

Primary Care Digital Services (PCDS) - Change Request User Guide

<https://pcds.sg>

Version 1.2
29 SEP 2025



MINISTRY OF HEALTH
SINGAPORE

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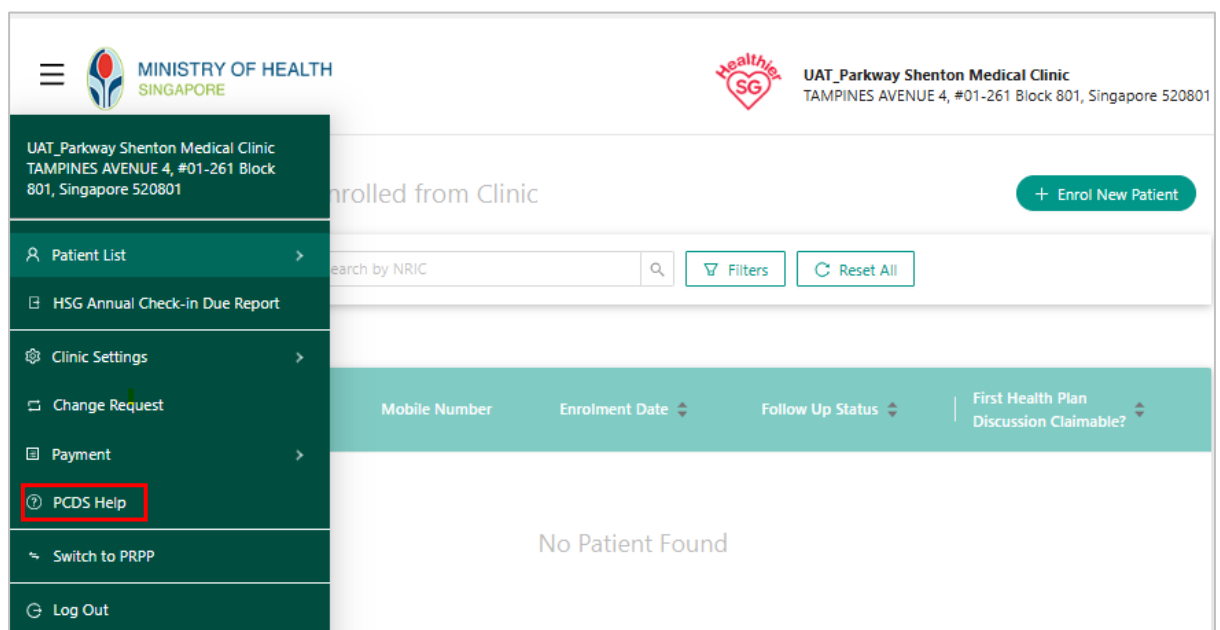
Chapter 1 - Introduction

1.1 About PCDS – Change Request

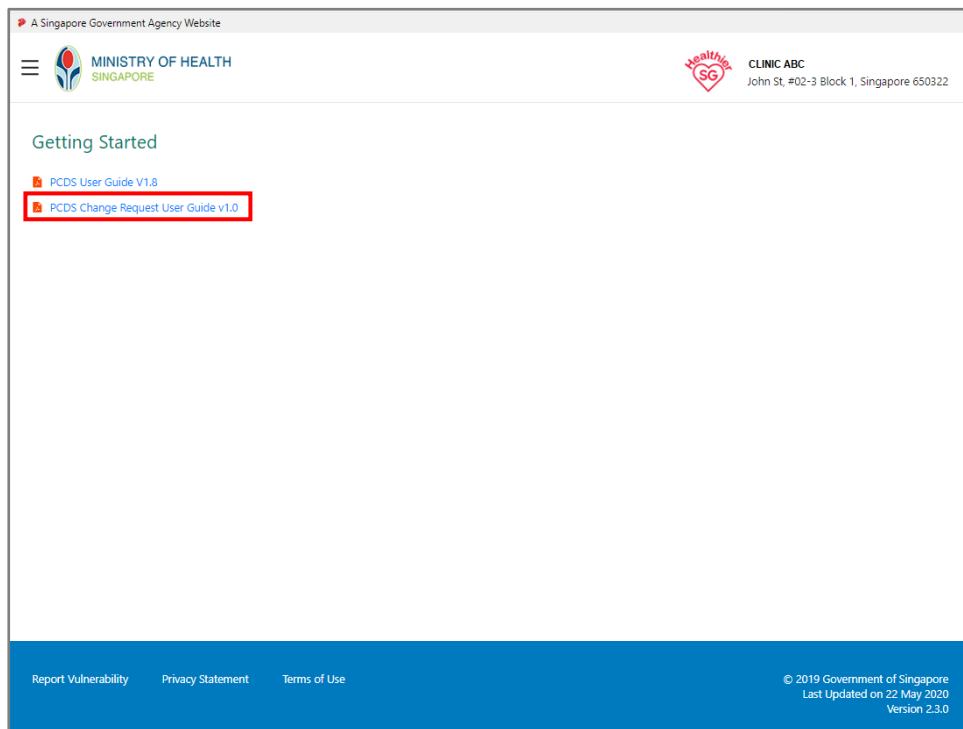
To enable Healthier SG (HSG) GP clinics to manage and view post-onboarding change requests by leveraging on existing PCDS platform and enhancing its system functionalities.

1.2 Help Section

1. To provide easy access to resources, the latest version of the PCDS Change Request User Guide can be found in the portal.
2. To access these resources, click on “PCDS Help” at the left-side menu after logging in.



3. Getting Started page will be displayed.
Click on the hyperlink to download the latest version of PCDS Change Request User Guide.



1.3 Support Contact Details

1. You may write to synapxe.pcds.support@synapxe.sg for specific technical queries.
2. For other enquiries:
GP Helpline 66321199

Chapter 2 - Change Request

Post-onboarding change request in this context refers to submission of requests from Healthier SG (HSG) clinics to the Programme Administrator to notify on changes.

2.1 Search Change Request

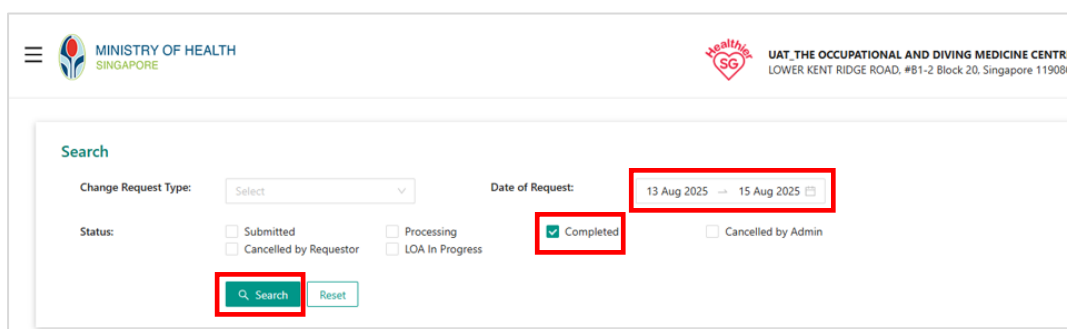
1. Clinic user can use the Search function refine the displayed list of change requests.

