

Anling Health — Next-Generation Booking Platform Specification

Product vision, UI/UX and functional requirements · Prepared for Anling Health (anlinghealth.com)

Oct 8, 2026 · @Ramos

Executive summary

Anling Health needs a booking platform that lets patients book their own provider, at either office, in their own language, in about two minutes. Today patients call one of two offices or request a callback, and the website states that online booking is not offered (anlinghealth.com).

The platform must protect what patients already praise: continuity with one provider across Sunrise and Coconut Creek, unhurried visits, care in five spoken languages and published self-pay prices. It must also take routine work off both front desks, so phone time goes to the patients who need a person.

Signature capability	What it means at Anling Health
Continuity-first booking	Returning patients see their own provider's next openings at both offices first, not "first available with anyone".
Native-language experience	Every screen, form and reminder in English, Traditional Chinese, Simplified Chinese and Spanish, plus matching to staff who speak the patient's language.
Plain-language visit chooser	Patients choose "yearly physical", "something new is bothering me" or "follow-up"; the system maps the answer to the right visit type and length.
Lab-aware scheduling	Fasting blood draws are offered only in morning slots inside each office's lab hours, with prep instructions sent automatically.

Signature capability	What it means at Anling Health
Prices in the open	Self-pay patients see the visit price before they confirm and receive a Good Faith Estimate without asking.
Smart waitlist	A cancelled slot is offered by text to waitlisted patients within minutes; the first to accept gets it.
Digital front door	Insurance card capture, pre-visit forms, check-in from the parking lot and live "running late" updates.
One console, two offices	Staff at either desk see and manage both schedules, with drag-and-drop that blocks conflicts.

The document serves two uses. As a vendor request for proposal, send it with the scoring checklist near the end; as a custom build brief, the requirement IDs (for example PB-04) give designers and developers a shared reference.

Scope covers patient booking on web and mobile web (embedded in anlinghealth.com), the front desk console, the provider view, practice settings, notifications, analytics and integrations. Replacing the EHR, claims and billing, and clinical documentation are out of scope.

The platform runs on AWS under AWS's business associate agreement. Amazon Connect answers both office lines; Amazon Connect Health agents serve English-speaking callers, and Amazon Lex and Polly voices serve Mandarin, Cantonese and Spanish callers. Amazon Bedrock powers plain-language visit matching and text booking, and the Building on AWS section maps every feature to its AWS service.

A one-page visual version to hand to the office is in [One-page summary](#).

Goals and success metrics

Success means more confirmed visits with each patient's own provider, fewer routine calls to the two office supervisors, and no loss of the trust patients describe in reviews. Most gains come from turning today's call-and-callback steps into self-service ([new patient guide](#)).

Today, per anlinghealth.com	With the new platform
Patients call during office hours or send a callback request, and a callback request is not a confirmed appointment.	Patients book a confirmed slot at any hour, including evenings, weekends and the 12:00–1:30 PM lunch closure.
Patients check each provider's usual days at each office, then call to confirm, including which office hosts their provider's Saturday.	The calendar already knows who works where each day, including alternating Saturdays, and shows only real openings.
Insurance participation is confirmed by phone before the visit.	Patients photograph their card; an automated eligibility check runs, and staff handle only the exceptions.
The front desk decides by phone whether a concern suits a video visit.	Video is offered only for visit types the practice marks as suitable; unclear cases go to a staff review queue.
Visit, EKG and lab costs are confirmed by phone.	The visit price and known add-ons show before confirmation; labs show as "priced after your provider orders them".
Health details and records must not be sent through the callback form.	A secure upload tied to the appointment accepts records, school and work forms.

Measurable targets

Measure each baseline for 30 days before launch; relative targets compare against that baseline. Targets are proposals for the practice to confirm.

Metric	Definition	Proposed target at 12 months
Self-booking share	Appointments booked or rescheduled by patients without staff help	40% of all bookings
Booking completion	Patients who finish booking after choosing a visit type	65% or more
Time to book	Median time from first screen to confirmation on a phone	Returning patient under 2 minutes; new patient under 6 minutes

Metric	Definition	Proposed target at 12 months
Scheduling calls	Inbound calls and callback requests about scheduling, per 100 visits	40% below baseline
No-show rate	Booked visits where the patient neither arrived nor cancelled	30% below baseline
Backfill rate	Cancelled slots (with 24 hours or less notice) filled from the waitlist	50% or more
Continuity rate	Established-patient visits with the patient's own provider	85% or more
Ready before arrival	Visits with intake forms complete and insurance verified before the visit day	75% forms; 95% insurance
Good Faith Estimates	Eligible self-pay bookings that receive an estimate on time	100%
Access	Third next available appointment, per provider and office	Reported weekly; target set after baseline
Language reach	Bookings completed in Chinese or Spanish	Tracked monthly; no drop-off gap versus English
Patient rating	Post-booking rating of the booking experience	4.7 of 5 or higher

Guardrail: both offices' Google ratings, listed at 5.0 in September 2026, must not fall after launch (anlinghealth.com).

