HCR meets the conditions for requiring an SDM as set out in the Electronic Health Record Sharing System Ordinance (Cap. 625) (eHRSSO).
- He/she is an eligible SDM in accordance with the requirements as set out in the eHRSSO.
- Making the application on behalf of the HCR, he/she was accompanying the HCR and had regard to the best interests of the HCR in the circumstances.
- He/she has read and understood the "Participant Information Notice", in particular "Important Notes for SDM Handling Registration Matters on Behalf of an HCR" and the "Personal Information Collection Statement".

- Select communication languages
- Input mobile contact no.

Click the checkbox to acknowledge the disclaimer

For participants who are minors or lack the capacity to consent, consent must be provided by their Substitute Decision-Maker (SDM).

HCP must also document the SDM's details.



# Detail Steps

6

## Confirmation of eHRSS Registration and Sharing Consent

### Confirmation of eHRSS Registration and Sharing Consent

Please click "Yes" to confirm the eHRSS Registration and give sharing consent to the healthcare provider for participant.

Yes

No

7

## eHRSS Registration

✓ Participant's eHRSS registration and sharing consent is given successfully.

eHR No.: 4228-3536-2001  
 Registration Date: 17-Sep-2025  
 Communication Language: Chinese  
 Mobile Contact No.: 852-91234567  
 Communication Means: SMS

### eHRSS Sharing Consent:

| HCP ID     | Service Provider        | Type of Sharing Consent    |
|------------|-------------------------|----------------------------|
| 4310898234 | Virtual HOSPITAL - VHC4 | Indefinite Sharing Consent |

☐ I confirm the healthcare recipient has expressly declared and confirmed that:

- he/she has read and understood the Participant Information Notice and the Personal Information Collection Statement of eHealth.
- he/she consents to register with eHealth, which enables authorised healthcare providers to access and share his/her eHealth records for healthcare purposes.
- he/she consents to give indefinite sharing consent to the above healthcare provider.

Next >



Scheme participants' eHRSS registration and sharing consent is given successfully



# Detail Steps

8

Proceed to vaccination

English Name: LEE SIU SUN  
Chinese Name: -  
Document No.: W829301(8)  
DOB: 10-Oct-1980  
Sex: Male  
eHR No.: 4228-3536-2001  
Nationality: -

LO, MEDICAL PRACTITIONERS THREE

**Claim**

1. Search eHealth (Subsidies) Account >>> 2. Enter Details 3. Complete Claim

**Enter Details**

**Account Information**

Document Type: Hong Kong Identity Card  
Name: LEE, SIU SUN  
HKIC No.: W829301(8)  
Date of Birth / Gender: 10-10-1980 / Male  
Date of Issue: Not Provided

**Vaccination Record**

No. of records: eHealth System (Subsidies) 0 Hospital Authority 0 Department of Health 0

No vaccination records found.

**Disclaimer**  
The immunization record shown on this page (only include pneumococcal vaccination, seasonal influenza vaccination, measles, human swine influenza vaccination, COVID-19 vaccination and human papillomavirus vaccination) is to the best knowledge of the information provider and may not be exhaustive. Service Provider is advised to verify the vaccination history with the patient before administering the vaccine.

Close



1. Search eHealth (Subsidies) Account >>> 2. Enter Details 3. Complete Claim

**Enter Details**

**Account Information**

Document Type

Name

HKIC No.

**Vaccination Record**

Hong Kong Identity Card

LEE, SIU SUN

W829XXX(X)

Date of Birth / Gender

10-10-1980 / Male

Date of Issue

Not Provided

**Claim Information**

Practice

Scheme

Virtual HOSPITAL - VHC4 HSL (4340633980)

Vaccination Subsidy Scheme

(Provide vaccination services at clinic and non-clinic setting)

Service Date

Category

17-08-2025

- ☐ Persons with Intellectual Disability
- ☐ Persons receiving Disability Allowance / standard rate of "100% disabled" or "requiring constant attendance" under CSSA
- ☐ Persons aged 18 to 49 with specified chronic medical conditions

Contact No.

+852 Language preference for SMS: 中文 English

(Please ask the scheme participant to provide his/her contact number, or one belonging to his/her relative or carer, that can receive SMS notification)

Claim

The system will display the participant's vaccination record.

Click 'Close' to proceed to inputting a new vaccination record.





# Detail Steps

9

## Vaccination Record Input



1. Search eHealth (Subsidies) Account>>> 2. Enter Details 3. Complete Claim

### Enter Details

#### Account Information

Document Type

Name

HKIC No.

#### Vaccination Record

Hong Kong Identity Card

LEE, SIU SUN

W829XXX(X)

Date of Birth / Gender

Date of Issue

10-10-1980 / Male

Not Provided

#### Claim Information

Practice

Scheme

Virtual HOSPITAL - VHC4 HSL (4340633980)

Vaccination Subsidy Scheme

(Provide vaccination services at clinic and non-clinic setting)

Service Date

17-09-2025

Category

- ☐ Persons with Intellectual Disability
- ☐ Persons receiving Disability Allowance / standard rate of "100% disabled" or "requiring constant attendance" under CSSA
- ☒ Persons aged 18 to 49 with specified chronic medical conditions

Chronic Disease

- ☐ Chronic cardiovascular (except hypertension without complication), lung, liver or kidney diseases
- ☒ Metabolic diseases including diabetes mellitus or obesity (Body Mass Index 30 or above)
- ☐ Immunocompromised states related to weakened immune system due to conditions such as asplenia, Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome or cancer/ steroid treatment
- ☐ Chronic neurological conditions that can compromise respiratory functions or the handling of respiratory secretions or increase the risk for aspiration, or those who lack the ability to take care of themselves

Remarks

Body Mass Index 31

Service Setting

☒ Clinic

☐ Non-Clinic

| Subsidy  | Dose      | Subsidy Amount |
|--|-----------|----------------|
| <input checked="" type="checkbox"/> IIV-CM 2025/26 | Only Dose | \$260          |
| <input type="checkbox"/> RIV-CM 2025/26            | Only Dose | \$260          |
| Total Subsidy Amount                               |           | \$260          |

Co-payment Fee

\$ 60

Contact No.

+852 91234567

Language preference for SMS ☒ 中文 ☐ English

(Please ask the scheme participant to provide his/her contact number, or one belonging to his/her relative or carer, that can receive SMS notification)

Claim

The system will determine the displayed category based on the participant's gender and age.

Doctors are required to input data to all mandatory fields to proceed saving of vaccination record





# Detail Steps

10

Confirm the vaccination record details



1. Search eHealth (Subsidies) Account >>> 2. Enter Details 3. Complete Claim

Confirm Details

Account Information

Document Type

Name

HKIC No.

Hong Kong Identity Card

LEE, SIU SUN

W829XXX(X)

Date of Birth / Gender

10-10-1980 / Male

Date of Issue

Not Provided

Claim Information

Scheme

Vaccination Subsidy Scheme

(Provide vaccination services at clinic and non-clinic setting)

Service Date

17 Sep 2025

Practice

Virtual HOSPITAL - VHC4 HSL (4340633980)

Bank Account No.

019-X9X-X01X12XX

Service Type

Registered Medical Practitioners

Category

Persons aged 18 to 49 with specified chronic medical conditions

Service Setting

Clinic

Chronic Disease

• Metabolic diseases including diabetes mellitus or obesity (Body Mass Index 30 or above)

Remarks

Body Mass Index 31

| Subsidy        | Dose                 | Subsidy Amount |
|----------------|----------------------|----------------|
| IIV-CM 2025/26 | Only Dose            | \$260          |
|                | Total Subsidy Amount | \$260          |

Co-payment Fee

\$60

Contact No.

91234567

☒ I hereby confirm that I have rendered health care service to the service recipient. I also confirm that the service recipient has inserted the Hong Kong Identity Card into the smart card reader provided by the Government or signed the required consent form (for non-Smart Card users, minors and mentally incapacitated persons) to indicate his consent to receive subsidised Seasonal Influenza Vaccination / Pneumococcal Vaccination, to register an Electronic Health Record Sharing System (eHealth) account or eHealth System (Subsidies) account if such account has not been created, and agree on the Statement of Purpose of Collection of Personal Data. The information as shown is correct.

Back Confirm



1. Search eHealth (Subsidies) Account >>> 2. Enter Details >>> 3. Complete Claim

Claim completed! Please fill in the Consent Form the complete Transaction No.

Account Information

Document Type

Hong Kong Identity Card

Name

LEE, SIU SUN

HKIC No.

W829XXX(X)

Date of Birth / Gender

10-10-1980 / Male

Date of Issue

Not Provided

Claim Information

Transaction No.

TG25917-169-9

Transaction Date

17 Sep 2025 15:22

Scheme

Vaccination Subsidy Scheme

(Provide vaccination services at clinic and non-clinic setting)

Service Date

17 Sep 2025

Practice

Virtual HOSPITAL - VHC4 HSL (4340633980)

Bank Account No.

019-X9X-X01X12XX

Service Type

Registered Medical Practitioners

Category

Persons aged 18 to 49 with specified chronic medical conditions

Service Setting

Clinic

Chronic Disease

• Metabolic diseases including diabetes mellitus or obesity (Body Mass Index 30 or above)

Remarks

Body Mass Index 31

| Subsidy        | Dose                 | Subsidy Amount |
|----------------|----------------------|----------------|
| IIV-CM 2025/26 | Only Dose            | \$260          |
|                | Total Subsidy Amount | \$260          |

Co-payment Fee

\$60

Contact No.