To narrow down the result, clinic user may:

- Select a change request type
- Specify a date range for the “Date of Request”
- Select one or more change request status checkboxes

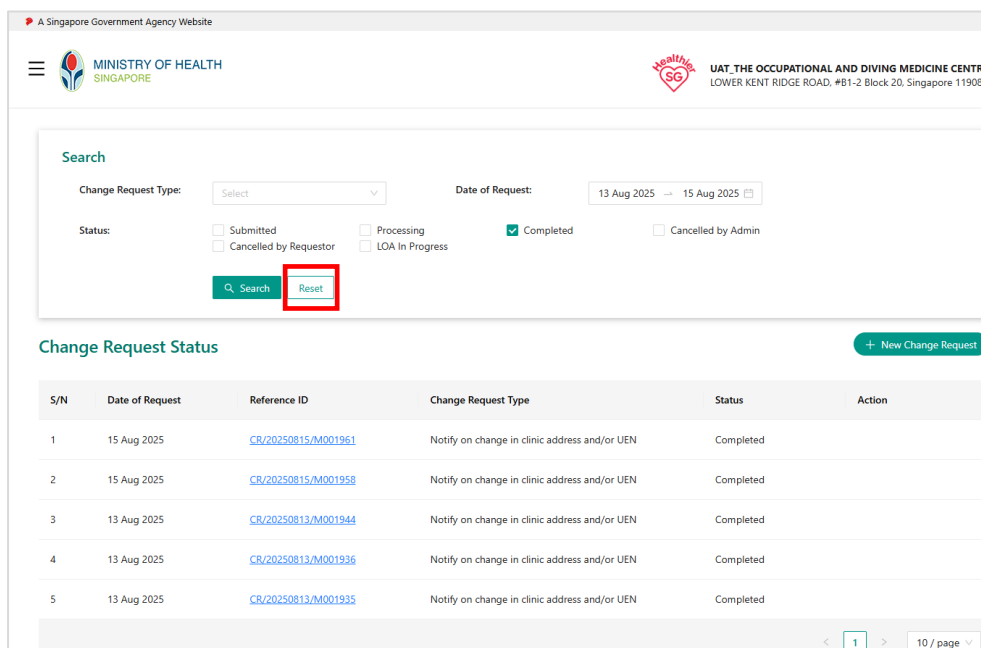
After entering your criteria, click “Search”.

2. Search results will be displayed based on the search criteria entered.





The screenshot shows the 'Search' section of the Ministry of Health Singapore portal. The 'Change Request Type' dropdown is set to 'Select'. The 'Date of Request' range is '13 Aug 2025' to '15 Aug 2025'. Under 'Status', the 'Completed' checkbox is checked. The 'Search' button is highlighted with a red box.

3. Click “Reset” button to revert to default display the full application list.



The screenshot shows the 'Search' section with the 'Reset' button highlighted. Below the search section is the 'Change Request Status' table, which displays a list of change requests.

| S/N | Date of Request | Reference ID | Change Request Type | Status | Action |
|-----|-----------------|-------------------------------------|---|-----------|--------|
| 1 | 15 Aug 2025 | CR/20250815/M001961 | Notify on change in clinic address and/or UEN | Completed | |
| 2 | 15 Aug 2025 | CR/20250815/M001958 | Notify on change in clinic address and/or UEN | Completed | |
| 3 | 13 Aug 2025 | CR/20250813/M001944 | Notify on change in clinic address and/or UEN | Completed | |
| 4 | 13 Aug 2025 | CR/20250813/M001936 | Notify on change in clinic address and/or UEN | Completed | |
| 5 | 13 Aug 2025 | CR/20250813/M001935 | Notify on change in clinic address and/or UEN | Completed | |

UAT THE OCCUPATIONAL AND DIVING MEDICINE CENTRE
 LOWER KENT RIDGE ROAD, #B1-2 Block 20, Singapore 119080

Search

Change Request Type: Select

Date of Request: Start date → End date

Status:

☐ Submitted
 ☐ Processing
 ☐ Completed
 ☐ Cancelled by Admin

☐ Cancelled by Requestor
 ☐ LOA In Progress



Search Reset

Change Request Status + New Change Request

| S/N | Date of Request | Reference ID | Change Request Type | Status | Action |
|-----|-----------------|-------------------------------------|---|------------------------|--------|
| 1 | 19 Aug 2025 | CR/20250819/M001966 | Notify on change in clinic address and/or UEN | Completed | |
| 2 | 18 Aug 2025 | CR/20250818/M001965 | Notify on change in clinic address and/or UEN | Completed | |
| 3 | 18 Aug 2025 | CR/20250818/M001964 | Notify on change in clinic address and/or UEN | Completed | |
| 4 | 15 Aug 2025 | CR/20250815/M001962 | Notify on change in clinic address and/or UEN | Cancelled by Requestor | |
| 5 | 15 Aug 2025 | CR/20250815/M001961 | Notify on change in clinic address and/or UEN | Completed | |
| 6 | 15 Aug 2025 | CR/20250815/M001958 | Notify on change in clinic address and/or UEN | Completed | |

2.2 View Change Request

- From Change Request Status page, select the change request from the list.
Click on the Reference ID link to display the view-only form of the submitted change request.

CLINIC ABC
 John St, #02-3 Block 1, Singapore 650322

Search

Change Request Type: Select

Request date: Start date → End date

Change Request Status:

☐ Submitted
 ☐ Processing
 ☐ Completed
 ☐ Cancelled by Admin

☐ Cancelled by Requestor
 ☐ LOA In Progress

Search Reset

Change Request Status + New Change Request

| S/N | Date of Request | Reference ID | Change Request Type | Status | Action |
|-----|-----------------|-------------------------------------|--|------------------------|--------|
| 1 | 14 Mar 2025 | CR/20250314/M000642 | Update email address to receive HSG operational alerts | Processing | |
| 2 | 14 Mar 2025 | CR/20250314/M000643 | Update clinic enrolment capacity | Completed | |
| 3 | 12 Mar 2025 | CR/20250314/M000607 | Update email address to receive HSG operational alerts | Cancelled by Requestor | |
| 4 | 06 Mar 2025 | CR/20250306/M000344 | Update email address to receive HSG operational alerts | Completed | |

< 1 > 10 / page

Note:

- The list is sorted by “Date of Request” column in descending order (from newest to oldest).
- Change requests follow the below status flow:

| S/N | Status | Action | Description |
|-----|-----------|--------|---|
| 1a | Submitted | Cancel | Clinic has submitted a change request recently and can still cancel the change request. |

| | | | |
|----|------------------------|---|--|
| 1b | | - | Clinic has submitted a change request recently. Clinic can approach AIC Account Manager to cancel the application. |
| 2 | Processing | - | Change request is being processed. |
| 3 | Completed | - | Change request is completed. |
| 4a | Cancelled by Requestor | - | Change request has been cancelled by clinic. |
| 4b | Cancelled by Admin | - | Change request has been cancelled due to administrative reasons. |

2. Upon clicking of Reference ID, corresponding view-only form of submitted change request is displayed.

Change Request Reference ID - CR/20250314/M000441

Date of Submission: 14 Mar 2025 10:41 AM

Change Request Details

What would you like to do?
Update clinic enrolment capacity

Current enrolment capacity
250

Current consumed capacity
1

New enrolment capacity
650

Please let us know the reason for the revision
Clinic able to manage more patients

How many doctors (GP FTE) will manage Healthier SG enrolled patients in your clinic?
1.5

What are your plans to manage the declared enrolment capacity?
Others (with textbox)

Please elaborate
clinic remarks for managing the declared enrolment capacity

Email Acknowledgement
testabc@gmail.com

[< Back](#)

Change Request Reference ID - CR/20250314/M000442

Date of Submission: 14 Mar 2025 11:02 AM

Change Request Details

What would you like to do?

Update email address to receive HSG operational alerts

Current email address to receive HSG operational alerts

TEST@PCDS.com

New email address to receive HSG operational alerts

test2@pcds.com


Email Acknowledgement

testabc@gmail.com


[< Back](#)

2.3 Submit Change Request


1. To create a change request, open the side menu and click on “Change Request”.




MINISTRY OF HEALTH
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UAT_Parkway Shenton Medical Clinic
TAMPINES AVENUE 4, #01-261 Block 801, Singapore 520801





UAT_Parkway Shenton Medical Clinic
TAMPINES AVENUE 4, #01-261 Block
801, Singapore 520801



Patient List



HSG Annual Check-in Due Report



Clinic Settings



Change Request



Payment



PCDS Help


Switch to PRPP


Log Out


Search by NRIC


Filters


Reset All

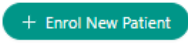
Mobile Number

Enrolment Date

Follow Up Status

First Health Plan Discussion Claimable?

No Patient Found



8

2. From Change Request Status page, click on “+ New Change Request”.

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CLINIC ABC
John St, #02-3 Block 1, Singapore 650322

Search

Change Request Type:

Request date: →

Change Request Status:

☐ Submitted ☐ Processing ☐ Completed ☐ Cancelled by Admin

☐ Cancelled by Requestor ☐ LDA in Progress

Change Request Status

| S/N | Date of Request | Reference ID | Change Request Type | Status | Action |
|------------------|-----------------|--------------|---------------------|--------|--------|
| No records found | | | | | |

Report Vulnerability Privacy Statement Terms of Use

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Last Updated on 22 May 2020
Version 2.3.1

3. New Change Request page is displayed.
Select from the available change request types from dropdown menu.

Note: If you are unsure which change request to submit, please refer to the description below each change request type. For further assistance, please approach your AIC account manager.