Users and personas

The platform serves nine patient situations and four practice roles, and every screen in this document traces back to one of them. Staff names and languages come from the practice's [team page](#); patient personas are composites for design, not real people.

Patients and caregivers

Persona	Situation	What they need from booking	Design response
Established patient with a chronic condition	Sees the same provider every few months for blood pressure, diabetes, cholesterol or thyroid care	Rebook with their own provider fast, often with a lab draw first	"Book again with my provider" from any reminder; lab-then-visit pairing
New patient with insurance	Switching practices; does not know visit-type names	Know the plan is accepted and pick the right visit	Plain-language visit chooser; insurance check before the slot is confirmed
Self-pay patient	No insurance, or chooses not to use it	The price before committing	Published rate on every slot; automatic Good Faith Estimate; itemized receipt on request
Patient who prefers Chinese	Reads Traditional or Simplified Chinese; speaks Mandarin, Cantonese, Sichuanese or Wenzhounese	The whole journey in their language, with a provider who speaks it	Full Chinese interface in both scripts; filter providers by spoken language
Patient who prefers Spanish	Reads and speaks Spanish	Same as above, in Spanish	Full Spanish interface; Spanish-speaking providers and staff surfaced
Older or less confident user	Uses a phone for calls and texts, little else	Few steps, large type, a person to call if stuck	Text-link booking, 200% zoom support, "Call me instead" on every screen
Caregiver	Books for a parent, child or spouse	Manage several people from one login	Family profiles with consented proxy access

Persona	Situation	What they need from booking	Design response
Student or worker with a form deadline	Needs a school, work or sports physical by a date	A slot before the deadline and the form completed	Due-date field that filters slots; secure form upload
Program participant	In the weight-loss program or health coaching	A series of visits on a rhythm	Recurring series booking with one confirmation

Practice team

Role	Who today	What they need	Design response
Office supervisor	Chungyee (Sunrise) and Shirley (Coconut Creek), who also handle records, referrals and billing questions	Book while on the phone, see both offices, fewer interruptions	Keyboard-first console, cross-office view, one inbox for requests
Provider	Dr. Li Huang Kruszka, Dr. Winnie Manlai Wong and Iliana Hernandez, who rotate between offices by weekday	Control over their own time and context before each visit	Personal agenda, availability controls, pre-visit summary, "running late" alert
Clinical support	Whoever rooms patients, draws blood and runs EKGs	Know who is here, who is fasting and who is next	Live flow board with arrival, fasting and lab-order status
Owners and management	Dr. Kruszka and Dr. Wong, as founders	See performance and set the rules	Dashboards, visit-type and rule settings, role permissions

Experience principles

The practice's name means safe (安) and calm (寧), so booking should feel safe and calm too (anlinghealth.com). Ten principles turn that into rules a designer, developer or vendor can check every screen against.

Principle	What it means on screen	Example
Calm by design	One decision per screen, generous white space, no flashing urgency or marketing pop-ups	A held slot reads "We're holding 10:30 AM for you" rather than a red countdown
Safe by default	Health details never appear in texts or emails; risky symptoms route to emergency guidance	A reminder says "your visit", never the reason for it
Your provider first	The patient's own provider is the default; seeing someone else is an explicit choice	"Dr. Wong's next openings" sits above "Any provider, sooner"
Your language, all the way	The language chosen once carries through screens, texts, forms, calendar invites and staff notes	A Cantonese-speaking patient's reminder arrives in Traditional Chinese, and staff see "Prefers Cantonese"
Plain words	Reading level around grade 6 to 8; medical and billing terms explained in place	"Yearly physical" with a one-line note on what it covers
Price before commitment	Cost shows before the confirm button, never after	"Self-pay follow-up: \$88. Labs are priced after your provider orders them."
Two minutes, one hand	Mobile-first; main actions sit in the thumb zone; five steps or fewer for returning patients	A sticky "Continue" bar at the bottom of the screen
A person is one tap away	Every screen offers "Call me instead"; no dead ends	No openings in the window? Join the waitlist or request a call in one tap