91234567

After checking the declaration, click 'Confirm' to complete the process.



As a **doctor**, how do I manage vaccination records?

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**VSS / RVP**



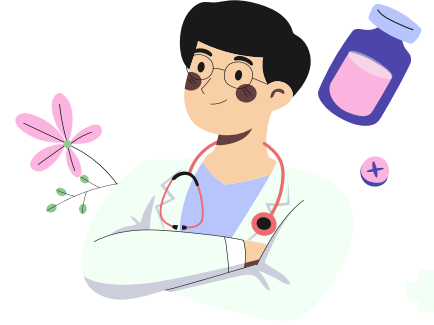


# Detail Steps

1



2

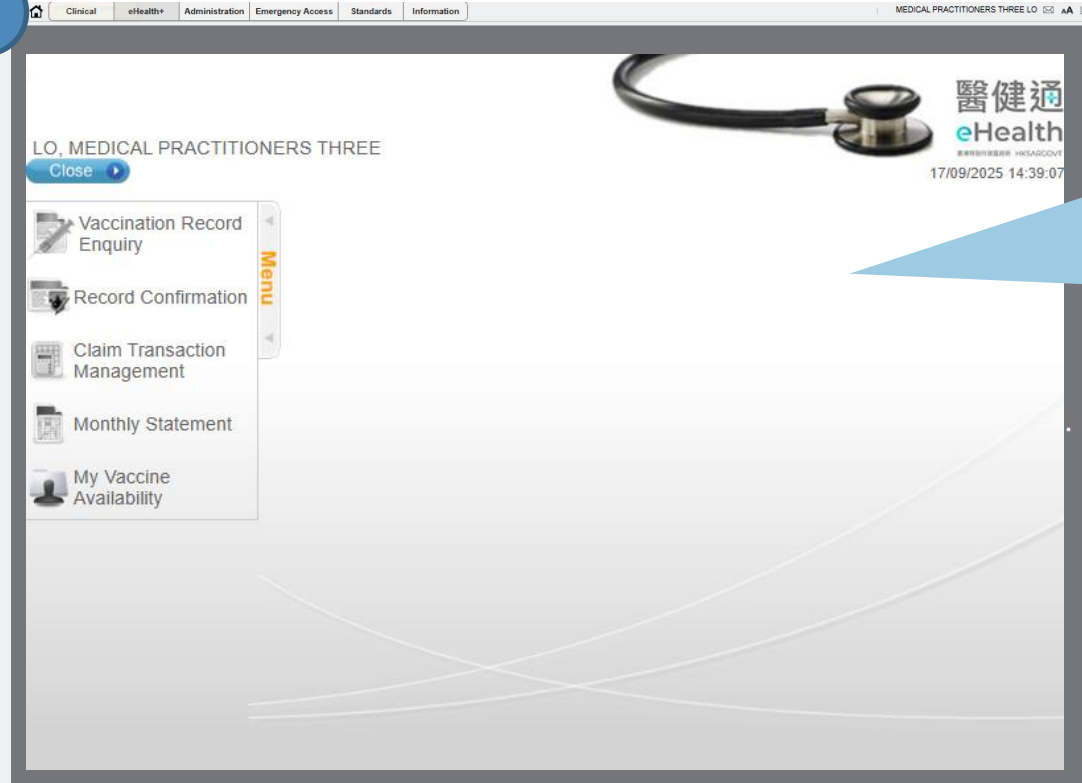






# Detail Steps

3



Doctors can **view** vaccination records, **confirm records** input by the clinic admin, **manage claim transactions**, **view monthly statements**, and update vaccine availability.







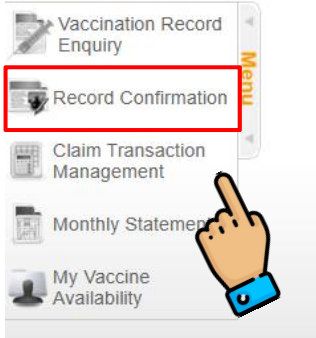
# Detail Steps

## Confirm Vaccine Records Created by Clinic Admin



4

Select "Record Confirmation"



6

View Record

**Record Confirmation**

**Claim Record**

Creation Date: From 15 Sep 2025 To 17 Sep 2025 Practice: Any  
Data Entry Account: Any Scheme: Any

|   | Transaction No. <sup>ⓘ</sup>                                  | Transaction Time <sup>ⓘ</sup> | Doc Type Identify Doc No. <sup>ⓘ</sup> | Name         | Amount Claimed (\$) | Status               | Other Info <sup>ⓘ</sup> | Name of Practice            | Data Entry Account |
|---|---|-------------------------------|--|--------------|---------------------|----------------------|-------------------------|-----------------------------|--------------------|
| 1 | <input type="checkbox"/> VSS<br><a href="#">TG25917-169-9</a> | 17 Sep 2025<br>15:22          | HKIC<br>W829XXX(X)                     | LEE, SIU SUN | 260                 | Pending Confirmation | <a href="#">Details</a> | Virtual HOSPITAL - VHC4 HSL | 5185886432         |

Page 1 of 1 (1 items)

[Back](#) [Confirm Selected](#)

5

Search Record

**Record Confirmation**

**Search Record**

Creation Date: From  To

Practice:

Data Entry Account:

Scheme:

[Search](#)



# Detail Steps

## Confirm Vaccine Records Created by Clinic Admin

7

After selecting the record, the doctor checked the declaration.

### Record Confirmation

#### Claim Record

Creation Date From 15 Sep 2025 To 17 Sep 2025

Data Entry Account Any

Practice

Any

Scheme

Any

|   | Transaction No. ⓘ  | Transaction Time  | Doc Type Identity Doc No. ⓘ | Name         | Amount Claimed (€) | Amount Claimed (\$) | Status               | Other Info ⓘ            | Name of Practice            | Data Entry Account |
|---|--|-------------------|-----------------------------|--------------|--------------------|---------------------|----------------------|-------------------------|-----------------------------|--------------------|
| 1 | <input checked="" type="checkbox"/> VSS<br>TG25917-169-9 | 17 Sep 2025 15:22 | HKIC<br>W829XXX(X)          | LEE, SIU SUN | N/A                | 260                 | Pending Confirmation | <a href="#">Details</a> | Virtual HOSPITAL - VHC4 HSL | 5185886432         |

Page 1 of 1 (1 items)

[Back](#) [Confirm Selected](#)

#### Confirm Record

|   | Transaction No. ⓘ    | Transaction Time  | Doc Type Identity Doc No. ⓘ | Name         | Amount Claimed (\$) | Record Status        | Other Info ⓘ            | Name of Practice            | Data Entry Account |
|---|----------------------|-------------------|-----------------------------|--------------|---------------------|----------------------|-------------------------|-----------------------------|--------------------|
| 1 | VSS<br>TG25917-169-9 | 17 Sep 2025 15:22 | HKIC<br>W829XXX(X)          | LEE, SIU SUN | 260                 | Pending Confirmation | <a href="#">Details</a> | Virtual HOSPITAL - VHC4 HSL | 5185886432         |

Page 1 of 1 (1 items)

☐ I hereby confirm that I have rendered health care service to the service recipient and the service fee charged to the service recipient is reduced by the amount claimed accordingly. I also confirm that the service recipient has signed the required consent form and the information as shown is correct.

[Back](#) [Confirm](#)

Claim Confirmation completed. Please refer to the following information.

Claim Confirmation Time 17 Sep 2025 16:04

No. of Transaction confirmed 1

[Return](#)

DONE



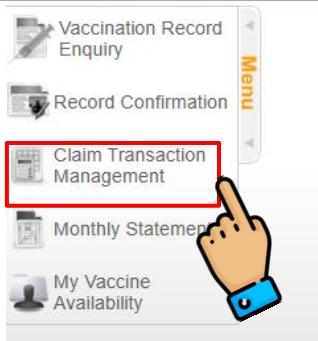
# Detail Steps

## Manage Vaccine records



8

Select "Claim Transaction Management"



9

Search Claim Record

**Claim Transaction Management**

Search Claim Record

Practice: Virtual HOSPITAL - VHC4 HSL(1)

Status: Any

Transaction Date: From 17-09-2025 To 17-09-2025

Transaction No.: - -

Scheme: Any

[Search](#)

10

View Record

### Claim Transaction Management

Claim Record

Practice: Virtual HOSPITAL - VHC4 HSL(1)