New Change Request

What would you like to do? *

Please Select

Update clinic enrolment capacity
To increase or decrease clinic enrolment capacity.

Update email address to receive HSG operational alerts
To change email address that HSG operational alerts will be sent to.

Notify on change in clinic address and/or UEN
To inform Partner/Administrator that the clinic address and/ or clinic owner's UEN will be changing or has changed from the information provided during onboarding.

Notify on clinic's permanent closure
To inform Partner/ Administrator that clinic will be ceasing or has ceased operations at the clinic address (at point of onboarding) and will not be operating anywhere else in Singapore under the same HCI code.

Notify on change in clinic's ownership
To notify Partner/ Administrator that clinic is changing HCI code due to a change in ownership. Please submit this notification as soon as your clinic is changing ownership.

Notify on clinic's voluntary withdrawal from HSG
To inform Partner/ Administrator that clinic wishes to withdraw from HSG even though clinic will continue to operate after withdrawal.

Note: Clinics can only submit new change requests only when previous request of the same type has been completed or cancelled.

New Change Request

What would you like to do? *

Update clinic enrolment capacity

A change request type for "Update clinic enrolment capacity" already exists. Please select a different change request type, or return to change request list to view current submission.

Back

2.4 Change Request – Update clinic enrolment capacity

1. For change request "Update clinic enrolment capacity", the information required may vary based on new enrolment capacity entered.
 - a. Select reason for the revision and input additional remarks, if applicable. Tick the checkbox for Declaration and Consent. Click "Submit".

New Change Request

What would you like to do? *

Update clinic enrolment capacity

Current enrolment capacity *

5000

Current consumed capacity *

0

New enrolment capacity *

Please note that this refers to the number of new patients whom you are willing to accept for age bands 40 and above.

100

Your enrolment capacity will be decreased by 4900.

Please let us know the reason for the revision *

Others (with freetext box)

Please elaborate *

clinic remarks for increasing enrolment capacity

Email Acknowledgement *

You will receive an email acknowledgement and reference number via your business contact information. (i.e. email address below)

To update your clinic's primary email for PCDS, go to [Clinic Profile](#).

testabc@gmail.com

Declaration and Consent

By submitting this form, you consent that the owner of this form may collect the information provided in the form. The information may be used and disclosed to the Ministry of Health ("MOH"), Agency for Integrated Care ("AIC"), Regional Health System ("RHS"), Primary Care Network Headquarter ("PCN HQ") and other authorised parties for the administrative, research, and analysis purposes relating to the administration of Healthier SG, including the purposes stated in this form. For more information, you may view [AIC's Data Protection Policy](#).

You declare that you are duly authorised to submit this form on behalf of the Clinic / Company / Organisation.

The submitted information is, to the best of your knowledge and belief, true and complete.

☒ I have read and agree to the declaration and consent.

Submit
Back

- b. Select reason for the revision and input additional remarks, if applicable.
Tick the checkbox for Declaration and Consent.
Input additional information as required and click “Submit”.

New Change Request

What would you like to do? *

Update clinic enrolment capacity

Current enrolment capacity *

250

Current consumed capacity *

1

New enrolment capacity *

Please note that this refers to the number of new patients whom you are willing to accept for age bands 40 and above.

650

Your enrolment capacity will be increased by 400.

Please let us know the reason for the revision *

Clinic able to manage more patients

How many doctors (GP FTE) will manage Healthier SG enrolled patients in your clinic? *

The Full-Time Equivalent (FTE) refers to the number of practising doctor(s) that is equivalent to your clinic's full-time employee. Up to 1 decimal point accepted (e.g. 1.5).

1.5

What are your plans to manage the declared enrolment capacity? *

Others (with textbox)

Please elaborate *

Kindly provide details such as the number of consult rooms in your clinic or manpower arrangements, etc.

clinic remarks for managing the declared enrolment capacity

Email Acknowledgement *

You will receive an email acknowledgement and reference number via your business contact information. (i.e. email address below)
To update your clinic's primary email for PCDS, go to [Clinic Profile](#).

testabc@gmail.com

Declaration and Consent

By submitting this form, you consent that the owner of this form may collect the information provided in the form. The information may be used and disclosed to the Ministry of Health ("MOH"), Agency for Integrated Care ("AIC"), Regional Health System ("RHS"), Primary Care Network Headquarter ("PCN HQ") and other authorised parties for the administrative, research, and analysis purposes relating to the administration of Healthier SG, including the purposes stated in this form. For more information, you may view [AIC's Data Protection Policy](#).

You declare that you are duly authorised to submit this form on behalf of the Clinic / Company / Organisation.

The submitted information is, to the best of your knowledge and belief, true and complete.

☒ I have read and agree to the declaration and consent.

Submit

< Back

2. Upon Submit, confirmation pop-up window is displayed.
Click “Proceed” to confirm submission of change request to AIC.

Confirmation

Please ensure the details entered are all correct.

Proceed

Cancel

- Once submitted, view-only form of the submitted request is displayed with Change Request Reference ID and date and time of submission.

Change Request Reference ID - CR/20250314/M000441
 Date of Submission: 14 Mar 2025 10:41 AM

Change Request Details

What would you like to do?
Update clinic enrolment capacity

Current enrolment capacity
250

Current consumed capacity
1

New enrolment capacity
650

Please let us know the reason for the revision
Clinic able to manage more patients

How many doctors (GP FTE) will manage Healthier SG enrolled patients in your clinic?
1.5


What are your plans to manage the declared enrolment capacity?
Others (with textbox)


Please elaborate
clinic remarks for managing the declared enrolment capacity

Email Acknowledgement
testabc@gmail.com

[< Back](#)

- Click “Back” button to return to the Change Request Status page where the recently submitted change request is displayed at topmost row, with Status = “Submitted” and Action = “Cancel”.


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SINGAPORE


CLINIC ABC
John St, #02-3 Block 1, Singapore 650322

Search

Change Request Type: Select

Change Request Status: ☐ Submitted ☐ Cancelled by Requestor ☐ Processing ☐ LQA in Progress ☐ Completed ☐ Cancelled by Admin

Search
Reset

Request date: Start date → End date 📅

Change Request Status + New Change Request

| S/N | Date of Request | Reference ID | Change Request Type | Status | Action |
|-----|-----------------|-------------------------------------|--|------------------------|------------------------|
| 1 | 14 Mar 2025 | CR/20250314/M000441 | Update clinic enrolment capacity | Submitted | Cancel |
| 2 | 12 Mar 2025 | CR/20250312/M000440 | Update email address to receive HSG operational alerts | Cancelled by Requestor | |

1 / 10 / page

- Please allow 1 to 3 days for changes to be effected.

2.5 Change Request – Update email address to receive HSG operational alerts

1. For change request “Update email address to receive HSG operational alerts”, the following form is displayed.
2. Input a new email address.
Tick the checkbox for Declaration and Consent.
Click “Submit”.

New Change Request

What would you like to do? *

Update email address to receive HSG operational alerts

This is the email address to receive HSG operational alerts when:

- Your clinic exceeds 75% of the declared enrolment capacity.
- Enrollee submits health plan appointment request via HealthHub (for clinics not on Health Appointment System).

Current email address to receive HSG operational alerts

TEST@PCDS.com

New email address to receive HSG operational alerts *

Please ensure that the email address is correct.

test2@pcds.com

Email Acknowledgement *

You will receive an email acknowledgement and reference number via your business contact information. (i.e. email address below)

To update your clinic's primary email for PCDS, go to [Clinic Profile](#).

testabc@gmail.com

Declaration and Consent

By submitting this form, you consent that the owner of this form may collect the information provided in the form. The information may be used and disclosed to the Ministry of Health ("MOH"), Agency for Integrated Care ("AIC"), Regional Health System ("RHS"), Primary Care Network Headquarter ("PCN HQ") and other authorised parties for the administrative, research, and analysis purposes relating to the administration of Healthier SG, including the purposes stated in this form. For more information, you may view [AIC's Data Protection Policy](#).

