

eHS Release Notes (1April2009)

Summary:

| | Description |
|------|--|
| i. | Auto-tab for Chinese Commercial Code |
| ii. | Service date can be backdated up to 7 days |
| iii. | Addition of personalized printing option for printing Voucher Account Creation form and Voucher Claim Consent Form |
| iv. | To show confirmation statement more prominently |

i) Auto-tab for Chinese Commercial Code

Description:

To assist user to input the Chinese Commercial Code (CCC) more efficiently in the functions of Claim Voucher and Voucher recipient account rectification, the cursor will be auto-tab to the next CCC input box after inputting 4 digits in the CCC input box.

Affected functions:

1. Claim Voucher
2. Voucher recipient account rectification

Affected screens:

1. Claim Voucher



2. Voucher recipient account rectification

https://192.168.99.151 - eHealth System - Voucher Recipient Account Rectification - Microsoft Internet Explorer

eHealth System

WONG, TAI FU

Home Inbox Logout

Voucher Recipient Account Rectification

Rectify Voucher Recipient Account Information

Account Information

Reference No. C08C28-222-3

HKIC No. E123456(4)

DOB 1938

Name in English LAU, LO-TAI

Chinese Commercial Code 0491 5071 3141 Chinese Name

Name in Chinese 劉老榮

Gender ☒ Female ☐ Male

HKIC Date of Issue 12-01-07

Transaction No. T08C28-172-1

Back Save View Transaction

If you notice that the HKIC no. does not match with the respective voucher recipient, please use the "View Transaction" button to void the voucher claim and the respective voucher recipient account will be removed automatically.

ii) **Service date can be backdated up to 7 days**

Description:

The service date in Claim Voucher can be backdated up to 7 days.

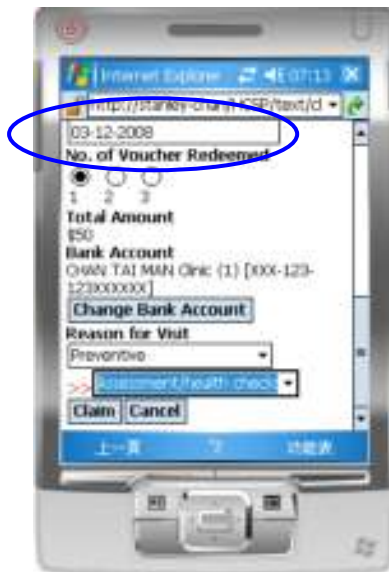
Affected functions:

Claim Voucher

Affected screens:

The screenshot shows the 'eHealth System' interface in a Microsoft Internet Explorer browser window. The page title is 'WONG, TAI FU' and the user is logged in. The main heading is 'Claim Voucher'. Below it, a progress bar shows steps: 1. Search account, 2. Confirm account, 3. Enter Details (highlighted), 4. Confirm Details, 5. Complete Claim. The 'Enter Details' section is divided into two tabs: 'Account Information' and 'Claim Information'. Under 'Account Information', fields include Name (CHAN, SIU MING (陳小明)), HKIC No. (A434XXX(X)), DOB / Gender (1920 / Female), HKIC Date of Issue (01-01-01), and Available Voucher (4 (@\$50)). Under 'Claim Information', the 'Service Date' field is circled in blue and contains the date '03-03-2007'. A callout box with the text 'Please input the Service Date.' points to this field. Other fields in 'Claim Information' include 'No. of Voucher Redeemed' (0), 'Total Amount' (\$50), 'Bank Account' (Wong Tai Fu Clinic (1) [XXX-232-706XXXXX]), and 'Reason for Visit' (Please select ---). At the bottom, there are 'Claim' and 'Cancel' buttons. The footer contains links for 'Privacy Policy | Disclaimer | System Maintenance'.

Claim Voucher



Claim Voucher (Text-only Version)

iii) Addition of personalized printing option for printing Voucher Account Creation form and Voucher Claim Consent Form

Description:

Personalized printing option to configure the printing preference on printing Voucher Account Creation Form and Voucher Claim Consent Form is added. The three printing options are: 'Not to Print', 'Print the "Full Version"' and 'Print the "Condensed Version"'. User can update the personalized printing option in 'My Profile' or during voucher account creation confirmation and claim confirmation.

Affected functions:

1. My profile
2. Claim Voucher

Affected screens:

1. My profile

You can select personalized printing option for printing the "Voucher Account Creation Form" and "Consent of Voucher Recipient to Use Vouchers".