Status: Any

Transaction Date: From 01 Sep 2025 To 17 Sep 2025

Transaction No.: Any

Scheme: Any

|    | Transaction No.                     | Transaction Date     | Doe Type<br>Identify Doc No. | Name                | Amount<br>Claimed (\$) | Status  | Other<br>Info           | Name of Practice            | Bank Account No. |
|----|-------------------------------------|----------------------|------------------------------|---------------------|------------------------|---|-------------------------|-----------------------------|------------------|
| 1  | VSS<br><a href="#">TG25905-19-7</a> | 05 Sep 2025<br>08:47 | HKIC<br>B9061000(X)          | WONG, TAI           | 260                    | Pending eHealth (Subsidies)<br>Account Validation | <a href="#">Details</a> | Virtual HOSPITAL - VHC4 HSL | 019-X9X-X01X12XX |
| 2  | VSS<br><a href="#">TG25905-22-3</a> | 05 Sep 2025<br>10:00 | HKIC<br>H8633000(X)          | CHAN, TAI           | 260                    | Pending eHealth (Subsidies)<br>Account Validation | <a href="#">Details</a> | Virtual HOSPITAL - VHC4 HSL | 019-X9X-X01X12XX |
| 3  | RVP<br><a href="#">TR25905-33-8</a> | 05 Sep 2025<br>16:40 | HKIC<br>K0553000(X)          | TEST, OLD           | 210                    | Pending eHealth (Subsidies)<br>Account Validation | <a href="#">Details</a> | Virtual HOSPITAL - VHC4 HSL | 019-X9X-X01X12XX |
| 4  | VSS<br><a href="#">TG25906-29-0</a> | 06 Sep 2025<br>17:08 | HKIC<br>VK418000(X)          | CHAN, OVER EIGHTEEN | 260                    | Pending eHealth (Subsidies)<br>Account Validation | <a href="#">Details</a> | Virtual HOSPITAL - VHC4 HSL | 019-X9X-X01X12XX |
| 5  | VSS<br><a href="#">TG25909-62-5</a> | 09 Sep 2025<br>09:26 | HKIC<br>E772000(X)           | LAU, TEST TWO       | 890                    | Pending eHealth (Subsidies)<br>Account Validation | <a href="#">Details</a> | Virtual HOSPITAL - VHC4 HSL | 019-X9X-X01X12XX |
| 6  | VSS<br><a href="#">TG25909-63-7</a> | 09 Sep 2025<br>09:30 | HKIC<br>K2113000(X)          | LAU, TEST THREE     | 260                    | Pending eHealth (Subsidies)<br>Account Validation | <a href="#">Details</a> | Virtual HOSPITAL - VHC4 HSL | 019-X9X-X01X12XX |
| 7  | VSS<br><a href="#">TG25909-64-9</a> | 09 Sep 2025<br>09:32 | HKIC<br>B516000(X)           | CHAN, TEST FOUR     | 260                    | Pending eHealth (Subsidies)<br>Account Validation | <a href="#">Details</a> | Virtual HOSPITAL - VHC4 HSL | 019-X9X-X01X12XX |
| 8  | VSS<br><a href="#">TG25909-65-2</a> | 09 Sep 2025<br>09:35 | HKIC<br>V4501000(X)          | CHAN, TEST FIVE     | 260                    | Pending eHealth (Subsidies)<br>Account Validation | <a href="#">Details</a> | Virtual HOSPITAL - VHC4 HSL | 019-X9X-X01X12XX |
| 9  | RVP<br><a href="#">TR25910-42-7</a> | 10 Sep 2025<br>14:49 | HKIC<br>V802000(X)           | KIM, KITTY          | 105                    | Pending eHealth (Subsidies)<br>Account Validation | <a href="#">Details</a> | Virtual HOSPITAL - VHC4 HSL | 019-X9X-X01X12XX |
| 10 | RVP<br><a href="#">TR25910-43-9</a> | 10 Sep 2025<br>15:18 | HKIC<br>B914000(X)           | LI, CHINA           | 105                    | Pending Confirmation                              | <a href="#">Details</a> | Virtual HOSPITAL - VHC4 HSL | 019-X9X-X01X12XX |

1 2 3 4 5 6 7 Page 1 of 7 (66 items)

# Detail Steps

## Manage Vaccine records

11

To void a record

### Claim Record

Practice Virtual HOSPITAL - VHC4 HSL(1)  
 Status Any  
 Transaction Date From 16 Sep 2025 To 17 Sep 2025  
 Transaction No. Any  
 Scheme Any

|   | Transaction No. ⓘ                    | Transaction Date     | Doc Type<br>Identity Doc No. ⓘ |    |
|---|--------------------------------------|----------------------|--------------------------------|----|
| 1 | RVP<br><a href="#">TR25916-80-0</a>  | 16 Sep 2025<br>15:16 | HKIC<br>Y246XXX(X)             | PA |
| 2 | RVP<br><a href="#">TR25916-81-2</a>  | 16 Sep 2025<br>15:20 | HKIC<br>S213XXX(X)             | CH |
| 3 | VSS<br><a href="#">TG25916-151-9</a> | 16 Sep 2025<br>16:26 | HKIC<br>H654XXX(X)             | A, |

Page 1 of 1 (3 items)

Click on the transaction number to go to the record details.

Doctors can **void** a vaccination record **within 24 hours** of its creation.

### Claim Transaction Management

#### Claim Information

##### Account Information

Document Type

Name

HKIC No.

Hong Kong Identity Card

A, A

H654XXX(X)

Date of Birth / Gender

01-01-1935 / Female

Date of Issue

Not Provided

##### Claim Information

Transaction No.

Confirmed Time

Scheme

TG25916-151-9 (16 Sep 2025 16:26)

16 Sep 2025 16:26

Vaccination Subsidy Scheme  
(Provide vaccination services at clinic and non-clinic setting)

Pending eHealth (Subsidies) Account Validation

Transaction Status

Service Date

Practice

Bank Account No.

Service Type

Category

Service Setting

16 Sep 2025

Virtual HOSPITAL - VHC4 HSL (4340633980)

019-X9X-X01X12XX

Registered Medical Practitioners

Elders

Clinic

| Subsidy ⓘ     | Dose                 | Subsidy Amount |
|---------------|----------------------|----------------|
| IIV-E 2025/26 | Only Dose            | \$260          |
|               | Total Subsidy Amount | \$260          |

Co-payment Fee

Contact No.

Created By

\$60

92123960

EHR (9089154826)

Back

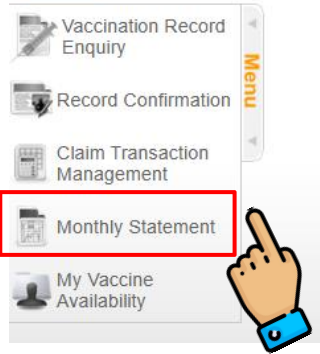
Void

# Detail Steps

## View Monthly Statement

12

Select "Monthly Statement"



13

Search Record

A screenshot of the 'Monthly Statement' search interface. It features a title 'Monthly Statement' in orange, followed by a subtitle 'Monthly Statement Summary'. Below this are two dropdown menus: 'Practice' with the value 'Virtual HOSPITAL - VHC4 HSL(1)' and 'Statement' with the value 'As of 31 Aug 2025'. A blue 'Search' button with a right-pointing arrow is located below the dropdowns.

# Detail Steps

## View Monthly Statement

14

View Monthly Statement

### Monthly Statement

#### Monthly Statement Summary

Practice: Virtual HOSPITAL - VHC4 HSL(1)

Statement: As of 31 Aug 2025

Search

eHealth System (Subsidies)  
Monthly Statement As of 31 Aug 2025

EHR: 9089154826 Statement Issue Date: 15 Sep 2025  
Service Provider Name: LO, MEDICAL PRACTITIONERS THREE  
Practice No.: 1  
Name of Practice: Virtual HOSPITAL - VHC4 HSL  
Bank Account No.: 019-X9X-X01X12XX  
Bank Account Name: BXXXX GXXXX LXXX INSURANCE

#### Vaccination Subsidy Scheme (VSS)

(Provide vaccination services at non-clinic setting)

##### Children:

No. of LAIV-C 2025/26 (\$260): 3  
Sub-total (\$): 780

##### Persons with Intellectual Disability:

No. of LAIV-PID 2025/26 (\$260): 1  
Sub-total (\$): 260

##### Persons receiving Disability Allowance / standard rate of "100% disabled" or "requiring constant attendance" under C SSA:

No. of LAIV-DA 2025/26 (\$260): 1  
Sub-total (\$): 260

No. of transaction(s), VSS: 5  
Sub-total (\$), VSS: 1,300

Total Amount (\$): 1,300

View Details

### Monthly Statement

#### Claim Record

Practice: Virtual HOSPITAL - VHC4 HSL

Statement: As of 31 Aug 2025

Scheme: VSS

|   | Transaction No. ①                   | Transaction Time     | Service Date | Doc Type<br>Identity Doc No. ① | Name       | Amount<br>Claimed (\$) ① |
|---|-------------------------------------|----------------------|--------------|--------------------------------|------------|--------------------------|
| 1 | VSS<br><a href="#">TG25907-31-6</a> | 31 Aug 2025<br>09:00 | 31 Aug 2025  | HKIC<br>K735XXX(X)             | AU, TWO    | 260                      |
| 2 | VSS<br><a href="#">TG25907-32-8</a> | 31 Aug 2025<br>09:00 | 31 Aug 2025  | HKIC<br>K938XXX(X)             | AU, FOUR   | 260                      |
| 3 | VSS<br><a href="#">TG25907-33-0</a> | 31 Aug 2025<br>09:00 | 31 Aug 2025  | HKIC<br>L450XXX(X)             | AU, FIVE   | 260                      |
| 4 | VSS<br><a href="#">TG25907-34-2</a> | 31 Aug 2025<br>09:00 | 31 Aug 2025  | HKIC<br>K522XXX(X)             | LAU, HA HA | 260                      |
| 5 | VSS<br><a href="#">TG25907-30-4</a> | 31 Aug 2025<br>09:00 | 31 Aug 2025  | N/A<br>N/A                     | N/A        | 260                      |

Page 1 of 1 (5 items)

Back

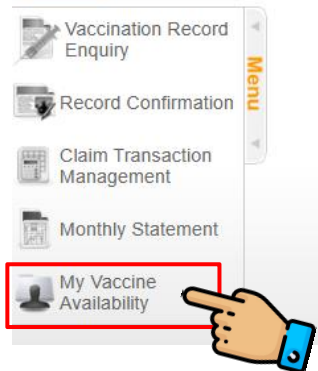


# Detail Steps

## Update Vaccine Availability

15

Select "My Vaccine Availability"



Doctors can update the system when a vaccine is **out-of-stock**, and the change will be reflected on both the Service Directory Website and the eHealth App.