Principle	What it means on screen	Example
Honest availability	Only real, bookable times appear; a request is never dressed up as a booking	Saturday requests are labelled "Request — the office will confirm"
Staff never retype	Anything the patient entered flows to staff and the EHR as structured data	Insurance card photo and answers attach to the appointment automatically

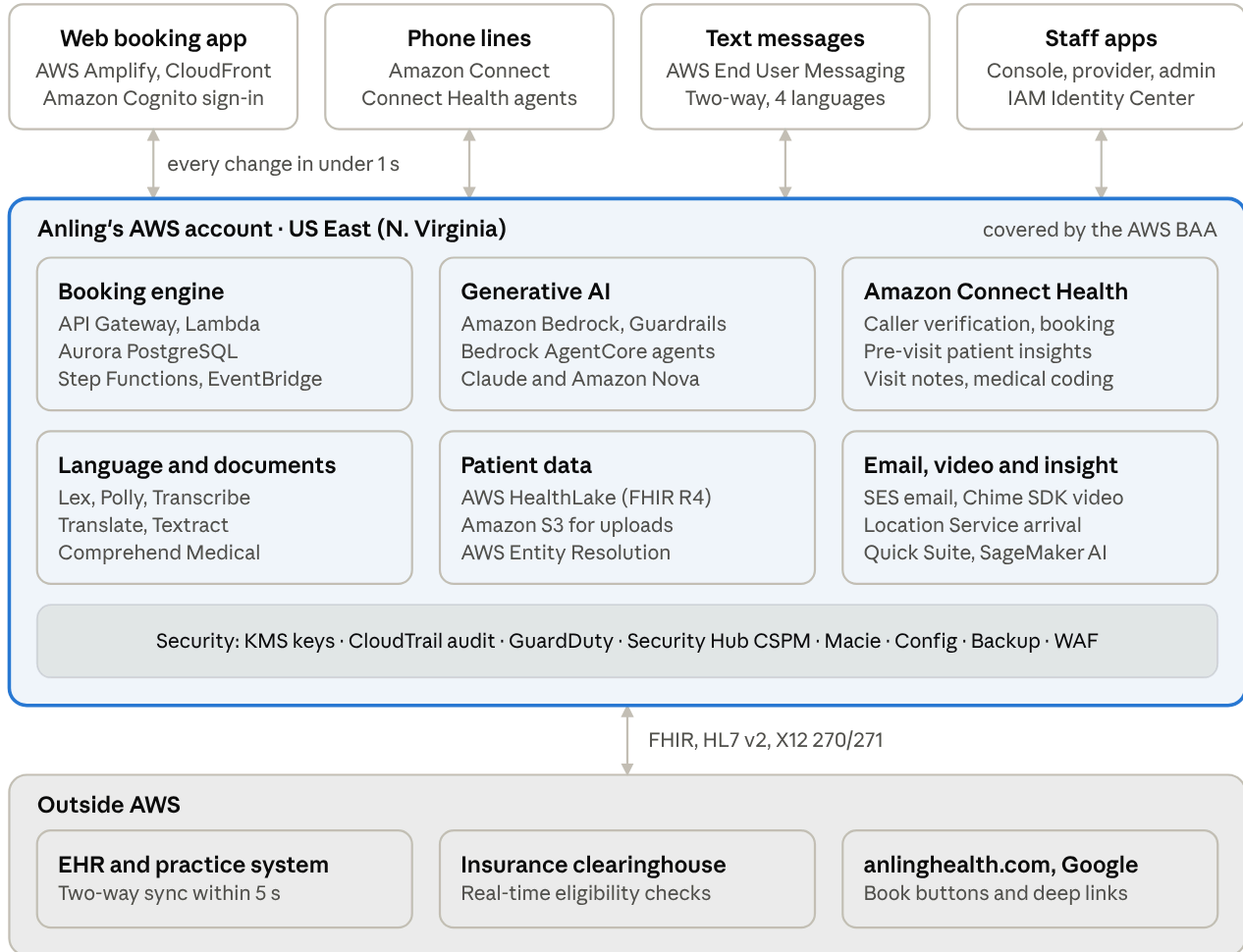
Platform overview

One scheduling engine serves four surfaces, so a slot booked on any of them disappears from all the others within one second. Patients never see a time that staff have just given away, and staff never see a booking the patient has not finished.