Service provider:

eHealth System - My Profile - Windows Internet Explorer

Home | Intro | Logout

My Profile

Personal Particulars | Practice Information | Bank Information | **System Information** | Data Entry Account Maintenance

Login Information

Service Provider ID: 00004642

Username: LEETF [Check Availability](#)

Token Serial No.: 203855292

Username tips
1. Username length: 4 - 20 characters

System Settings

Default Web Interface Language: English

Default Print Option

Please choose the option of printing the "Voucher Account Creation Form" and the "Consent of Voucher Recipient to Use Vouchers" for each transaction.

☐ Not to print
If you choose this option, you need "pre-printed forms" which can be downloaded from the [Download Area](#).

☒ Print the "full version"

☐ Print the "condensed version"
If you choose this option, you need to first print out the part containing the statement of purpose plus the terms that voucher recipients are required to consent to. This printed copy can be shown repeatedly to different voucher recipients when requesting their consents for both account creation and voucher claim. You can download it from the [Download Area](#).

Password Settings

☐ Change Web Password

☐ Change IVRS Password

[Save](#) [Cancel](#)

System Information

eHealth System - My Profile - Windows Internet Explorer

Username

1. HO_KU_LEUNG
2. NURSE_CHAN
3. NURSE_LEE
4. USER01

Login Information

Username: NURSE_HO

Username tips
1. Username length: 4 - 20 characters

Practice

☒ Lee Tai Fu Clinic
☐ Lee Tai Fu Clinic (2nd) Clinic

System Settings

Default Print Option

Please choose the option of printing the "Voucher Account Creation Form" and the "Consent of Voucher Recipient to Use Vouchers" for each transaction.

☐ Not to print
If you choose this option, you need "pre-printed forms" which can be downloaded from the [Download Area](#).

☒ Print the "full version"

☐ Print the "condensed version"
If you choose this option, you need to first print out the part containing the statement of purpose plus the terms that voucher recipients are required to consent to. This printed copy can be shown repeatedly to different voucher recipients when requesting their consents for both account creation and voucher claim. You can download it from the [Download Area](#).

Password Settings

New Password: [masked] Poor >> Moderate >> Strong

Confirm Password: [masked]

Web password tips
1. Contains at least 3 of the following 4 character groups:
- English uppercase characters (A through Z)
- English lower case characters (a through z)
- Numerals (0 through 9)

Data Entry Account Maintenance

Data Entry Account:

eHealth System - My Profile - Windows Internet Explorer

eHealth System

NURSE_CHAN (for LEE, TAI FU)

Home Logout

My Profile

Login Information

Username NURSE_CHAN

System Settings

Default Print Option

Please choose the option of printing the "Voucher Account Creation Form" and the "Consent of Voucher Recipient to Use Vouchers" for each transaction.

☐ Not to print If you choose this option, you need "pre-printed forms" which can be downloaded from the "Download Area"

☒ Print the "full version"

☐ Print the "condensed version" If you choose this option, you need to first print out the part containing the statement of purpose plus the terms that voucher recipients are required to consent to. This printed copy can be shown repeatedly to different voucher recipients when requesting their consents for both account creation and voucher claim. You can download it from the "Download Area"

Personal Settings

☐ Change Web Password

Save Cancel

Privacy Policy | Disclaimer | System Maintenance

2. Claim Voucher

a) Print option of 'Not to print' is chosen

eHealth System - Claim Voucher - Windows Internet Explorer

eHealth System

LEE, TAI FU

Home Index Logout

Claim Voucher

1. Search Account 2. Get Consent 3. Enter Details >>> 4. Confirm Details 5. Complete Creation

Confirm Details

Account Information

Name LAU, LO TAI (劉老泰)

DOB / Gender 1930 / Male

HKGC Date of Issue 01-01-06

HKGC No. A555555(0)

You are reminded to ask the voucher recipient to sign the voucher account creation form.

☐ I declare that the information given in this return is true, correct and complete. The voucher recipient has signed the Voucher Account Creation Form

Back Confirm

Privacy Policy | Disclaimer | System Maintenance

Voucher account creation

eHS System - Claim Voucher - Windows Internet Explorer

1. Search account 2. Confirm account 3. Enter Details >>>4. Confirm Details 5. Complete Claim

Confirm Details

Account Information

| | |
|--------------------|-------------------|
| Name | LAU, LO TAI (劉志泰) |
| HKGC No. | A555XXX(X) |
| DOB / Gender | 1930 / Male |
| HKGC Date of Issue | 01-01-06 |

Claim Information

| | |
|-------------------------|-------------------------------------|
| Service Date | 06 Mar 2009 |
| Service Provider | LEE, TAI FU |
| Practice | Lee Tai Fu Clinic (1) |
| Bank Account No. | XXX-222-123XXXXXX |
| Service Type | Registered Medical Practitioners |
| Reason for Visit | Preventive |
| | -Assessment/health checks/screening |
| No. of Voucher Redeemed | 1 (65%) |

You are reminded to ask the voucher recipient to sign the consent form for voucher claim.