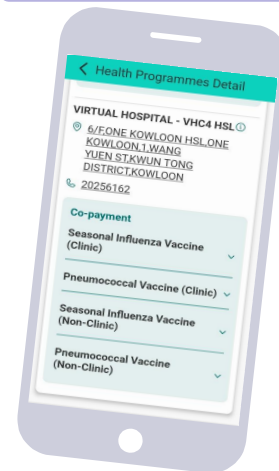
Service Directory Website

Results Per Page 10

Legend: VSS Non-clinic VSS Participate in the pilot arrangement to deliver SV from Government contract

| Service Provider                  | Practice Name, Address, Telephone  | District  | Specialised Scheme | Profession           | Service Fee  |          |          |        |          |          |                                |          |          |          |
|-----------------------------------|--|-----------|--------------------|----------------------|--------------|----------|----------|--------|----------|----------|--------------------------------|----------|----------|----------|
|                                   |  |           |                    |                      | Adult        |          | Children |        |          |          | Persons aged 65 years or above |          |          |          |
|                                   |  |           |                    |                      | SV (H)       | SV (LAW) | SV (H)   | SV (H) | SV (LAW) | SV (LAW) | SV (LAW)                       | SV (LAW) | SV (LAW) | SV (LAW) |
| L.O. MEDICAL PRACTITIONERS TWO    | Virtual Hospital - VHCA<br>Address: 6/F, ONE KOWLOON, ONE KOWLOON, 1 WING YUEN ST, KWUN TONG DISTRICT, KLN, Telephone: 20256162                  | KWUN TONG |                    | Medical Practitioner | 10           | 11       | 12       | 13     | 14       | 20       | 21                             |          |          |          |
| L.O. MEDICAL PRACTITIONERS TWO    | Virtual Hospital - VHCA (VSS Non-clinic)<br>Address: 6/F, ONE KOWLOON, ONE KOWLOON, 1 WING YUEN ST, KWUN TONG DISTRICT, KLN, Telephone: 20256162 | KWUN TONG |                    | Medical Practitioner | 100          | 101      | 102      | 103    | 104      | 105      | 106                            |          |          |          |
| L.O. MEDICAL PRACTITIONERS TWENTY | Virtual Hospital - VHCA<br>Address: 6/F, ONE KOWLOON, ONE KOWLOON, 1 WING YUEN ST, KWUN TONG DISTRICT, KLN, Telephone: 20256162                  | KWUN TONG |                    | Medical Practitioner | Out of Stock | 100      | 200      | Free   | 100      | 200      | 400                            |          |          |          |
| L.O. MEDICAL PRACTITIONERS        | Virtual Hospital - VHCA (VSS Non-clinic)<br>Address: 6/F, ONE KOWLOON, ONE KOWLOON, 1 WING YUEN ST, KWUN TONG DISTRICT, KLN, Telephone: 20256162 | KWUN TONG |                    | Medical Practitioner | 50           | 120      | 240      | 50     | 120      | 130      | 430                            |          |          |          |

eHealth App







# Detail Steps

## Update Vaccine Availability

16

### My Vaccine Availability

Practice Information

☒ Show Active Record Only

Practice No. 1

Medical Organization Virtual HOSPITAL - VHC4  
Name of Practice Virtual HOSPITAL - VHC4 HSL (虛擬醫院 HSL)  
Address of Practice 6/F, ONE KOWLOON HSL, ONE KOWLOON, 1 WANG YUEN ST, KWUN TONG DISTRICT, KLN, N/A, KOWLOON (九龍不通九龍, 觀塘區安達街1號一號九龍一號九龍 HSL6樓)  
Health Profession Registered Medical Practitioners  
Professional Registration No. M10062  
Phone No. of Practice 20256162  
Mobile Clinic No  
Remarks N/A  
Scheme Information

| Scheme               | Subsidy  | Net Service Fee Charged  | Status | Effective Date | Delisting Date |
|----------------------|--|--|--------|----------------|----------------|
| VSS (VSS Non-clinic) | Pregnant Women   | VSS Non-clinic   | Active | 02 Sep 2025    | N/A            |
|                      | QIV-P  | Adult <input type="checkbox"/> SIV (IIV) \$ 100                          |        |                |                |
|                      | RIV-P  | <input type="checkbox"/> SIV (RIV) \$ 150                                |        |                |                |
|                      | Children   | <input type="checkbox"/> SIV (LAIV) \$ 100                               |        |                |                |
|                      | LAIV-C   | Persons aged 65 years or above <input type="checkbox"/> PV (PCV15) \$ 40 |        |                |                |
|                      | Secondary School Student   |  |        |                |                |
|                      | IIV-STD  | Persons aged 50 - 64 years   |        |                |                |
|                      | QIV-A  |  |        |                |                |
|                      | RIV-A  | Persons aged 18 to 49 with specified chronic medical conditions          |        |                |                |
|                      | IIV-CM   |  |        |                |                |
|                      | RIV-CM   | Elders   |        |                |                |
|                      | QIV-E  |  |        |                |                |
|                      | RIV-E  |  |        |                |                |
|                      | PCV15  |  |        |                |                |
|                      | Persons with Intellectual Disability   |  |        |                |                |
|                      | QIV-PID  |  |        |                |                |
|                      | LAIV-PID   |  |        |                |                |
|                      | RIV-PID  |  |        |                |                |
|                      | Persons receiving Disability Allowance / standard rate of "100% disabled" or "requiring constant attendance" under |  |        |                |                |

**Edit**

Doctors can self indicate Vaccine Availability by clicking "Edit".

Practice Information

☒ Show Active Record Only

Practice No. 1

Medical Organization Virtual HOSPITAL - VHC4  
Name of Practice Virtual HOSPITAL - VHC4 HSL (虛擬醫院 HSL)  
Address of Practice 6/F, ONE KOWLOON HSL, ONE KOWLOON, 1 WANG YUEN ST, KWUN TONG DISTRICT, KLN, N/A, KOWLOON (九龍不通九龍, 觀塘區安達街1號一號九龍一號九龍 HSL6樓)  
Health Profession Registered Medical Practitioners  
Professional Registration No. M10062  
Phone No. of Practice 20256162  
Mobile Clinic No  
Remarks N/A  
Scheme Information

| Scheme               | Subsidy                              | Net Service Fee Charged   | Status | Effective Date | Delisting Date |
|----------------------|--------------------------------------|---|--------|----------------|----------------|
| VSS (VSS Non-clinic) | Pregnant Women                       | VSS Non-clinic  | Active | 02 Sep 2025    | N/A            |
|                      | QIV-P                                | Adult <input type="checkbox"/> SIV (IIV) \$ 100                                     |        |                |                |
|                      | RIV-P                                | <input type="checkbox"/> SIV (RIV) \$ 150   |        |                |                |
|                      | Children                             | <input checked="" type="checkbox"/> SIV (LAIV) \$ 100                               |        |                |                |
|                      | LAIV-C                               | Persons aged 65 years or above <input checked="" type="checkbox"/> PV (PCV15) \$ 40 |        |                |                |
|                      | Secondary School Student             |   |        |                |                |
|                      | IIV-STD                              | Persons aged 50 - 64 years  |        |                |                |
|                      | QIV-A                                |   |        |                |                |
|                      | RIV-A                                | Persons aged 18 to 49 with specified chronic medical conditions                     |        |                |                |
|                      | IIV-CM                               |   |        |                |                |
|                      | RIV-CM                               | Elders  |        |                |                |
|                      | QIV-E                                |   |        |                |                |
|                      | RIV-E                                |   |        |                |                |
|                      | PCV15                                |   |        |                |                |
|                      | Persons with Intellectual Disability |   |        |                |                |
|                      | QIV-PID                              |   |        |                |                |
|                      | LAIV-PID                             |   |        |                |                |
|                      | RIV-PID                              |   |        |                |                |
|                      | Persons receiving                    |   |        |                |                |

**Save** **Cancel**

Uncheck the box if the vaccine item is **out-of-stock**. Then click "Save".



# Detail Steps

## Update Vaccine Availability



17

My Vaccine Availability

Practice Information Updated.