You declare that you are duly authorised to submit this form on behalf of the Clinic / Company / Organisation.

The submitted information is, to the best of your knowledge and belief, true and complete.

☒ I have read and agree to the declaration and consent.

Submit < Back

Note: Clinic can only submit a new email address that is different from current email address. The current email address of the clinic can be found in the Clinic Profile, under the HSG Info tab.

Current email address to receive HSG operational alerts

TEST@PCDS.com

New email address to receive HSG operational alerts *

Please ensure that the email address is correct.

test@pcds.com

The email address entered is the same as the current one. Please enter a different email address.

6. Upon Submit, confirmation pop-up window is displayed.
Click “Proceed” to confirm submission of change request to AIC.

Confirmation

Please ensure the details entered are all correct.

Proceed Cancel

- Once submitted, view-only form of the submitted request is displayed with Change Request Reference ID and date and time of submission.

Change Request Reference ID - CR/20250314/M000442
 Date of Submission: 14 Mar 2025 11:02 AM

Change Request Details

What would you like to do?

Update email address to receive HSG operational alerts

Current email address to receive HSG operational alerts
TEST@PCDS.com

New email address to receive HSG operational alerts
test2@pcds.com

Email Acknowledgement
testabc@gmail.com

[< Back](#)

- Click “Back” button to return to the Change Request Status page where the recently submitted change request is displayed at topmost row, with Status = “Submitted” and Action = “Cancel”.

CLINIC ABC
John St, #02-9 Block 1, Singapore 650322

Search

Change Request Type: Select

Change Request Status: ☐ Submitted ☐ Cancelled by Requestor ☐ Processing ☐ LOA in Progress ☐ Completed ☐ Cancelled by Admin

[Search](#)
[Reset](#)

Request date: Start date → End date

Change Request Status

+ New Change Request

| S/N | Date of Request | Reference ID | Change Request Type | Status | Action |
|-----|-----------------|-------------------------------------|--|------------------------|------------------------|
| 1 | 14 Mar 2025 | CR/20250314/M000442 | Update email address to receive HSG operational alerts | Submitted | Cancel |
| 2 | 14 Mar 2025 | CR/20250314/M000441 | Update clinic enrolment capacity | Processing | |
| 3 | 12 Mar 2025 | CR/20250312/M000407 | Update email address to receive HSG operational alerts | Cancelled by Requestor | |

< 1 > 10 / page

- Please allow 1 to 3 days for changes to be effected.

2.6 Change Request – Notify on change in clinic address and/or UEN

This change request involves the acceptance of a re-issued HSG Enrolment Programme Agreement (EPA).

1. For change request “Notify on change in clinic address and/or UEN”, the following form is displayed.
2. User may choose to submit request for either “Clinic address” or “Clinic UEN” only, or both. For change in clinic address, refer to step 3. For change in clinic UEN, refer to step 4. For both types of changes, refer to both steps 3 and 4.

The screenshot shows a web form titled "New Change Request" from the Ministry of Health Singapore. The form is for Bedok Central Clinic, located at Bedok North Street 1, #1-161 Block 214, Singapore 460214. The form asks the user "What would you like to do?" with a dropdown menu set to "Notify on change in clinic address and/or UEN". It includes a note that requests must be submitted via the Healthcare Application and Licensing Portal (HALP). Below this, it states the form is for notifying the Healthier SG Regional Health System (RHS) Partner and Administrator. A section titled "Which of the following information has changed?" has two checkboxes: "Clinic address" and "Clinic UEN", both of which are currently unchecked. An "Email Acknowledgement" section states that the user will receive an email and provides a text input field for their email address, which currently contains "testabc@gmail.com". At the bottom, there are "Submit" and "< Back" buttons.

3. To submit request for change in clinic address, tick on “Clinic address” checkbox
 - a. Input the postal of new clinic address.
 - b. Click “Get Address”.
 - c. If the new clinic address leads to a change in RHS and/or change in PCN, additional remarks are displayed in blue box.
 - d. Tick the checkbox for Declaration and Consent.
 - e. Click “Submit”.

MINISTRY OF HEALTH

SINGAPORE

BEDOK CENTRAL CLINIC

BEDOK NORTH STREET 1, #1-161 Block 214, Singapore 460214

New Change Request

What would you like to do? *

Please note that your clinic must submit a request via [Healthcare Application and Licensing Portal \(HALP\)](#) to change the clinic address and/or UEN of your clinic licence.

This form is used to notify your Healthier SG Regional Health System (RHS) Partner and Administrator only. Clinic should submit this notification at least 30 days in advance, of the details of any change in the clinic's address and/or UEN.

Which of the following information has changed?

☒ Clinic address
 ☐ Clinic UEN

Note: If the clinic has moved out of its current RHS, the clinic owner will have to enter into a new Healthier SG Enrolment Programme Agreement (EPA) with the new RHS that oversees the region which the clinic has moved to. In addition, if the clinic was in an RHS-led PCN (i.e. Central-North PCN, NUHS PCN, SingHealth DOT PCN and SingHealth Regional PCN), clinic may also have to change to a different PCN, according to the prevailing onboarding policies.

Current Address

Address

BLK 210, NEW UPPER CHANGI ROAD, #01-719, SINGAPORE 460210

What is the clinic's new address? *

New Address

Postal Code *

730111

Get Address

Block No. *

111

Street Name *

WOODLANDS STREET 13

Building name

Level and Unit No.

01 - 01

Based on the postal code of the new clinic address, you are moving out of your current RHS, Singapore Health Services. Therefore, you will have to enter into a separate EPA with the new RHS that oversees the region you are moving to.

Your clinic is currently in RAFFLES MEDICAL PCN, which is an RHS-led PCN. As you are moving out of Singapore Health Services, you will have to join another PCN. Your current PCN HQ will be in touch with you, or you may contact your AIC Account Manager if you require any further assistance.

Email Acknowledgement *

You will receive an email acknowledgement and reference number via your business contact information, (i.e. email address below)

To update your clinic's primary email for PCDS, go to [Clinic Profile](#).

testabc@gmail.com

Declaration and Consent

By submitting this form, you consent that the owner of this form may collect the information provided in the form. The information may be used and disclosed to the Ministry of Health ("MOH"), Agency for Integrated Care ("AIC"), Regional Health System ("RHS"), Primary Care Network Headquarter ("PCN HQ") and other authorised parties for the administrative, research, and analysis purposes relating to the administration of Healthier SG, including the purposes stated in this form. For more information, you may view [AIC's Data Protection Policy](#).

You declare that you are duly authorised to submit this form on behalf of the Clinic / Company / Organisation.

The submitted information is, to the best of your knowledge and belief, true and complete.

☒ I have read and agree to the declaration and consent.

Submit

< Back

Note: Get Address button will be disabled when the newly entered postal code is in the same RHS region as the clinic's current postal code and the liner message will be displayed. No further action is needed from the clinic.

New Address

Postal code *

310068

Get Address

Block no. *

Street name *

Building name

Level and unit no.

Based on the postal code of the new clinic address, the clinic will be remaining within the same RHS. Please contact your AIC Account Manager if you require any further assistance. Thank you.

- f. Upon Submit, confirmation pop-up window is displayed.
- g. Click "Proceed" to confirm submission of change request to AIC.

Confirmation

Please ensure the details entered are all correct.

Proceed

Cancel

Once submitted, view-only form of the submitted request is displayed with Change Request Reference ID and date and time of submission.

Change Request Reference ID - CR/20250722/M001412
 Date of Submission: 22 Jul 2025 07:51 PM

Change Request Details

What would you like to do?
 Notify on change in clinic address and/or UEN


Which of the following information has changed?
 Clinic address


New Address
 111 WOODLANDS STREET 13 #01-01 SINGAPORE 730111

Email Acknowledgement
 testabc@gmail.com

[< Back](#)

- h. Click “Back” button to return to the Change Request Status page where the recently submitted change request is displayed at topmost row, with Status = “Submitted” and Action = “Cancel”.