Surface	Used by	Devices	Main jobs
Patient booking app	Patients and caregivers	Phone first, also tablet and desktop; installable as a web app, no app store needed	Book, reschedule, cancel, join waitlist, forms, insurance, check-in, video visits
Front desk console	Office supervisors and clinical support	Desktop with a large screen; works on a laptop	Book from a call, manage both offices' schedules, flow board, inbox, eligibility queue
Provider view	The three nurse practitioners	Tablet and phone, also desktop	Daily agenda, pre-visit summaries, availability, running-late alerts, video launch
Admin and analytics	Owners and management	Desktop	Visit types, rules, templates, roles, dashboards, exports

One HIPAA-eligible AWS account runs everything except the EHR and payers

Every service shown is on AWS's HIPAA-eligible list (July 14, 2026) and covered by the AWS BAA



AWS architecture · 4 channels, 1 HIPAA-eligible account, 3 outside systems

Every channel reads and writes the same booking engine inside Anling's AWS account, so a slot taken on one disappears from the others; only the EHR, the clearinghouse and the website sit outside it.

Patients reach the booking app from the website's "Book a visit" button, the Google Business Profile, a link in any text message, or a QR code at each front desk. Deep links preselect choices, for example `anlinghealth.com/book?`

`office=sunrise&provider=wong&lang=zh-Hant`, matching the office parameters the site already uses on its callback links.

The engine either becomes the master schedule and pushes every booking to the EHR, or reads and writes the EHR's own schedule in real time. Which one depends on the EHR Anling uses, an open question listed near the end.

Building on AWS

The platform should run in one AWS account under AWS's business associate agreement, and every service named in this section is on AWS's HIPAA-eligible list, last updated July 14, 2026 ([AWS HIPAA eligible services](#)). The biggest change since this brief was first drafted is Amazon Connect Health, launched March 5, 2026: AI agents built for healthcare that verify callers, manage appointments, summarize records before a visit, draft visit notes and suggest billing codes, all connected to the EHR ([Amazon announcement](#)).

Its patient-facing agents speak English only today, and appointment management is still in preview ([Connect Health FAQs](#)). The design therefore uses Connect Health for English callers and AWS's language services for Mandarin, Cantonese and Spanish callers.

Service map

ID	Need (spec IDs)	AWS service	How Anling uses it
AW-01	Web app hosting (PB, FD, PV, AD)	AWS Amplify, Amazon CloudFront, AWS WAF	Serves the booking app and staff screens, with a web firewall in front
AW-02	Sign-in (AC-01, SC-03)	Amazon Cognito; AWS IAM Identity Center	Patients sign in with text or email codes or passkeys; staff use single sign-on with a second factor
AW-03	Booking engine: slots, holds, waitlist, reminders	Amazon API Gateway, AWS Lambda, Amazon Aurora PostgreSQL, AWS Step Functions, Amazon EventBridge	Transactional slot holds, 15-minute waitlist offers, scheduled reminders
AW-04	Patient data and EHR mirror (IG-01, IG-11)	AWS HealthLake	FHIR R4 copy of patients, appointments and orders; the source for summaries and recalls
AW-05	Phone lines and routing (FD-02, IG-07)	Amazon Connect	Both office numbers, a language menu, the callback queue, the caller banner and call transcripts

ID	Need (spec IDs)	AWS service	How Anling uses it
AW-06	English phone self-service (IN-06)	Amazon Connect Health: patient verification (generally available) and appointment management (preview)	Confirms identity and books against the EHR while the caller is on the line; hands off to staff on request or in an emergency
AW-07	Mandarin, Cantonese and Spanish phone self-service (IN-06, LA-08)	Amazon Lex V2, Amazon Polly, Amazon Bedrock	Custom Connect flows using Lex's Mandarin, Cantonese and US Spanish locales and Polly's Zhiyu, Hiujin and US Spanish voices
AW-08	Texts and two-way replies (AB-01 to AB-06, IN-05)	AWS End User Messaging SMS	Registered local numbers for each office; replies go to a Lex or Bedrock agent, then to the inbox
AW-09	Automated reminder calls (AB-02)	Amazon Connect outbound calls	Voice reminders in four languages, because End User Messaging's voice messages are excluded from HIPAA eligibility
AW-10	Email (IG-05)	Amazon SES	Confirmations, estimates and receipts from anlinghealth.com
AW-11	Visit matching, text booking, staff search (IN-01, IN-05, IN-07)	Amazon Bedrock with Bedrock Guardrails; Amazon Bedrock AgentCore	Anthropic's Claude models (including Claude Sonnet 5.5) or Amazon Nova behind guardrails; AgentCore runs the agents that book and reschedule, with every tool call logged
AW-12	Insurance card capture (PB-61)	Amazon Textract	Reads payer, member ID and group number from card photos for the patient to confirm