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

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

Privacy Policy | Disclaimer | System Maintenance

Claim voucher

b) Print option of 'Print "full version"' is chosen

When the 'Print Full Version' is selected as the printing option, the user is required to print the system generated forms. Besides, the confirmation checkbox of 'I declare ...' and 'I hereby confirm that ...' will be enabled only after the print button is clicked.

eHealth System - Claim Voucher - Windows Internet Explorer

Health System

LEE, TAI FU

Home Inbox Logout

Claim Voucher

1. Search Account 2. Get Consent 3. Enter Details >>>4. Confirm Details 5. Complete Creation

Confirm Details

Account Information

Name LAU, LO TAI (劉老泰)

DOB / Gender 1930 / Male

HKGC Date of Issue 01-01-06

HKGC No. A55000(0)

Print "full version" of account creation form 中文 English

☐ I declare that the information given in this return is true, correct and complete. The voucher recipient has signed the Voucher Account Creation Form.

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Privacy Policy | Disclaimer | System Maintenance

Voucher account creation

eHealth System - Claim Voucher - Windows Internet Explorer

1. Search account 2. Confirm account 3. Enter Details >>>4. Confirm Details 5. Complete Claim

Confirm Details

Account Information

Name LAU, LO TAI (劉老泰)

HKGC No. A555XXX(X)

DOB / Gender 1930 / Male

HKGC Date of Issue 01-01-06

Claim Information

Service Date 05 Mar 2009

Service Provider LEE, TAI FU

Practice Lee Tai Fu Clinic (1)

Bank Account No. XXX-222-123XXXXXX

Service Type Registered Medical Practitioners

Reason for Visit Preventive

-Assessment/health checks/screening

No. of Voucher Redeemed 1 (\$50)

Print "full version" of consent form 中文 English

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

Back Confirm

Privacy Policy | Disclaimer | System Maintenance

Claim voucher

c) Print option of 'Print "condensed version"' is chosen

When the 'Print Condensed Version' is selected as the printing option, the user is required to print the system generated forms. Besides, the confirmation checkbox of 'I declare ...' and 'I hereby confirm that ...' will be enabled only after the print button is clicked.



Voucher account creation

1. Search account 2. Confirm account 3. Enter Details >>>4. **Confirm Details** 5. Complete Claim

Confirm Details

Account Information

| | |
|--------------------|-------------------|
| Name | LAU, LO TAI (劉志泰) |
| HKIC No. | A555XXX(X) |
| DOB / Gender | 1930 / Male |
| HKIC Date of Issue | 01-01-06 |

Claim Information

| | |
|-------------------------|-------------------------------------|
| Service Date | 05 Mar 2009 |
| Service Provider | LEE, TAI FU |
| Practice | Lee Tai Fu Clinic (1) |
| Bank Account No. | XXX-222-123XXXXXX |
| Service Type | Registered Medical Practitioners |
| Reason for Visit | Preventive |
| | -Assessment/health checks/screening |
| No. of Voucher Redeemed | 1 (155) |

Print *condensed version* of consent form

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

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Privacy Policy | Disclaimer | System Maintenance

Claim voucher

d) Change printing option

1. Search Account 2. Get Consent 3. Enter Details >>>4. **Confirm Details** 5. Complete Creation

Confirm Details

Account Information

| | |
|--------------------|-------------------|
| Name | LAU, LO TAI (劉志泰) |
| DOB / Gender | 1930 / Male |
| HKIC Date of Issue | 01-01-06 |
| HKIC No. | A555555(0) |