MINISTRY OF HEALTH SINGAPORE


BEDOK CENTRAL CLINIC
 BEDOK NORTH STREET 1, #1-161 Block 214, Singapore 460214

Search

Change Request Type: Select

Request date: Start date → End date

Change Request Status:

☐ Submitted

☐ Processing

☐ Completed

☐ Cancelled by Admin

☐ Cancelled by Requestor

☐ LOA In Progress

Search
Reset


Change Request Status

+ New Change Request


| S/N | Date of Request | Reference ID | Change Request Type | Status | Action |
|-----|-----------------|-------------------------------------|---|-----------|------------------------|
| 1 | 22 Jul 2025 | CR/20250722/M001412 | Notify on change in clinic address and/or UEN | Submitted | Cancel |

- i. Please continue to step 5.

4. To submit request for change in Clinic UEN, tick on “Clinic UEN” checkbox
 - a. Input new clinic UEN.
 - b. Tick the checkbox for Declaration and Consent.
 - c. Click “Submit”.



MINISTRY OF HEALTH
 SINGAPORE


BEDOK CENTRAL CLINIC
 BEDOK NORTH STREET 1, #1-161 Block 214, Singapore 460214

New Change Request

What would you like to do? *

Please note that your clinic must submit a request via [Healthcare Application and Licensing Portal \(HALP\)](#) to change the clinic address and/or UEN of your clinic licence.

This form is used to notify your Healthier SG Regional Health System (RHS) Partner and Administrator only. Clinic should submit this notification at least 30 days in advance, of the details of any change in the clinic's address and/or UEN.

Which of the following information has changed?

☐ Clinic address
☒ Clinic UEN

Note: The clinic owner may have to enter into a new Healthier SG Enrolment Programme Agreement (EPA) with new clinic UEN.

Current Clinic UEN

UEN

New Clinic UEN

UEN *

Email Acknowledgement *

You will receive an email acknowledgement and reference number via your business contact information. (i.e. email address below)

To update your clinic's primary email for PCDS, go to [Clinic Profile](#).

Declaration and Consent

By submitting this form, you consent that the owner of this form may collect the information provided in the form. The information may be used and disclosed to the Ministry of Health ("MOH"), Agency for Integrated Care ("AIC"), Regional Health System ("RHS"), Primary Care Network Headquarter ("PCN HQ") and other authorised parties for the administrative, research, and analysis purposes relating to the administration of Healthier SG, including the purposes stated in this form. For more information, you may view [AIC's Data Protection Policy](#).

You declare that you are duly authorised to submit this form on behalf of the Clinic / Company / Organisation.

The submitted information is, to the best of your knowledge and belief, true and complete.

☒ I have read and agree to the declaration and consent.

- d. Upon Submit, confirmation pop-up window is displayed.
- e. Click "Proceed" to confirm submission of change request to AIC.

Confirmation

Please ensure the details entered are all correct.

- f. Once submitted, view-only form of the submitted request is displayed with Change Request Reference ID and Date and time of submission.

Change Request Reference ID - CR/20250722/M001413

Date of Submission: 22 Jul 2025 07:58 PM

Change Request Details

What would you like to do?
Notify on change in clinic address and/or UEN

Which of the following information has changed?
Clinic UEN

Current Clinic UEN
UEN
3334

New Clinic UEN
UEN
222999900Z

Email Acknowledgement
testabc@gmail.com

[< Back](#)

- g. Click “Back” button to return to the Change Request Status page where the recently submitted change request is displayed at topmost row, with Status = “Submitted” and Action = “Cancel”.

MINISTRY OF HEALTH
SINGAPORE

BEDOK CENTRAL CLINIC
BEDOK NORTH STREET 1, #1-161 Block 214, Singapore 460214

Search

Change Request Type: Select

Change Request Status: ☐ Submitted ☐ Processing ☐ Completed ☐ Cancelled by Admin
☐ Cancelled by Requestor ☐ LOA In Progress

Request date: Start date → End date

Search
Reset


Change Request Status + New Change Request

| S/N | Date of Request | Reference ID | Change Request Type | Status | Action |
|-----|-----------------|-------------------------------------|---|-----------|------------------------|
| 1 | 22 Jul 2025 | CR/20250722/M001413 | Notify on change in clinic address and/or UEN | Submitted | Cancel |


- h. Please continue to step 5.

Note: For change in clinic address and clinic UEN, follow steps 3 and 4 above to provide details in one form.

5. Once the EPA is issued and ready for acceptance, the Status will be updated to “LOA In Progress”.
6. Click on “Accept” under the Action column.



MINISTRY OF HEALTH
SINGAPORE



UAT CENTRAL MEDICAL GROUP PTE LTD
JALAN BUKIT MERAH, #01-4442 Block 11, Singapore 150011

Search

Change Request Type:

Select

Request date:

Start date → End date

Change Request Status:

☐ Submitted

☐ Processing

☐ Completed

☐ Cancelled by Admin

☐ Cancelled by Requestor

☐ LOA In Progress

Search

Reset

Change Request Status


+ New Change Request

| S/N | Date of Request | Reference ID | Change Request Type | Status | Action |
|-----|-----------------|-------------------------------------|--|------------------------|------------------------|
| 1 | 23 Jul 2025 | CR/20250723/M001454 | Notify on change in clinic address and/or UEN | LOA In Progress | Accept |
| 2 | 22 Jul 2025 | CR/20250722/M001410 | Notify on change in clinic address and/or UEN | Cancelled by Requestor | |
| 3 | 21 Jul 2025 | CR/20250721/M001390 | Update clinic enrolment capacity | Completed | |
| 4 | 21 Jul 2025 | CR/20250721/M001389 | Update clinic enrolment capacity | Completed | |
| 5 | 21 Jul 2025 | CR/20250721/M001388 | Update email address to receive HSG operational alerts | Completed | |
| 6 | 11 Jul 2025 | CR/20250711/M001295 | Update clinic enrolment capacity | Completed | |
| 7 | 08 Jul 2025 | CR/20250708/M001231 | Notify on change in clinic address and/or UEN | Completed | |


< 1 >

10 / page

7. HSG Agreement page is displayed.
Clinic user to review all the fields in this page.
Clinic user to download and read the appended Agreement files.



MINISTRY OF HEALTH
SINGAPORE



UAT_CENTRAL MEDICAL GROUP PTE LTD
JALAN BUKIT MERAH, #01-4442 Block 11, Singapore 150011

Agreement

Before proceeding further, please ensure you are duly authorised to accept the Agreement for this clinic.

Attention: Head of Organisation / Clinic Owner

HEALTHIER SG ENROLMENT PROGRAMME AGREEMENT FOR GP CLINIC

Thank you for applying to Healthier SG. Enclosed is the Healthier SG Enrolment Programme Agreement (the "Agreement") for your clinic to onboard Healthier SG.

The Agreement shall be a binding contract between the Clinic Owner and the Partner (as defined below) upon acceptance by both Parties.

The "Clinic Owner"

Name of Licensee/Addressee: CENTRAL MEDICAL GROUP PTE. LTD.
Licensee UEN: 201325909C
Licensee UEN Address*: UEN Address: BLK 11, JALAN BUKIT MERAH

The "Partner"

RHS UEN Name: SINGAPORE HEALTH SERVICES PTE LTD
RHS UEN: 200002698Z
RHS UEN Address*: 10 Hospital Boulevard, #19-01, Outram Community Hospital, Singapore 168582

*UEN address is based on available data from ACRA or UEN portal

The terms and conditions set out in the Agreement shall apply to the following clinic, which shall be referred to as Schedule 1 of the Agreement

Clinic Details

Clinic HCI Code: 97M0311
Clinic Name: UAT_CENTRAL MEDICAL GROUP PTE LTD
Clinic Address*: BLK 11, JALAN BUKIT MERAH, #01-4442, SINGAPORE 150011

Key Appointment Holder(s): Refer to Clinic's Key Appointment Holders registered in MOH Healthcare Application and Licensing Portal (HALP).

Terms of agreement
Please download and read the following:

File Name

[GPITP LOA 20241108_GeneriTrnC_v0.1.pdf](#)

[SHS-QA-Sample-PDF.pdf](#)

[SHS-Sample-PDFFile.pdf](#)

Verify clinic details
Please ensure that the clinic details entering into this Agreement are accurate.

Clinic details are extracted from MOH Healthcare Application and Licensing Portal (HALP). If you would like to make changes to your licensing details, please reject this Agreement and log in to MOH [Healthcare Application and Licensing Portal \(HALP\)](#) to submit the changes. You will be notified when the new agreement is ready.

