**Summary of Inspection Visit**

**[File Ref.:** {#File\_Reference\_No#}**]**

1. The Professional and Surveillance Section arrived at the practice of {#SP\_Eng\_Name#} (SPID {#SP\_ID#}) at {#Visit\_Begin\_Dtm\_Print#} on {#Visit\_Date\_Print#}. The visit ended at {#Visit\_End\_Dtm\_Print#}.
2. The Professional and Surveillance Section collected consent forms for {#No\_Of\_Collected#} voucher claim transactions from the Enrolled Healthcare Service Provider (EHCP) while consent forms for {#No\_Of\_MissingForm#} voucher claims transactions were missing. The consent forms collected were kept in the file.
3. The Professional and Surveillance Section checked the {#No\_Of\_TotalCheck#} voucher claim transactions on {#Checking\_Date\_Print#}.

**Results of Checking Consent Form**

1. After checking the {#No\_Of\_TotalCheck#} claims against the eHealth System (Subsidies) [eHS(S)] record, the following results were noted:

{#DELETE#}

* The {#No\_Of\_InOrder#} claims were in order;
* The {#No\_Of\_Irregularities#} claims were found with missing/ inconsistent data (irregularities), among which –

| **Irregularities** | **Claim No.\*** | **Actions Taken** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

\*Remark: Please refer to the Inspection Record for the claim no.

1. Other findings that warrant attention include:

**Action Taken**

1. The following voucher recipients were called on \*\*\* for random checking:

| **Name** | **Claim No.\*** | **Conversation** |
| --- | --- | --- |
|  |  |  |
|  |  |
|  |  |

\*Remark: Please refer to the Inspection Record for the claim no.

1. The EHCP and the clinic staff were reminded of the following:

**Follow-up Action**



|  |  |
| --- | --- |
| Prepared by: |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| {#Case\_Officer\_Name#} | {#Subject\_Officer\_Name#} |
| Signature | Signature |
| Date: 12/08/2020 | Date: 12/08/2020 |

Reviewed by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer

Signature

Date: / /2020