

User's Guide

for EPMS – DF – R2C Integration



Version 0.4

GLS – Enterprise Physician Management System

August, 2024

Revision History

Version	Date	Changed Summary	Prepared By	Reviewed By
0.1	2018-10-19	Initial	Daranee.No	
0.2	2019-05-14	Update user interface	Daranee.No	
0.3	2020-08-10	Update user interface	Daranee.No	
0.4	2024-08-13	Update user interface	Daranee.No	

R2C Integration

Message Structure

No	Field	Require	Description	Example
1	Business Unit	Y	3-Digit Business Unit	036
2	Employee ID	Y	Care Provider Code	036123456
3	ID Card	N	National Identification Number	1100800600123
4	Status	Y	A - Active I - Inactive	A
5	Business Unit (Full)	Y	5-Digit Business Unit	00036
6	Department Code (Full)	Y	8-Digit Full Department Code 1 + 3-Digit BU + 4-Digit Dept Code	10363020
7	Department Code	Y	4-Digit Department Code	3020
8	Employee Relation	N	HIS Relationship Code Blank for doctor and employee	
9	Title	Y	HIS Title Code	00119TH
10	Name	Y	First Name	เกรียงไกร
11	Last Name	Y	Last Name	รักไทย
12	Middle Name	Y	Middle Name	
13	Date of Birth	Y	DD/MM/YYYY	01/01/1990
14	Sex Code	Y	M - Male F - Female	M
15	Street Address	N	Plot/House Number, Village, Road	2 ซอย วิจัย 7 ถนน เพชรบุรีตัดใหม่
16	District Code	N	District Code	512
17	Province Code	N	Province Code	18
18	Zip Code	N	Zip Code	10310
19	Employee Flag	Y	F - Full-Time P - Part-Time	P
20	Medical Plan Code	Y	4-Digit Medical Plan Code	3694
21	Date From	Y	DD/MM/YYYY	01/07/2015
22	Date To	Y	DD/MM/YYYY	30/06/2020
23	Doctor Flag	Y	N - Use Employee Welfare Y - Use Doctor Welfare	Y
24	Department Code Full for SAP	Y	Same as Department Code (Full)	10363020
25	Employee Number for SAP	Y	Doctor ID	123456
26	Passport Number	N	Passport Number	AA9912345
27	Welfare Flag	Y	Same as Status	A
28	Unique Index Field	Y	Primary Key	036123456

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- Personal Information**
- Personal Information
- Criminal Record
- Address
- Phone
- Email
- Work Profile
- Bank Account
- Signature
- Specialty


 Drag and drop a file here or click


Medical License
-


Hospital
-


Specialties
-


Work Type
-


Department
-


Telephone
-

Personal Information

Hospital *
 1, 5

Doctor ID *
 25

Care Provider Code *
 2

Display on Website *
 Yes No

Medical License / Registration Number

Medical License Issue Date

English Name *

Thai Name

9, 10, 11

Date of Birth
 13

Gender *
 Male Female 14

Nationality

National ID
 3

ID Card Issue Date

Tax ID

Passport Number
 26

Line ID

Remark

Resigned Date

Date of Death

Hospital Unit

Membership Type *

Employee ID

Display Photo *
 Yes No

Medical License Issue By

Medical License Expiry Date

Age

Marital Status

Secondary Nationality

ID Card Issue By

ID Card Expiry Date

Lifetime Expiry Date

Medical Plan
 20

Passport Expiry Date

Grouping

Notes to HIS

Resigned Reason
 22

4, 27

Criminal Record

Drug Screening Result

Drug Screening Result x ▾

Drug Screening Date

Drug Screening Date 

Criminal Check Result

Criminal Check Result x ▾

Criminal Check Date

Criminal Check Date 

Address

Type *

Type ▾

Same as ID Card Address



Address *

15 Address

Country *

Country ▾

Province

17 Province ▾

District

District ▾ **16**

Subdistrict

Subdistrict ▾

Postal Code

Postal Code ▾ **18**

Phone

Type *

Type ▾

Phone Number *

Phone Number  

Email

Email Address *

Email Address  

Work Profile

Department *

6, 7, 24 Department Name ▾

Department Local Name

Local Department 

Work Type *

19 Work Type ▾

Work Detail

Work Detail x ▾

Any change in Work Detail will affect the Expired Date as well.