Please select 'Accept' and proceed with the submission to indicate your acceptance of the Agreement by **28 July 2025**, failing which your Healthier SG application shall lapse unless an extension of time is given by AIC.

☒ Accept ☐ Reject

Clinic Acceptance
On behalf of the Clinic Owner, I agree to accept the Healthier SG Enrolment Programme Agreement (the "Agreement").

Accepted by/ for and on behalf of CENTRAL MEDICAL GROUP PTE. LTD.

Name: CENTRAL CA
Designation*: Medical Director
*No signature is required for digital acceptance

Declaration and Consent
By submitting this form, you consent that the owner of this form may collect the information provided in the form. The information may be used and disclosed to the Ministry of Health ("MOH"), Agency for Integrated Care ("AIC"), Regional Health System ("RHS"), Primary Care Network Headquarter ("PCN HQ") and other authorised parties for the administrative, research, and analysis purposes relating to the administration of Healthier SG, including the purposes stated in this form. For more information, you may view [AIC's Data Protection Policy](#).

You declare that you are duly authorised to submit this form on behalf of the Clinic / Company / Organisation.

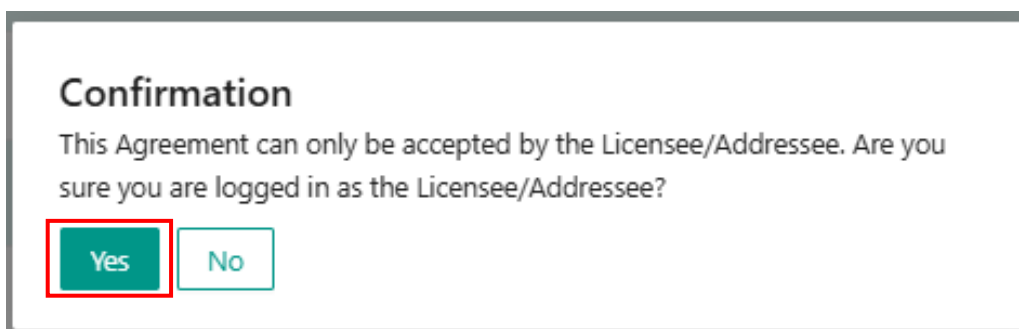
The submitted information is, to the best of your knowledge and belief, true and complete.

☒ I have read and agree to the declaration and consent.

< Back Submit

Note: If the clinic owner (based on data from HALP) is an individual, a confirmation message would show up if the currently logged-in clinic user is not the said individual.

For example, if the clinic owner in HALP is Steven Holmes, and the clinic user logged in is Lisa Charles, the confirmation message below will appear.

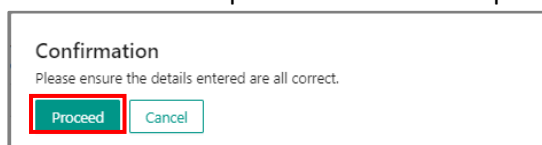
A confirmation dialog box with a white background and a gray border. The title "Confirmation" is in bold. Below it, the text reads: "This Agreement can only be accepted by the Licensee/Addressee. Are you sure you are logged in as the Licensee/Addressee?". At the bottom, there are two buttons: "Yes" (highlighted with a red border) and "No".

Confirmation

This Agreement can only be accepted by the Licensee/Addressee. Are you sure you are logged in as the Licensee/Addressee?

Yes No

- i. Select the "Accept" radio button after reviewing the Agreement page and files.
Note: If there are any discrepancies in the information, clinic can reject the EPA (refer to the Box 1 below).
 - ii. In the Clinic Acceptance section, 'Name' is auto-populated based on the name of the user who is logged into Corppass and accepting the EPA.
 - iii. Enter "Designation" of the acceptor for the clinic.
 - iv. Tick the checkbox for Declaration and Consent.
 - v. Click "Submit".
8. A confirmation pop-up message will be displayed.
 9. Click "Proceed" to proceed with the acceptance.

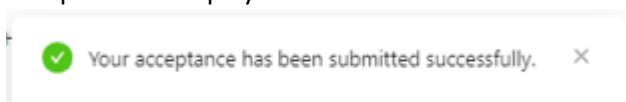
A confirmation dialog box with a white background and a gray border. The title "Confirmation" is in bold. Below it, the text reads: "Please ensure the details entered are all correct.". At the bottom, there are two buttons: "Proceed" (highlighted with a red border) and "Cancel".

Confirmation


Please ensure the details entered are all correct.


Proceed Cancel

10. Once submitted, a successful message prompt and view-only form of the submitted acceptance is displayed.

A success message prompt with a white background and a gray border. It features a green checkmark icon on the left, followed by the text "Your acceptance has been submitted successfully." and a close button (X) on the right.

✓ Your acceptance has been submitted successfully. ✕


**MINISTRY OF HEALTH
SINGAPORE**


UAT CENTRAL MEDICAL GROUP PTE LTD
 JALAN BUKIT MERAH, #01-4442 Block 11, Singapore 150011

Agreement

Before proceeding further, please ensure you are duly authorised to accept the Agreement for this clinic.

Attention: Head of Organisation / Clinic Owner

Remarks: LOA Remarks for Clinic

HEALTHIER SG ENROLMENT PROGRAMME AGREEMENT FOR GP CLINIC

Thank you for applying to Healthier SG. Enclosed is the Healthier SG Enrolment Programme Agreement (the "Agreement") for your clinic to onboard Healthier SG.

The Agreement shall be a binding contract between the Clinic Owner and the Partner (as defined below) upon acceptance by both Parties.

The "Clinic Owner"

Name of Licensee/Addressee: CENTRAL MEDICAL GROUP PTE. LTD.
 Licensee UEN: 201325909C
 Licensee UEN Address*: UEN Address: BLK 11, JALAN BUKIT MERAH

The "Partner"

RHS UEN Name: SINGAPORE HEALTH SERVICES PTE LTD
 RHS UEN: 200002698Z
 RHS UEN Address*: 10 Hospital Boulevard, #19-01, Outram Community Hospital, Singapore 168582

**UEN address is based on available data from ACRA or UEN portal*

The terms and conditions set out in the Agreement shall apply to the following clinic, which shall be referred to as Schedule 1 of the Agreement




Clinic Details

Clinic HCI Code: 97M0311
 Clinic Name: UAT CENTRAL MEDICAL GROUP PTE LTD
 Clinic Address*: BLK 11, JALAN BUKIT MERAH, #01-4442, SINGAPORE 150011

Key Appointment Holder(s): Refer to Clinic's Key Appointment Holders registered in MOH Healthcare Application and Licensing Portal (HALP).

Terms of agreement

Please download and read the following:

| File Name |
|--|
|  GPITP LOA 20241108_GenericTnC_v0.1.pdf |
|  SHS-QA-Sample-PDF.pdf |
|  SHS.Sample.PDFFile.pdf |

Verify clinic details

Please ensure that the clinic details entering into this Agreement are accurate.

Clinic details are extracted from MOH Healthcare Application and Licensing Portal (HALP). If you would like to make changes to your licensing details, please reject this Agreement and log in to MOH [Healthcare Application and Licensing Portal \(HALP\)](#) to submit the changes. You will be notified when the new agreement is ready.

Please select 'Accept' and proceed with the submission to indicate your acceptance of the Agreement by **28 July 2025**, failing which your Healthier SG application shall lapse unless an extension of time is given by AIC.

Status: Accepted

Clinic Acceptance

On behalf of the Clinic Owner, I agree to accept the Healthier SG Enrolment Programme Agreement (the "Agreement").

Accepted by/ for and on behalf of CENTRAL MEDICAL GROUP PTE. LTD.

Name: CENTRAL CA
 Designation*: Medical Director
**No signature is required for digital acceptance*

< Back

- Click "Back" to return to the Change Request Status page where the recently submitted change request is displayed at topmost row, with Status = "LOA In Progress" and Action = "View Details".

| Change Request Status | | | | | | + New Change Request |
|-----------------------|-----------------|-------------------------------------|---|-----------------|------------------------------|--------------------------------------|
| S/N | Date of Request | Reference ID | Change Request Type | Status | Action | |
| 1 | 23 Jul 2025 | CR/20250723/M001454 | Notify on change in clinic address and/or UEN | LOA In Progress | View Details | |

12. Clinic can click “View Details”.

13. View only form is displayed.

Note: The file names in the view-only form are text only and not clickable.