Practice Information

☒ Show Active Record Only

| Practice No.         | Practice Information  | Action                  |         |                         |                 |                |                 |                      |                |                |        |             |     |  |       |                  |  |  |  |  |  |                  |  |  |  |  |          |                   |  |  |  |  |        |                  |  |  |  |  |                                |  |  |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |   |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |                                      |  |  |  |  |  |         |  |  |  |  |      |
|----------------------|---|-------------------------|---------|-------------------------|-----------------|----------------|-----------------|----------------------|----------------|----------------|--------|-------------|-----|--|-------|------------------|--|--|--|--|--|------------------|--|--|--|--|----------|-------------------|--|--|--|--|--------|------------------|--|--|--|--|--------------------------------|--|--|--|--|--|---------|--|--|--|--|--|----------------------------|--|--|--|--|--|-------|--|--|--|--|--|-------|--|--|--|--|--|---|--|--|--|--|--|--------|--|--|--|--|--|--------|--|--|--|--|--|--------|--|--|--|--|--|-------|--|--|--|--|--|-------|--|--|--|--|--|-------|--|--|--|--|--|--------------------------------------|--|--|--|--|--|---------|--|--|--|--|------|
| 1                    | <p>Medical Organization: Virtual HOSPITAL - VHC4</p> <p>Name of Practice: Virtual HOSPITAL - VHC4 HSL (虛擬醫院 HSL)</p> <p>Address of Practice: 6/F, ONE KOWLOON HSL, ONE KOWLOON, 1 WANG YUEN ST, KWUN TONG DISTRICT, KLN, N/A, KOWLOON (九龍不適用九龍, 觀塘區宏達街1號一號九龍一號九龍 HSL6樓)</p> <p>Health Profession: Registered Medical Practitioners</p> <p>Professional Registration No.: M10062</p> <p>Phone No. of Practice: 20256162</p> <p>Mobile Clinic: No</p> <p>Remarks: N/A</p> <p>Scheme Information:</p> <table border="1"> <thead> <tr> <th>Scheme</th> <th>Subsidy</th> <th>Net Service Fee Charged</th> <th>Status</th> <th>Effective Date</th> <th>De-listing Date</th> </tr> </thead> <tbody> <tr> <td>VSS (VSS Non-clinic)</td> <td>Pregnant Women</td> <td>VSS Non-clinic</td> <td>Active</td> <td>02 Sep 2025</td> <td>N/A</td> </tr> <tr> <td></td> <td>Adult</td> <td>SIV (IIV) \$ 100</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>SIV (RIV) \$ 150</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Children</td> <td>SIV (LAIV) \$ 100</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>LAIV-C</td> <td>PV (PCV15) \$ 40</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Persons aged 65 years or above</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>IIV-STD</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Persons aged 50 - 64 years</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>QIV-A</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>RIV-A</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Persons aged 18 to 49 with specified chronic medical conditions</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>IIV-CM</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>RIV-CM</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Elders</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>QIV-E</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>RIV-E</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>PCV15</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Persons with Intellectual Disability</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>QIV-PID</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Scheme                  | Subsidy | Net Service Fee Charged | Status          | Effective Date | De-listing Date | VSS (VSS Non-clinic) | Pregnant Women | VSS Non-clinic | Active | 02 Sep 2025 | N/A |  | Adult | SIV (IIV) \$ 100 |  |  |  |  |  | SIV (RIV) \$ 150 |  |  |  |  | Children | SIV (LAIV) \$ 100 |  |  |  |  | LAIV-C | PV (PCV15) \$ 40 |  |  |  |  | Persons aged 65 years or above |  |  |  |  |  | IIV-STD |  |  |  |  |  | Persons aged 50 - 64 years |  |  |  |  |  | QIV-A |  |  |  |  |  | RIV-A |  |  |  |  |  | Persons aged 18 to 49 with specified chronic medical conditions |  |  |  |  |  | IIV-CM |  |  |  |  |  | RIV-CM |  |  |  |  |  | Elders |  |  |  |  |  | QIV-E |  |  |  |  |  | RIV-E |  |  |  |  |  | PCV15 |  |  |  |  |  | Persons with Intellectual Disability |  |  |  |  |  | QIV-PID |  |  |  |  | Edit |
| Scheme               | Subsidy   | Net Service Fee Charged | Status  | Effective Date          | De-listing Date |                |                 |                      |                |                |        |             |     |  |       |                  |  |  |  |  |  |                  |  |  |  |  |          |                   |  |  |  |  |        |                  |  |  |  |  |                                |  |  |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |   |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |                                      |  |  |  |  |  |         |  |  |  |  |      |
| VSS (VSS Non-clinic) | Pregnant Women  | VSS Non-clinic          | Active  | 02 Sep 2025             | N/A             |                |                 |                      |                |                |        |             |     |  |       |                  |  |  |  |  |  |                  |  |  |  |  |          |                   |  |  |  |  |        |                  |  |  |  |  |                                |  |  |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |   |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |                                      |  |  |  |  |  |         |  |  |  |  |      |
|                      | Adult   | SIV (IIV) \$ 100        |         |                         |                 |                |                 |                      |                |                |        |             |     |  |       |                  |  |  |  |  |  |                  |  |  |  |  |          |                   |  |  |  |  |        |                  |  |  |  |  |                                |  |  |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |   |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |                                      |  |  |  |  |  |         |  |  |  |  |      |
|                      |   | SIV (RIV) \$ 150        |         |                         |                 |                |                 |                      |                |                |        |             |     |  |       |                  |  |  |  |  |  |                  |  |  |  |  |          |                   |  |  |  |  |        |                  |  |  |  |  |                                |  |  |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |   |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |                                      |  |  |  |  |  |         |  |  |  |  |      |
|                      | Children  | SIV (LAIV) \$ 100       |         |                         |                 |                |                 |                      |                |                |        |             |     |  |       |                  |  |  |  |  |  |                  |  |  |  |  |          |                   |  |  |  |  |        |                  |  |  |  |  |                                |  |  |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |   |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |                                      |  |  |  |  |  |         |  |  |  |  |      |
|                      | LAIV-C  | PV (PCV15) \$ 40        |         |                         |                 |                |                 |                      |                |                |        |             |     |  |       |                  |  |  |  |  |  |                  |  |  |  |  |          |                   |  |  |  |  |        |                  |  |  |  |  |                                |  |  |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |   |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |                                      |  |  |  |  |  |         |  |  |  |  |      |
|                      | Persons aged 65 years or above  |                         |         |                         |                 |                |                 |                      |                |                |        |             |     |  |       |                  |  |  |  |  |  |                  |  |  |  |  |          |                   |  |  |  |  |        |                  |  |  |  |  |                                |  |  |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |   |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |                                      |  |  |  |  |  |         |  |  |  |  |      |
|                      | IIV-STD   |                         |         |                         |                 |                |                 |                      |                |                |        |             |     |  |       |                  |  |  |  |  |  |                  |  |  |  |  |          |                   |  |  |  |  |        |                  |  |  |  |  |                                |  |  |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |   |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |                                      |  |  |  |  |  |         |  |  |  |  |      |
|                      | Persons aged 50 - 64 years  |                         |         |                         |                 |                |                 |                      |                |                |        |             |     |  |       |                  |  |  |  |  |  |                  |  |  |  |  |          |                   |  |  |  |  |        |                  |  |  |  |  |                                |  |  |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |   |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |                                      |  |  |  |  |  |         |  |  |  |  |      |
|                      | QIV-A   |                         |         |                         |                 |                |                 |                      |                |                |        |             |     |  |       |                  |  |  |  |  |  |                  |  |  |  |  |          |                   |  |  |  |  |        |                  |  |  |  |  |                                |  |  |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |   |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |                                      |  |  |  |  |  |         |  |  |  |  |      |
|                      | RIV-A   |                         |         |                         |                 |                |                 |                      |                |                |        |             |     |  |       |                  |  |  |  |  |  |                  |  |  |  |  |          |                   |  |  |  |  |        |                  |  |  |  |  |                                |  |  |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |   |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |                                      |  |  |  |  |  |         |  |  |  |  |      |
|                      | Persons aged 18 to 49 with specified chronic medical conditions   |                         |         |                         |                 |                |                 |                      |                |                |        |             |     |  |       |                  |  |  |  |  |  |                  |  |  |  |  |          |                   |  |  |  |  |        |                  |  |  |  |  |                                |  |  |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |   |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |                                      |  |  |  |  |  |         |  |  |  |  |      |
|                      | IIV-CM  |                         |         |                         |                 |                |                 |                      |                |                |        |             |     |  |       |                  |  |  |  |  |  |                  |  |  |  |  |          |                   |  |  |  |  |        |                  |  |  |  |  |                                |  |  |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |   |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |                                      |  |  |  |  |  |         |  |  |  |  |      |
|                      | RIV-CM  |                         |         |                         |                 |                |                 |                      |                |                |        |             |     |  |       |                  |  |  |  |  |  |                  |  |  |  |  |          |                   |  |  |  |  |        |                  |  |  |  |  |                                |  |  |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |   |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |                                      |  |  |  |  |  |         |  |  |  |  |      |
|                      | Elders  |                         |         |                         |                 |                |                 |                      |                |                |        |             |     |  |       |                  |  |  |  |  |  |                  |  |  |  |  |          |                   |  |  |  |  |        |                  |  |  |  |  |                                |  |  |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |   |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |                                      |  |  |  |  |  |         |  |  |  |  |      |
|                      | QIV-E   |                         |         |                         |                 |                |                 |                      |                |                |        |             |     |  |       |                  |  |  |  |  |  |                  |  |  |  |  |          |                   |  |  |  |  |        |                  |  |  |  |  |                                |  |  |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |   |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |                                      |  |  |  |  |  |         |  |  |  |  |      |
|                      | RIV-E   |                         |         |                         |                 |                |                 |                      |                |                |        |             |     |  |       |                  |  |  |  |  |  |                  |  |  |  |  |          |                   |  |  |  |  |        |                  |  |  |  |  |                                |  |  |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |   |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |                                      |  |  |  |  |  |         |  |  |  |  |      |
|                      | PCV15   |                         |         |                         |                 |                |                 |                      |                |                |        |             |     |  |       |                  |  |  |  |  |  |                  |  |  |  |  |          |                   |  |  |  |  |        |                  |  |  |  |  |                                |  |  |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |   |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |                                      |  |  |  |  |  |         |  |  |  |  |      |
|                      | Persons with Intellectual Disability  |                         |         |                         |                 |                |                 |                      |                |                |        |             |     |  |       |                  |  |  |  |  |  |                  |  |  |  |  |          |                   |  |  |  |  |        |                  |  |  |  |  |                                |  |  |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |   |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |                                      |  |  |  |  |  |         |  |  |  |  |      |
|                      | QIV-PID   |                         |         |                         |                 |                |                 |                      |                |                |        |             |     |  |       |                  |  |  |  |  |  |                  |  |  |  |  |          |                   |  |  |  |  |        |                  |  |  |  |  |                                |  |  |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |   |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |       |  |  |  |  |  |                                      |  |  |  |  |  |         |  |  |  |  |      |