Position

Position

Status *

Status ▾

Approved Date

Approved Date 

Any change in Approved Date will affect the Expired Date as well.

Start Date

Start Date  **21**

Probation Date

Probation Date 

Expired Date

Expired Date 

Primary

Reports To

Reports To ▾

PCU Director

Senior PCU Director

- Family

DR. TEST DOCTOR

Personal Information
Skill and Experience
Education
Family
Medical Privilege
Training
Health and Insurance
Document

Search Report & BI Special Privilege Tools Settings Contact Us admin

Add family

Relationship 8 Relationship 20 **Medical Plan** Medical Plan

Thai Name *
9 Title 10 Name 11 Surname

English Name
Title Name Surname

Gender 14 Male Female **Date of Birth** 13 Received Date

National ID 3 National ID **Passport Number** Passport Number

Address 15 Address **Country** Country

Province 17 Province 16 **District** District

Subdistrict Subdistrict 18 **Zipcode** Zipcode

Save Cancel

Royal Bangkok Hospital

DF Integration

Message Structure

No	Field	Require	Description	Example
1	Hospital Code	Y	3-Digit Business Unit	036
2	Hospital Unit Code	N	Hospital Unit Code (for BHQ)	9018
3	Care Provider Code	Y	Care Provider Code	036123456
4	Doctor ID	Y	Doctor ID	123456
5	Thai Name Title	Y	Thai Name Title	ผศ. นพ.
6	Thai Name	Y	Thai Name	เกรียงไกร
7	Thai Surname	Y	Thai Surname	รักไทย
8	English Name Title	Y	English Name Title	Asst. Prof.
9	English Name	Y	English Name	Kriangkrai
10	English Surname	Y	English Surname	Rakthai
11	English Name Suffix	N	English Name Suffix	M.D.
12	Medical License	N	Medical License	12345
13	Medical License Issue Date	N	Medical License Issue Date Format: YYYYMMDD	20150401
14	National ID	Y	National Identification Number	1100800600123
15	Tax ID	N	Tax ID	1476164997
16	Department Code	Y	4-Digit Department Code	3018
17	Address	N	Plot/House Number, Village, Road	2 ซอย วิจัย 7 ถนนเพชรบุรีตัดใหม่
18	Subdistrict	N	Subdistrict	บางกะปิ
19	District	N	District	ห้วยขวาง
20	Province	N	Province	กรุงเทพมหานคร
21	Postal Code	N	Postal Code	10310
22	E-Mail	N	E-Mail	EPMS-Support@gsict.com
23	Mobile Phone	N	Mobile Phone	0987654321
24	Work Type	Y	FT - Full-Time PT - Part-Time	PT
25	Bank Account Number	Y	Bank Account Number	5662657659
26	Bank Account Name	Y	Bank Account Name	ผศ. นพ. เกรียงไกร รักไทย
27	Bank Country Code	Y	Bank Country Code	TH
28	Bank Code	Y	Bank Code	014
29	Bank Branch Code	Y	Bank Branch Code	0566
30	Status	Y	1 - Active 0 - Inactive	1
31	Specialty ID	N	Specialty ID	22

- Personal Information

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- Personal Information**
- Personal Information
- Criminal Record
- Address
- Phone
- Email
- Work Profile
- Bank Account
- Signature
- Specialty