Box 1

1. Select the “Reject” radio button
2. Select reason for rejection from the dropdown and input remarks as required
3. Tick the checkbox for Declaration and Consent
4. Click “Submit”

Verify clinic details
Please ensure that the clinic details entering into this Agreement are accurate.

Clinic details are extracted from MOH Healthcare Application and Licensing Portal (HALP). If you would like to make changes to your licensing details, please reject this Agreement and log in to MOH [Healthcare Application and Licensing Portal \(HALP\)](#) to submit the changes. You will be notified when the new agreement is ready.

Please select 'Accept' and proceed with the submission to indicate your acceptance of the Agreement.

☐ Accept ☒ Reject

* Please select a reason for rejecting this Agreement:

* Please elaborate:

Declaration and Consent
By submitting this form, you consent that the owner of this form may collect the information provided in the form. The information may be used and disclosed to the Ministry of Health ("MOH"), Agency for Integrated Care ("AIC"), Regional Health System ("RHS"), Primary Care Network Headquarter ("PCN HQ") and other authorised parties for the administrative, research, and analysis purposes relating to the administration of Healthier SG, including the purposes stated in this form. For more information, you may view [AIC's Data Protection Policy](#).

You declare that you are duly authorised to submit this form on behalf of the Clinic / Company / Organisation.

The submitted information is, to the best of your knowledge and belief, true and complete.

☒ I have read and agree to the declaration and consent.

[< Back](#) [Submit](#)

5. A confirmation pop-up message will be displayed.
6. Click “Proceed” to proceed with the rejection.

Confirm Submission
Click "Proceed" to confirm your submission.

[Proceed](#) [Cancel](#)

7. Once submitted, a successful message prompt and view-only form of the submitted acceptance is displayed.

2.7 Change Request – Notify on clinic’s permanent closure

1. For change request “Notify on clinic’s permanent closure”, the following form is displayed.
2. Input clinic’s last date of operations.
Tick the checkbox for Declaration and Consent.
Click “Submit”.

New Change Request

What would you like to do? *

Notify on clinic's permanent closure

Please note that this form is to be used if your clinic (9403667) 326 AVENUE 3 CLINIC will be ceasing or has ceased operations at the clinic address BLK 326, SERANGOON AVE 3, #01-382, SINGAPORE 550326 and will not be operating anywhere else in Singapore under the same HCI code.

This notification should be submitted at least 2 months before your clinic's closure.

You may contact your AIC Account Manager if you require any further assistance.

When is/was the clinic's last day of operations? *
01 Jul 2025

Email Acknowledgement *
You will receive an email acknowledgement and reference number via your business contact information. (i.e. email address below)
To update your clinic's primary email for PCDS, go to [Clinic Profile](#).

testabc@gmail.com

Declaration and Consent
By submitting this form, you consent that the owner of this form may collect the information provided in the form. The information may be used and disclosed to the Ministry of Health ("MOH"), Agency for Integrated Care ("AIC"), Regional Health System ("RHS"), Primary Care Network Headquarter ("PCN HQ") and other authorised parties for the administrative, research, and analysis purposes relating to the administration of Healthier SG, including the purposes stated in this form. For more information, you may view [AIC's Data Protection Policy](#).

You declare that you are duly authorised to submit this form on behalf of the Clinic / Company / Organisation.

The submitted information is, to the best of your knowledge and belief, true and complete.

☒ I have read and agree to the declaration and consent.

Submit

< Back

Note: If the entered date is before clinic’s HSG Start Date, an error message is displayed:

When is/was the clinic's last day of operations? *
01 Jul 2020

Your clinic's last day of operations should not be before your clinic's HSG start date.

3. Upon Submit, confirmation pop-up window is displayed.
Click “Proceed” to confirm submission of change request to AIC.

Confirmation
Please ensure the details entered are all correct.

Proceed

Cancel

- Once submitted, view-only form of the submitted request is displayed with Change Request Reference ID and date and time of submission.

Change Request Reference ID - CR/20250729/M001580
 Date of Submission: 29 Jul 2025 07:53 PM

Change Request Details

What would you like to do?
Notify on clinic's permanent closure

When is/was the clinic's last day of operations?
01 Jul 2025

Email Acknowledgement
testabc@gmail.com

[< Back](#)

- Click “Back” button to return to the Change Request Status page where the recently submitted change request is displayed at topmost row, with Status = “Submitted” and Action = “Cancel”.

Search

Change Request Type: Select

Request date: Start date → End date

Change Request Status: ☐ Submitted ☐ Processing ☐ Completed ☐ Cancelled by Admin
☐ Cancelled by Requestor ☐ LOA In Progress

Search
Reset

Change Request Status

+ New Change Request

| S/N | Date of Request | Reference ID | Change Request Type | Status | Action |
|-----|-----------------|-------------------------------------|--------------------------------------|-----------|------------------------|
| 1 | 29 Jul 2025 | CR/20250729/M001580 | Notify on clinic's permanent closure | Submitted | Cancel |

1
>
10 / page

2.8 Change Request – Notify on change in clinic’s ownership

- For change request “Notify on change in clinic’s ownership”, the following form is displayed.

If the new HCI will not be applying to onboard Healthier SG, submission of this form is not allowed. An instruction text is displayed to inform clinic to submit “Notice on clinic’s permanent closure” instead.

New Change Request

What would you like to do? *

Notify on change in clinic's ownership

Please note that this form is to be used if your clinic (9404456) BEDOK CENTRAL CLINIC is changing HCI code due to a change in clinic ownership and the clinic with the new HCI code is intending to onboard HSG.

For change in UEN, please submit a "Notify change in clinic address and/or UEN" instead."

Will the clinic with the new HCI code be applying to onboard Healthier SG? *

☐ Yes.

☒ No.

Please submit a "Notice on Clinic's Permanent Closure" change request instead.

Thank you.

2. If the new HCI will be applying to onboard Healthier SG:
 - i. Input the new HCI Code and new Clinic Name.
 - ii. Tick the checkbox for Declaration and Consent.
 - iii. Click "Submit".

New Change Request

What would you like to do? *

Notify on change in clinic's ownership

Please note that this form is to be used if your clinic (9404456) BEDOK CENTRAL CLINIC is changing HCI code due to a change in clinic ownership and the clinic with the new HCI code is intending to onboard HSG.

For change in UEN, please submit a "Notify change in clinic address and/or UEN" instead.

Will the clinic with the new HCI code be applying to onboard Healthier SG? *

☒ Yes.

☐ No.

Please provide the details of the clinic with the new HCI code, if available.

New HCI Code

9912345

New Clinic Name *

NEW CLINIC

If the above details are currently unavailable, you may submit this form first and contact your AIC Account Manager to provide the details when the details are available.

Email Acknowledgement *

You will receive an email acknowledgement and reference number via your business contact information. (i.e. email address below)

To update your clinic's primary email for PCDS, go to [Clinic Profile](#).

testabc@ggmail.com

Declaration and Consent

By submitting this form, you consent that the owner of this form may collect the information provided in the form. The information may be used and disclosed to the Ministry of Health ("MOH"), Agency for Integrated Care ("AIC"), Regional Health System ("RHS"), Primary Care Network Headquarter ("PCN HQ") and other authorised parties for the administrative, research, and analysis purposes relating to the administration of Healthier SG, including the purposes stated in this form. For more information, you may view [AIC's Data Protection Policy](#).

You declare that you are duly authorised to submit this form on behalf of the Clinic / Company / Organisation.

The submitted information is, to the best of your knowledge and belief, true and complete.

☒ I have read and agree to the declaration and consent.

3. If details are not entered, a message prompt is displayed upon clicking "Submit"

Confirmation

You have not entered New HCI Code and New Clinic Name details.

Click Proceed to confirm your submission.

- Upon Submit, confirmation pop-up window is displayed.
Click “Proceed” to confirm submission of change request to AIC.

Confirmation
Please ensure the details entered are all correct.

Proceed Cancel


- Once submitted, view-only form of the submitted request is displayed with Change Request Reference ID and date and time of submission.