Successfully updated

Results Per Page 10

Legend VSS Non-clinic VSS Participate in the pilot arrangement to order IIV from Government contract

|                               |  |           |                 |                      | Service Fee  |            |           |           |            |                                |            |
|-------------------------------|--|-----------|-----------------|----------------------|--------------|------------|-----------|-----------|------------|--------------------------------|------------|
|                               |  |           |                 |                      | Adult        |            |           | Children  |            | Persons aged 65 years or above |            |
| Service Provider              | Practice Name, Address, Telephone Number   | District  | Enrolled Scheme | Profession           | SIV (IIV)    | SIV (LAIV) | SIV (RIV) | SIV (IIV) | SIV (LAIV) | PV (23vPPV)                    | PV (PCV15) |
|                               |  |           |                 |                      |              |            |           |           |            |                                |            |
| LO, MEDICAL PRACTITIONERS TWO | Virtual HOSPITAL - VHC4<br>Address: 6/F, ONE KOWLOON, ONE KOWLOON, 1 WANG YUEN ST, KWUN TONG DISTRICT, KLN, Telephone: 20256162                  | KWUN TONG |                 | Medical Practitioner | 10           | 11         | 12        | 13        | 14         | 20                             | 21         |
|                               | Virtual HOSPITAL - VHC4 (VSS Non-clinic)<br>Address: 6/F, ONE KOWLOON, ONE KOWLOON, 1 WANG YUEN ST, KWUN TONG DISTRICT, KLN, Telephone: 20256162 | KWUN TONG |                 | Medical Practitioner | 100          | 101        | 102       | 103       | 104        | 105                            | 106        |
|                               | Virtual HOSPITAL - VHC4<br>Address: 6/F, ONE KOWLOON, ONE KOWLOON, 1 WANG YUEN ST, KWUN TONG DISTRICT, KLN, Telephone: 20256162                  | KWUN TONG |                 | Medical Practitioner | Out of Stock | 100        | 200       | Free      | 100        | 200                            | 400        |
|                               | Virtual HOSPITAL - VHC4 (VSS Non-clinic)<br>Address: 6/F, ONE KOWLOON, ONE KOWLOON, 1 WANG YUEN ST, Telephone: 20256162                          | KWUN TONG |                 | Medical Practitioner | 50           | 120        | 240       | 50        | 120        | 130                            | 430        |

The Vaccine Availability will then be reflected at the List of Enrolled Healthcare Service Provider (EHS(S) Service Directory website) for Public info **on the next day**

# Clinic Admin

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As a **clinic admin**, how do I search for a participant and record their vaccination?

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**VSS / RVP**



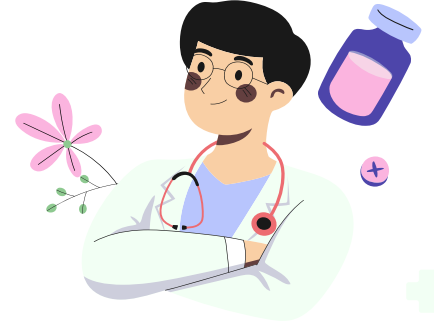
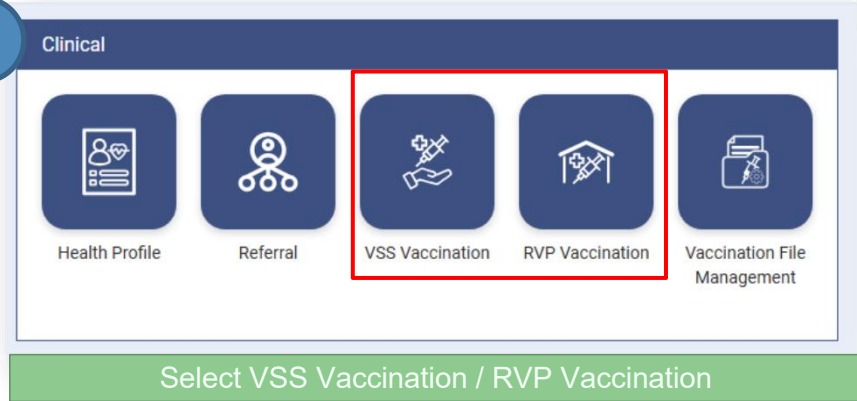


# Detail Steps

1



2





# Detail Steps

3

Please select participant

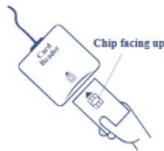
Enter Document No.

Document Type: Hong Kong Identity Card

HKIC No. :  ( ☐ )

OR

Read Smart ID Card



[Click here](#)

[Back](#)

[Next](#)

Please choose the document type for the scheme participants.

Participants who **do not use ID card** for insertion OR persons **aged below 18** or **mentally incapacitated** should use paper consent form.



[Click to print](#)

[Consent Form \(Bilingual\)](#)

[Consent Form \(Chinese\)](#)

[Consent Form \(English\)](#)





# Detail Steps

4

Input required personal particulars

1 Participant Information & Eligibility Checking ————— 2 eHRSS Registration ————— 3 Confirmation

## Participant Information

Document Type: Hong Kong Identity Card

HKIC No.: K008923(0)

HKIC Symbol:   [What is HKIC Symbol?](#)

English Name: CHAN, APPLE

Date of Birth: 10-Jan-1970

Sex: Female

Please remember to provide the scheme participant's HKIC Symbol.





# Detail Steps

5A

## Participant Eligibility & Consent Requirements

Requirements for joining eHealth and sharing consent differ according to eHealth status and age. The eHealth system will adjust its behavior based on the participant's existing eHealth status and age.



### Consent to be given by patients

#### eHRSS Registration

① Participant has not registered to eHRSS. Please click the checkbox to complete the eHRSS registration and give sharing consent to your organisation.

- ☒ The healthcare recipient / The substitute decision maker(SDM) consents the healthcare recipient to register with eHealth
- ☒ The healthcare recipient / The substitute decision maker(SDM) consents to give sharing consent to the healthcare provider.
- ☒ Consent to be given by patient ☐ Consent to be given by Substitute Decision Maker (SDM)

Registration Date:

17-Sep-2025

Communication Language:

☒ Chinese

☐ English

Mobile Contact No.:

(Please provide Hong Kong mobile number with prefix 4/5/6/7/8/9)

eHRSS Sharing Consent:

| HCP ID     | Service Provider        | Type of Sharing Consent    |
|------------|-------------------------|----------------------------|
| 4310898234 | Virtual HOSPITAL - VHC4 | Indefinite Sharing Consent |

- ☐ I confirm the healthcare recipient has expressly declared and confirmed that:
- he/she has read and understood the Participant Information Notice and the Personal Information Collection Statement of eHealth.
  - he/she consents to register with eHealth, which enables authorised healthcare providers to access and share his/her eHealth records for healthcare purposes.
  - he/she consents to give indefinite sharing consent to the above healthcare provider.

Click the checkbox to acknowledge the disclaimer

- Select communication languages
- Input mobile contact no.



# Detail Steps

5B

## Participant Eligibility & Consent Requirements

The eHealth system will adjust its behavior based on the participant's existing eHealth status and age.

### Consent to be given by Substitute Decision Maker (SDM)

#### eHRSS Registration

Participant has not registered to eHRSS. Please click the checkbox to complete the eHRSS registration and give sharing consent to your organisation.

- ☐ The healthcare recipient / The substitute decision maker(SDM) consents the healthcare recipient to register with eHealth
- ☒ The healthcare recipient / The substitute decision maker(SDM) consents to give sharing consent to the healthcare provider.
- ☐ Consent to be given by patient ☒ Consent to be given by Substitute Decision Maker (SDM)

Registration Date: 17-Sep-2025

Communication Language: ☒ Chinese ☐ English

Mobile Contact No.:

(Please provide Hong Kong mobile number with prefix 4/5/6/7/8/9)

#### eHRSS Sharing Consent:

| HCP ID     | Service Provider        | Type of Sharing Consent    |
|------------|-------------------------|----------------------------|
| 4310898234 | Virtual HOSPITAL - VHC4 | Indefinite Sharing Consent |

#### SDM-For HCR under 16/ at 16 or above and is incapable of giving consent

HKIC No.:

ID Doc Type:

ID Doc No.:

Title:

Type of HCR:  
Incapable of giving consent

\* Type of SDM:

\* Mobile Phone No. (SDM):  
with prefix 4/5/6/7/8/9

\* English Name: Surname  Given Name  ☐ Single Name

Chinese Name:

☐ I confirm the healthcare recipient and his/her SDM have expressly declared and confirmed that:

- The identity and communication information of the healthcare recipient (HCR) and his/her substitute decision maker (SDM) have been verified.
- The relationship proof of the HCR and his/her SDM has been verified (if applicable).