Drag and drop a file here or click

 **Medical License**
-

 **Hospital**
-

 **Specialties**
-

 **Work Type**
-

 **Department**
-

 **Telephone**
-

Personal Information

<p>Hospital *</p> <p>1 Hospital <input type="text"/></p> <p>Doctor ID *</p> <p>4 Doctor ID <input type="text"/> <input type="button" value="Q"/></p> <p>Care Provider Code *</p> <p>3 Care Provider Code <input type="text"/> <input type="button" value="Q"/></p> <p>Display on Website *</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Medical License / Registration Number</p> <p>12 Medical License <input type="text"/></p> <p>Medical License Issue Date</p> <p>13 Medical License Issue Date <input type="text"/> <input type="button" value="Calendar"/></p> <p>English Name *</p> <p>8 Title <input type="text"/> 9 Name <input type="text"/> 10 Surname <input type="text"/> 11 Suffix <input type="text"/> Nickname <input type="text"/></p> <p>Thai Name</p> <p>5 Title <input type="text"/> 6 Name <input type="text"/> 7 Surname <input type="text"/> Nickname <input type="text"/></p> <p>Date of Birth</p> <p>Date of Birth <input type="text"/> <input type="button" value="Calendar"/></p> <p>Gender *</p> <p><input type="radio"/> Male <input type="radio"/> Female</p> <p>Nationality</p> <p>Nationality <input type="text"/> <input type="button" value="x"/></p> <p>National ID</p> <p>14 National ID <input type="text"/></p> <p>ID Card Issue Date</p> <p>ID Card Issue Date <input type="text"/> <input type="button" value="Calendar"/></p> <p>Tax ID</p> <p>15 Tax ID <input type="text"/></p> <p>Passport Number</p> <p>Passport Number <input type="text"/></p> <p>Line ID</p> <p>Line ID <input type="text"/></p> <p>Remark</p> <p>Remark <input type="text"/></p> <p>Resigned Date</p> <p>Resigned Date <input type="text"/> <input type="button" value="Calendar"/></p> <p>Date of Death</p> <p>Date of Death <input type="text"/> <input type="button" value="Calendar"/></p>	<p>Hospital Unit</p> <p>2 Hospital Unit <input type="text"/></p> <p>Membership Type *</p> <p>Membership Type <input type="text"/></p> <p>Status *</p> <p>Status <input type="text"/> 30</p> <p>Employee ID</p> <p>Employee ID <input type="text"/></p> <p>Display Photo *</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Medical License Issue By</p> <p>Medical License Issue By <input type="text"/> <input type="button" value="x"/></p> <p>Medical License Expiry Date</p> <p>Medical License Expiry Date <input type="text"/> <input type="button" value="Calendar"/></p> <p>Age</p> <p>Age <input type="text"/></p> <p>Marital Status</p> <p>Marital Status <input type="text"/> <input type="button" value="x"/></p> <p>Secondary Nationality</p> <p>Secondary Nationality <input type="text"/> <input type="button" value="x"/></p> <p>ID Card Issue By</p> <p>ID Card Issue By <input type="text"/></p> <p>ID Card Expiry Date</p> <p>ID Card Expiry Date <input type="text"/> <input type="button" value="Calendar"/></p> <p>Lifetime Expiry Date</p> <p><input type="checkbox"/></p> <p>Medical Plan</p> <p>Medical Plan <input type="text"/></p> <p>Passport Expiry Date</p> <p>Passport Expiry Date <input type="text"/> <input type="button" value="Calendar"/></p> <p>Grouping</p> <p>Grouping <input type="text"/></p> <p>Notes to HIS</p> <p>Notes to HIS <input type="text"/></p> <p>Resigned Reason</p> <p>Resigned Reason <input type="text"/></p>
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Criminal Record

Drug Screening Result

Drug Screening Result x

Drug Screening Date

Drug Screening Date

Criminal Check Result

Criminal Check Result x

Criminal Check Date

Criminal Check Date

Address

Type *

Type

Same as ID Card Address

Address *

17 Address

Country *

Country

Province

20 Province

District

District 19

Subdistrict

18 Subdistrict

Postal Code

Postal Code 21

Phone

Type *

Type

Phone Number *

23 Phone Number

Email

Email Address *

22 Email Address

Work Profile

Department *

16 Department Name

Department Local Name

Local Department

Work Type *

24 Work Type

Work Detail

Work Detail x

Any change in Work Detail will affect the Expired Date as well.

Position

Position

Status *

Status

Approved Date

Approved Date

Start Date

Start Date

Probation Date

Probation Date

Expired Date

Expired Date

Primary

Reports To

Reports To

PCU Director

Senior PCU Director

Bank Account

Bank* 27, 28 x

Bank Branch Code 29 **Bank Branch Name**

Account Number* 25 **Account Name*** 26

Signature

English Signature

Thai Signature

Specialty

Specialty* 31 **Subspecialty** x ^ v

Save

Enterprise Physician Management System
Version 2.0.11



Collapse