Change Request Reference ID - CR/20250722/M001414
Date of Submission: 22 Jul 2025 08:10 PM

Change Request Details
What would you like to do?
Notify on change in clinic's ownership
Will the clinic with the new HCI code be applying to onboard Healthier SG?
Yes
Please provide the details of the clinic with the new HCI code, if available.
New HCI Code
9912345
New Clinic Name
NEW CLINIC
Email Acknowledgement
testabc@ggmail.com

< Back

- Click “Back” button to return to the Change Request Status page where the recently submitted change request is displayed at topmost row, with Status = “Submitted” and Action = “Cancel”.

**MINISTRY OF HEALTH**
SINGAPORE

**BEDOK CENTRAL CLINIC**
BEDOK NORTH STREET 1, #1-161 Block 214, Singapore 460214

Search
Change Request Type: Select
Request date: Start date → End date
Change Request Status: ☐ Submitted ☐ Processing ☐ Completed ☐ Cancelled by Admin
☐ Cancelled by Requestor ☐ LOA In Progress
Search Reset

Change Request Status + New Change Request

| S/N | Date of Request | Reference ID | Change Request Type | Status | Action |
|-----|-----------------|-------------------------------------|--|-----------|------------------------|
| 1 | 22 Jul 2025 | CR/20250722/M001414 | Notify on change in clinic's ownership | Submitted | Cancel |

2.9 Change Request – Notify on clinic’s voluntary withdrawal from HSG

1. For change request “Notify on clinic’s voluntary withdrawal from HSG”, the following form is displayed.
 - i. Select the reason why clinic is withdrawing from HSG and elaborate if necessary.
 - ii. Tick Declaration and Consent.
 - iii. Click “Submit”.

New Change Request

What would you like to do? *

Notify on clinic's voluntary withdrawal from HSG

Please note that this form is to be used if your clinic (9404456) BEDOK CENTRAL CLINIC wishes to withdraw from Healthier SG (HSG) even though clinic will continue to operate after withdrawal.

Kindly note that your confirmed last date as a HSG clinic will only be communicated to you after the request has been completed. You may contact your AIC Account Manager if you require any further assistance.

Note: If applicable, your last date as a HSG clinic would also be the same as your last date as a PCN clinic.

Why is the clinic withdrawing from HSG? *

Others

Please elaborate *

input additional information

Email Acknowledgement *
You will receive an email acknowledgement and reference number via your business contact information. (i.e. email address below)
To update your clinic's primary email for PCDS, go to [Clinic Profile](#).

testabc@gmail.com

Declaration and Consent
By submitting this form, you consent that the owner of this form may collect the information provided in the form. The information may be used and disclosed to the Ministry of Health ("MOH"), Agency for Integrated Care ("AIC"), Regional Health System ("RHS"), Primary Care Network Headquarter ("PCN HQ") and other authorised parties for the administrative, research, and analysis purposes relating to the administration of Healthier SG, including the purposes stated in this form. For more information, you may view [AIC's Data Protection Policy](#).

You declare that you are duly authorised to submit this form on behalf of the Clinic / Company / Organisation.

The submitted information is, to the best of your knowledge and belief, true and complete.

☒ I have read and agree to the declaration and consent.

Submit

< Back

2. Upon Submit, confirmation pop-up window is displayed.
Click “Proceed” to confirm submission of change request to AIC.

Confirmation

Please ensure the details entered are all correct.

Proceed

Cancel

3. Once submitted, view-only form of the submitted request is displayed with Change Request Reference ID and date and time of submission.

Change Request Reference ID - CR/20250722/M001415
Date of Submission: 22 Jul 2025 08:12 PM

Change Request Details

What would you like to do?

Notify on clinic's voluntary withdrawal from HSG

Why is the clinic withdrawing from HSG?

Others

Please elaborate


input additional information


Email Acknowledgement

testabc@gmail.com

< Back


4. Click “Back” button to return to the Change Request Status page where the recently submitted change request is displayed at topmost row, with Status = “Submitted” and Action = “Cancel”.

 **MINISTRY OF HEALTH**
SINGAPORE

 **BEDOK CENTRAL CLINIC**
BEDOK NORTH STREET 1, #1-161 Block 214, Singapore 460214

Search

Change Request Type: Select

Request date: Start date → End date 

Change Request Status:

☐ Submitted ☐ Processing ☐ Completed ☐ Cancelled by Admin

☐ Cancelled by Requestor ☐ LOA In Progress

Search Reset

Change Request Status

+ New Change Request

| S/N | Date of Request | Reference ID | Change Request Type | Status | Action |
|-----|-----------------|-------------------------------------|--|-----------|------------------------|
| 1 | 22 Jul 2025 | CR/20250722/M001415 | Notify on clinic's voluntary withdrawal from HSG | Submitted | Cancel |

2.10 Cancel Change Request

After submitting a change request, clinics may cancel their change request via PCDS should the “Cancel” action be available. If a clinic wishes to cancel a change request but the “Cancel” action is unavailable, please approach your AIC Account Manager.

1. To cancel change request, go to Change Request Status page.
2. Click on “Cancel” action respective to the change request record that you wish to cancel.

The screenshot shows the 'Change Request Status' page. At the top, there's a header with the Ministry of Health Singapore logo and 'CLINIC ABC' details. Below the header is a search bar with filters for 'Change Request Type', 'Request date', and 'Change Request Status'. The 'Change Request Status' filter is expanded, showing options: Submitted, Cancelled by Requestor, Processing, LOA in Progress, Completed, and Cancelled by Admin. Below the search bar is a table titled 'Change Request Status' with columns: S/N, Date of Request, Reference ID, Change Request Type, Status, and Action. The table contains four records. The first record, with Reference ID 'CR/20250314/M000442' and Status 'Submitted', has a 'Cancel' button highlighted with a red box in the 'Action' column. A 'New Change Request' button is visible in the top right corner of the table area.

| S/N | Date of Request | Reference ID | Change Request Type | Status | Action |
|-----|-----------------|---------------------|--|------------------------|--------|
| 1 | 14 Mar 2025 | CR/20250314/M000442 | Update email address to receive HSG operational alerts | Submitted | Cancel |
| 2 | 14 Mar 2025 | CR/20250314/M000441 | Update clinic enrolment capacity | Processing | |
| 3 | 12 Mar 2025 | CR/20250312/M000407 | Update email address to receive HSG operational alerts | Cancelled by Requestor | |
| 4 | 06 Mar 2025 | CR/20250306/M000344 | Update email address to receive HSG operational alerts | Completed | |


3. Select cancellation reason and click “Submit”

This screenshot shows a form for selecting a reason for cancelling a change request. The title is 'Reference ID - CR/20250314/M000442'. Below the title is a label 'Reason for cancelling change request *' followed by a dropdown menu. The dropdown menu is open, showing 'Erroneous submission' as the selected option. At the bottom of the form are two buttons: '< Back' and 'Submit'.


4. A confirmation pop-up message will be displayed.
Click “Yes” to proceed with the cancellation.

This screenshot shows a confirmation pop-up message. The title is 'Confirmation'. The text reads: 'Are you sure you want to cancel your change request? Click 'Yes' to confirm your cancellation.' At the bottom are two buttons: 'No' and 'Yes'.

5. Upon successful cancellation, status will be updated to “Cancelled by Requestor”



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SINGAPORE



CLINIC ABC
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Search

Change Request Type:

Select

Request date:

Start date → End date

Change Request Status:

☐ Submitted

☐ Cancelled by Requestor

☐ Processing

☐ LOA in Progress

☐ Completed

☐ Cancelled by Admin

Search

Reset

Change Request Status

New Change Request

| S/N | Date of Request | Reference ID | Change Request Type | Status | Action |
|-----|-----------------|-------------------------------------|--|------------------------|------------------------|
| 1 | 14 Mar 2025 | CS/20250316/M000463 | Update email address to receive HSG operational alerts | Submitted | Cancel |
| 2 | 14 Mar 2025 | CS/20250316/M000461 | Update clinic enrolment capacity | Processing | |
| 3 | 12 Mar 2025 | CS/20250312/M000460 | Update email address to receive HSG operational alerts | Cancelled by Requestor | |
| 4 | 06 Mar 2025 | CS/20250306/M000384 | Update email address to receive HSG operational alerts | Completed | |

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