The SDM has confirmed that -

- The HCR meets the conditions for requiring an SDM as set out in the Electronic Health Record Sharing System Ordinance (Cap. 625) (eHRSSO).
- He/she is an eligible SDM in accordance with the requirements as set out in the eHRSSO.
- Making the application on behalf of the HCR, he/she was accompanying the HCR and had regard to the best interests of the HCR in the circumstances.
- He/she has read and understood the "Participant Information Notice", in particular "Important Notes for SDM Handling Registration Matters on Behalf of an HCR" and the "Personal Information Collection Statement".

- Select communication languages
- Input mobile contact no.

Click the checkbox to acknowledge the disclaimer

For participants who are minors or lack the capacity to consent, consent must be provided by their Substitute Decision-Maker (SDM).

HCP must also document the SDM's details.





# Detail Steps

6

## Confirmation of eHRSS Registration and Sharing Consent

### Confirmation of eHRSS Registration and Sharing Consent

Please click "Yes" to confirm the eHRSS Registration and give sharing consent to the healthcare provider for participant.

Yes

No

7

## eHRSS Registration

✓ Participant's eHRSS registration and sharing consent is given successfully.

eHR No.: 4228-3536-2001  
Registration Date: 17-Sep-2025  
Communication Language: Chinese  
Mobile Contact No.: 852-91234567  
Communication Means: SMS

### eHRSS Sharing Consent:

| HCP ID     | Service Provider        | Type of Sharing Consent    |
|------------|-------------------------|----------------------------|
| 4310898234 | Virtual HOSPITAL - VHC4 | Indefinite Sharing Consent |

☑ I confirm the healthcare recipient has expressly declared and confirmed that:

- he/she has read and understood the Participant Information Notice and the Personal Information Collection Statement of eHealth.
- he/she consents to register with eHealth, which enables authorised healthcare providers to access and share his/her eHealth records for healthcare purposes.
- he/she consents to give indefinite sharing consent to the above healthcare provider.

Next >



Scheme participants' eHRSS registration and sharing consent is given successfully



# Detail Steps

8

Select Service Provider (Healthcare Professionals) and the Practice (Healthcare Service Location)



## Search Service Provider

Service Provider

LO, MEDICAL PRACTITIONERS THREE (eHRUId: 90891548...)

Practice

Virtual HOSPITAL - VHC4 HSL





# Detail Steps

9

Proceed to vaccination

LO, MEDICAL PRACTITIONERS THREE

Close



1. Search eHealth (Subsidies) A

Enter Details

Account Information

Document Type

Name

HKIC No.

Claim Information

Practice

Scheme

Service Date

Category

Contact No.

**Vaccination Record**

Account Information

Document Type: Hong Kong Identity Card

Name: LEE, SIU SUN

HKIC No.: W829301(8)

Date of Birth / Gender: 10-10-1980 / Male

Date of Issue: Not Provided

Vaccination Record

No. of records: eHealth System (Subsidies) 0 Hospital Authority 0 Department of Health 0

No vaccination records found.

Disclaimer

The immunization record shown on this page (only include pneumococcal vaccination, seasonal influenza vaccination, measles, human swine influenza vaccination, COVID-19 vaccination and human papillomavirus vaccination) is to the best knowledge of the information provider and may not be exhaustive. Service Provider is advised to verify the vaccination history with the patient before administering the vaccine.

Close



1. Search eHealth (Subsidies) Account>>> 2. Enter Details 3. Complete Claim

Enter Details

Account Information

Document Type

Name

HKIC No.

Hong Kong Identity Card

LEE, SIU SUN

W829XXX(X)

Date of Birth / Gender

10-10-1980 / Male

Date of Issue

Not Provided

Claim Information

Practice

Scheme

Virtual HOSPITAL - VHC4 HSL (4340633980)

Vaccination Subsidy Scheme

(Provide vaccination services at clinic and non-clinic setting)

Service Date

Category

17-08-2025

☐ Persons with Intellectual Disability

☐ Persons receiving Disability Allowance / standard rate of "100% disabled" or "requiring constant attendance" under C.S.S.A

☐ Persons aged 18 to 49 with specified chronic medical conditions

+852 Language preference for SMS: 中文 English

(Please ask the scheme participant to provide his/her contact number, or one belonging to his/her relative or carer, that can receive SMS notification)

Claim

The system will display the participant's vaccination record.

Click 'Close' to proceed to inputting a new vaccination record.





# Detail Steps

10

## Vaccination Record Input



1. Search eHealth (Subsidies) Account>>> 2. Enter Details 3. Complete Claim

### Enter Details

#### Account Information

Document Type

Name

HKIC No.

#### Vaccination Record

Hong Kong Identity Card

LEE, SIU SUN

W829XXX(X)

Date of Birth / Gender

Date of Issue

10-10-1980 / Male

Not Provided

#### Claim Information

Practice

Scheme

Virtual HOSPITAL - VHC4 HSL (4340633980)

Vaccination Subsidy Scheme

(Provide vaccination services at clinic and non-clinic setting)

Service Date

17-09-2025

Category

- ☐ Persons with Intellectual Disability
- ☐ Persons receiving Disability Allowance / standard rate of "100% disabled" or "requiring constant attendance" under CSSA
- ☒ Persons aged 18 to 49 with specified chronic medical conditions

Chronic Disease

- ☐ Chronic cardiovascular (except hypertension without complication), lung, liver or kidney diseases
- ☒ Metabolic diseases including diabetes mellitus or obesity (Body Mass Index 30 or above)
- ☐ Immunocompromised states related to weakened immune system due to conditions such as asplenia, Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome or cancer/ steroid treatment
- ☐ Chronic neurological conditions that can compromise respiratory functions or the handling of respiratory secretions or increase the risk for aspiration, or those who lack the ability to take care of themselves

Remarks

Body Mass Index 31

Service Setting

☒ Clinic

☐ Non-Clinic

| Subsidy  | Dose      | Subsidy Amount |
|--|-----------|----------------|
| <input checked="" type="checkbox"/> IIV-CM 2025/26 | Only Dose | \$260          |
| <input type="checkbox"/> RIV-CM 2025/26            | Only Dose | \$260          |
| Total Subsidy Amount                               |           | \$260          |

Co-payment Fee

\$ 60

Contact No.

+852 91234567

Language preference for SMS ☒ 中文 ☐ English

(Please ask the scheme participant to provide his/her contact number, or one belonging to his/her relative or carer, that can receive SMS notification)

Claim

The system will determine the displayed category based on the participant's gender and age.

Clinic Admin are required to input data to all mandatory fields to proceed saving of vaccination record





# Detail Steps

11

Confirm the vaccination record details



1. Search eHealth (Subsidies) Account >>> 2. Enter Details 3. Complete Claim

Confirm Details

Account Information

Document Type

Name

HKIC No.

Hong Kong Identity Card

LEE, SIU SUN

W829XXX(X)

Date of Birth / Gender

10-10-1980 / Male

Date of Issue

Not Provided

Claim Information

Scheme

Vaccination Subsidy Scheme

(Provide vaccination services at clinic and non-clinic setting)

17 Sep 2025

Service Date

Practice

Virtual HOSPITAL - VHC4 HSL (4340633980)

Bank Account No.

019-X9X-X01X12XX

Service Type

Registered Medical Practitioners

Category

Persons aged 18 to 49 with specified chronic medical conditions

Service Setting

Clinic

Chronic Disease

• Metabolic diseases including diabetes mellitus or obesity (Body Mass Index 30 or above)

Remarks

Body Mass Index 31

| Subsidy        | Dose                 | Subsidy Amount |
|----------------|----------------------|----------------|
| IIV-CM 2025/26 | Only Dose            | \$260          |
|                | Total Subsidy Amount | \$260          |

Co-payment Fee

\$60

Contact No.

91234567

☒ I hereby confirm that I have rendered health care service to the service recipient. I also confirm that the service recipient has inserted the Hong Kong Identity Card into the smart card reader provided by the Government or signed the required consent form (for non-Smart Card users, minors and mentally incapacitated persons) to indicate his consent to receive subsidised Seasonal Influenza Vaccination / Pneumococcal Vaccination, to register an Electronic Health Record Sharing System (eHealth) account or eHealth System (Subsidies) account if such account has not been created, and agree on the Statement of Purpose of Collection of Personal Data. The information as shown is correct.

Back Confirm



1. Search eHealth (Subsidies) Account >>> 2. Enter Details >>> 3. Complete Claim

Claim completed! Please fill in the Consent Form the complete Transaction No.

Account Information

Document Type

Hong Kong Identity Card

Name

LEE, SIU SUN

HKIC No.

W829XXX(X)

Date of Birth / Gender

10-10-1980 / Male

Date of Issue

Not Provided

Claim Information

Transaction No.

TG25917-169-9

Transaction Date

17 Sep 2025 15:22

Scheme

Vaccination Subsidy Scheme

(Provide vaccination services at clinic and non-clinic setting)

Service Date

17 Sep 2025

Practice

Virtual HOSPITAL - VHC4 HSL (4340633980)

Bank Account No.

019-X9X-X01X12XX

Service Type

Registered Medical Practitioners

Category

Persons aged 18 to 49 with specified chronic medical conditions

Service Setting

Clinic

Chronic Disease

• Metabolic diseases including diabetes mellitus or obesity (Body Mass Index 30 or above)

Remarks

Body Mass Index 31

| Subsidy        | Dose                 | Subsidy Amount |
|----------------|----------------------|----------------|
| IIV-CM 2025/26 | Only Dose            | \$260          |
|                | Total Subsidy Amount | \$260          |

Co-payment Fee

\$60

Contact No.

91234567

After checking the declaration, click 'Confirm' to complete the process.