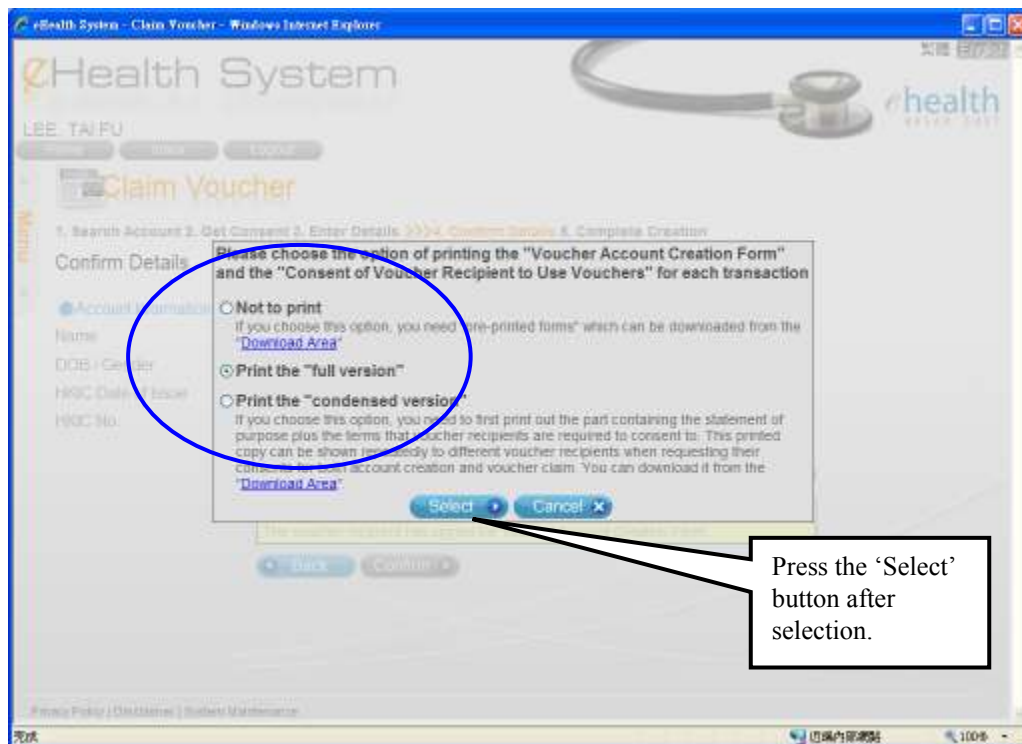
You are reminded to ask the voucher recipient to sign the voucher account creation form.

☐ I declare that the information given in this return is true, correct and complete.
The voucher recipient has signed the Voucher Account Creation Form.

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You can press this icon to change the printing option.



iv) To show confirmation statement more prominently

Description:

To show confirmation statement more prominently in Claim Voucher and Record confirmation.

Affected functions:

1. Claim Voucher
2. Record Confirmation

Affected screens:

1. Claim Voucher

eHealth System - Claim Voucher - Windows Internet Explorer

1. Search account 2. Confirm account 3. Enter Details >>> 4. Confirm Details 5. Complete Claim

Confirm Details

Account Information

Name: LAU, LO TAI (劉志豪)
HKGC No.: A555XXX(X)
DOB / Gender: 1930 / Male
HKGC Date of Issue: 01-01-06

Claim Information

Service Date: 06 Mar 2009
Service Provider: LEE, TAI FU
Practice: Lee Tai Fu Clinic (1)
Bank Account No.: XXX-222-123XXXXXX
Service Type: Registered Medical Practitioners
Reason for Visit: Preventive
-Assesment/health checks/screening
No. of Voucher Redeemed: 1 (\$50)

Confirmation Statement (Circled in Blue):

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

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Privacy Policy | Disclaimer | System Maintenance

Voucher account creation

eHealth System - Claim Voucher - Windows Internet Explorer

1. Search account 2. Confirm account 3. Enter Details >>> 4. Confirm Details 5. Complete Claim


Confirm Details

Account Information

Name: LAU, LO TAI (劉老泰)
HKIC No.: A555XXX(X)
DOB / Gender: 1930 / Male
HKIC Date of Issue: 01-01-06

Claim Information

Service Date: 05 Mar 2009
Service Provider: LEE, TAI FU
Practice: Lee Tai Fu Clinic (1)
Bank Account No.: XXX-222-123XXXXXX
Service Type: Registered Medical Practitioners
Reason for Visit: Preventive
-Assessment/health checks/screening
No. of Voucher Redeemed: 1 (850)

 You are reminded to ask the voucher recipient to sign the consent form for voucher claim.

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

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Claim voucher

2. Record Confirmation

eHealth System - Record Confirmation - Windows Internet Explorer

LEE, TAI FU

Home Inbox Logout

Record Confirmation

Confirm Record

| Transaction No. | Transaction Time | HKIC No. | Name | No. of Voucher Redeemed | Total Amount (\$) | Data Entry Account | Practice | Bank Account | |
|-----------------|-------------------|------------|-----------------------|-------------------------|-------------------|--------------------|-------------------|-------------------|-------------|
| 1 T09304-60-1 | 04 Mar 2009 17:09 | D336000(X) | SHEUNG, BO LONG (尚寶朗) | 1 | 50 | HO_KU_LEUNG | Lee Tai Fu Clinic | XXX-222-123XXXXXX | Man eps Man |
| 2 T09306-62-5 | 06 Mar 2009 12:02 | O123XXX(X) | CHEUNG, FAI | 1 | 50 | HO_KU_LEUNG | Lee Tai Fu Clinic | XXX-222-123XXXXXX | Man eps Man |

Page 1 of 1 (2 items)

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

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Record Confirmation for claim transaction