As a **clinic admin**, how do I manage  
vaccination records?

---

**VSS / RVP**



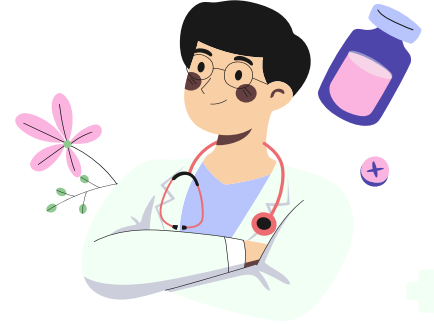


# Detail Steps

1



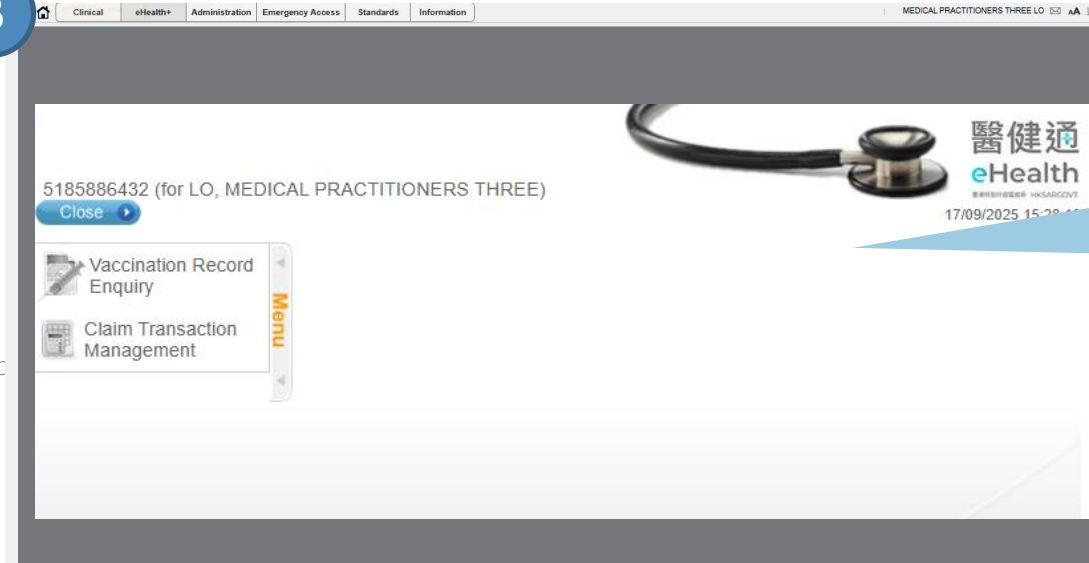
2





# Detail Steps

3



Clinic can **view** vaccination records and **manage** claim transactions.







# Detail Steps



4

Select "Claim Transaction Management"



5

Search Claim Record

**Claim Transaction Management**

Search Claim Record

Practice:

Status:

Transaction Date: From  To

Transaction No.:  -  -

Scheme:

6

View Record

## Claim Transaction Management

Claim Record

Practice: Virtual HOSPITAL - VHC4 HSL(1)  
 Status: Any  
 Transaction Date: From 01 Sep 2025 To 17 Sep 2025  
 Transaction No.: Any  
 Scheme: Any

|    | Transaction No.                     | Transaction Date     | Dos Type<br>Identify Doc No. | Name                | Amount<br>Claimed (\$) | Status  | Other<br>Info           | Name of Practice            | Bank Account No. |
|----|-------------------------------------|----------------------|------------------------------|---------------------|------------------------|---|-------------------------|-----------------------------|------------------|
| 1  | VSS<br><a href="#">TG25905-19-7</a> | 05 Sep 2025<br>08:47 | HKIC<br>B96B3000(X)          | WONG, TAI           | 260                    | Pending eHealth (Subsidies)<br>Account Validation | <a href="#">Details</a> | Virtual HOSPITAL - VHC4 HSL | 019-X9X-X01X12XX |
| 2  | VSS<br><a href="#">TG25905-22-3</a> | 05 Sep 2025<br>10:00 | HKIC<br>H6633000(X)          | CHAN, TAI           | 260                    | Pending eHealth (Subsidies)<br>Account Validation | <a href="#">Details</a> | Virtual HOSPITAL - VHC4 HSL | 019-X9X-X01X12XX |
| 3  | RVP<br><a href="#">TR25905-33-8</a> | 05 Sep 2025<br>18:40 | HKIC<br>K0553000(X)          | TEST, OLD           | 210                    | Pending eHealth (Subsidies)<br>Account Validation | <a href="#">Details</a> | Virtual HOSPITAL - VHC4 HSL | 019-X9X-X01X12XX |
| 4  | VSS<br><a href="#">TG25906-28-0</a> | 06 Sep 2025<br>17:08 | HKIC<br>VK418000(X)          | CHAN, OVER EIGHTEEN | 260                    | Pending eHealth (Subsidies)<br>Account Validation | <a href="#">Details</a> | Virtual HOSPITAL - VHC4 HSL | 019-X9X-X01X12XX |
| 5  | VSS<br><a href="#">TG25909-62-5</a> | 09 Sep 2025<br>09:26 | HKIC<br>E772X000(X)          | LAU, TEST TWO       | 800                    | Pending eHealth (Subsidies)<br>Account Validation | <a href="#">Details</a> | Virtual HOSPITAL - VHC4 HSL | 019-X9X-X01X12XX |
| 6  | VSS<br><a href="#">TG25909-63-7</a> | 09 Sep 2025<br>09:30 | HKIC<br>K2133000(X)          | LAU, TEST THREE     | 260                    | Pending eHealth (Subsidies)<br>Account Validation | <a href="#">Details</a> | Virtual HOSPITAL - VHC4 HSL | 019-X9X-X01X12XX |
| 7  | VSS<br><a href="#">TG25909-64-9</a> | 09 Sep 2025<br>09:32 | HKIC<br>B5160000(X)          | CHAN, TEST FOUR     | 260                    | Pending eHealth (Subsidies)<br>Account Validation | <a href="#">Details</a> | Virtual HOSPITAL - VHC4 HSL | 019-X9X-X01X12XX |
| 8  | VSS<br><a href="#">TG25909-65-2</a> | 09 Sep 2025<br>09:35 | HKIC<br>V4501000(X)          | CHAN, TEST FIVE     | 260                    | Pending eHealth (Subsidies)<br>Account Validation | <a href="#">Details</a> | Virtual HOSPITAL - VHC4 HSL | 019-X9X-X01X12XX |
| 9  | RVP<br><a href="#">TR25910-42-7</a> | 10 Sep 2025<br>14:49 | HKIC<br>V8020000(X)          | KIM, KITTY          | 105                    | Pending eHealth (Subsidies)<br>Account Validation | <a href="#">Details</a> | Virtual HOSPITAL - VHC4 HSL | 019-X9X-X01X12XX |
| 10 | RVP<br><a href="#">TR25910-43-9</a> | 10 Sep 2025<br>15:10 | HKIC<br>B914000(X)           | LI, CHINA           | 105                    | Pending Confirmation                              | <a href="#">Details</a> | Virtual HOSPITAL - VHC4 HSL | 019-X9X-X01X12XX |

1 2 3 4 5 6 7 Page 1 of 7 (66 items)



# Detail Steps

7

To void a record

## Claim Record

Practice Virtual HOSPITAL - VHC4 HSL(1)  
Status Any  
Transaction Date From 16 Sep 2025 To 17 Sep 2025  
Transaction No. Any  
Scheme Any

|   | Transaction No.                      | Transaction Date     | Doc Type<br>Identify Doc No. |    |
|---|--------------------------------------|----------------------|------------------------------|----|
| 1 | RVP<br><a href="#">TR25916-80-0</a>  | 16 Sep 2025<br>15:16 | HKIC<br>Y246XXX(X)           | PA |
| 2 | RVP<br><a href="#">TR25916-81-2</a>  | 16 Sep 2025<br>15:20 | HKIC<br>S213XXX(X)           | CH |
| 3 | VSS<br><a href="#">TG25916-151-0</a> | 16 Sep 2025<br>16:26 | HKIC<br>H654XXX(X)           | A  |

Page 1 of 1 (3 items)



Click on the transaction number to go to the record details.

Clinic admin can **void** a vaccination record if a doctor has not confirmed it yet.



## Claim Transaction Management

### Claim Information

#### Account Information

Document Type Hong Kong Identity Card  
Name A, A  
HKIC No. H654XXX(X)  
Date of Birth / Gender 01-01-1935 / Female  
Date of Issue Not Provided

#### Claim Information

Transaction No. TG25916-151-9 (16 Sep 2025 16:26)  
Confirmed Time 16 Sep 2025 16:26  
Scheme Vaccination Subsidy Scheme  
(Provide vaccination services at clinic and non-clinic setting)  
Pending eHealth (Subsidies) Account Validation  
Transaction Status Pending  
Service Date 16 Sep 2025  
Practice Virtual HOSPITAL - VHC4 HSL (4340633980)  
Bank Account No. 019-X9X-X01X12XX  
Service Type Registered Medical Practitioners  
Category Elders  
Service Setting Clinic

| Subsidy       | Dose                 | Subsidy Amount |
|---------------|----------------------|----------------|
| IIV-E 2025/26 | Only Dose            | \$260          |
|               | Total Subsidy Amount | \$260          |

Co-payment Fee \$60  
Contact No. 92123960  
Created By EHR (9089154826)

Back Void