ID	Need (spec IDs)	AWS service	How Anling uses it
AW-13	Medication lists and intake text (PB-71, PV-02)	Amazon Comprehend Medical	Turns typed medication names and doses into a structured list for staff to confirm
AW-14	Translation drafts (LA-03, inbox)	Amazon Translate with custom terminology	Drafts in Simplified Chinese, Traditional Chinese and Spanish using the approved glossary; staff review every draft
AW-15	Speech-to-text	Amazon Transcribe	Cantonese, Mandarin, US English and US Spanish call notes and voice input
AW-16	Duplicate patients (PB-54)	AWS Entity Resolution	Matches records across spellings and scripts (黃 and Huang) for the merge queue
AW-17	Arrival prompt (AB-31)	Amazon Location Service	Geofences around both offices, used only with the patient's opt-in
AW-18	Video visits (AB-50 to AB-54)	Amazon Chime SDK	Browser video with a phone-audio fallback
AW-19	No-show risk and visit lengths (IN-03, IN-08)	Amazon SageMaker AI	Trains, monitors and bias-checks both models
AW-20	Dashboards (reporting)	Amazon Quick Suite (formerly Amazon QuickSight)	The nine dashboards, with plain-language questions over the data
AW-21	Security and audit (SC-01 to SC-13)	AWS KMS, AWS CloudTrail, Amazon GuardDuty, AWS Security Hub CSPM, Amazon Macie, AWS Config, AWS Backup, Amazon S3	Encryption keys, the audit trail, threat detection, patient-data scanning of uploads, and backups

Language coverage

AWS's language services cover Anling's three main languages, but its newest healthcare agents do not yet.

AWS service	English	Mandarin	Cantonese	Spanish	Notes
Connect Health patient agents	Yes	No	No	No	Chinese and Spanish callers use the Lex flow (AW-07)
Connect Health visit notes and patient insights	Yes	No	No	No	Visits held in Chinese or Spanish are not supported
Amazon Lex V2 (languages)	Yes	Yes	Yes	Yes	Locales en_US, zh_CN, zh_HK and es_US
Amazon Polly (voices)	Yes	Yes	Yes	Yes	Zhiyu speaks Mandarin and Hiujin speaks Cantonese
Amazon Transcribe (languages)	Yes	Yes	Yes	Yes	Also transcribes into Traditional Chinese (zh-TW)

Amazon Translate covers written Simplified Chinese, Traditional Chinese and Spanish. No AWS voice service handles Sichuanese or Wenzhounese, so those callers go straight to the team member who speaks them (LA-08).

AI guardrails on AWS

Amazon Bedrock doesn't store or log prompts and completions, and doesn't use them to train any AWS models ([Bedrock data protection](#)). Bedrock Guardrails then apply the practice's rules to every model call.

Guardrail	Setting for Anling
Denied topics	Diagnosis, treatment advice, medication dosing and test interpretation; the agent answers with a hand-off line in the patient's language
Content and prompt-attack filters	High, on both inputs and outputs
Sensitive information filters	Mask names, birth dates and member IDs in logs and analytics
Contextual grounding checks	Answers about policies, prices and hours must match the approved practice text

Guardrail	Setting for Anling
Escalation	Emergency words, "I want a person" or two failed turns hand off to staff; Connect Health escalates emergencies and requests for a person the same way

Services to avoid or plan around

Service	Status	What to do
Amazon Pinpoint campaigns, journeys and segments	AWS ends support on October 30, 2026 (AWS)	Use AWS End User Messaging for texts, and Step Functions or Amazon Connect for reminder sequences
End User Messaging voice messages	Excluded from HIPAA eligibility	Send voice reminders through Amazon Connect (AW-09)
AWS HealthScribe on its own	AWS now recommends Connect Health's ambient documentation, which it describes as an enhanced version	Use Connect Health for visit notes
Amazon Lex V1	Support ended September 15, 2025	Build on Lex V2 only
Connect Health appointment management	Preview, English only	Pilot with English callers; keep the Lex flow for everyone else

Beyond booking: AWS AI for the rest of the office

The same AWS account can take more work off the providers and front desk. These options are separate from the booking build and priced separately.

ID	Opportunity	AWS service and status	Price (October 2026)	Fit for Anling
AW-30	Draft visit notes from the conversation, with patient consent	Connect Health ambient documentation, generally available; 22 specialties including primary care	\$99 per provider per month for up to 600 encounters; 60-day free trial per provider (pricing)	About \$297 a month for three providers; helps with English visits only
AW-31	Caller identity checks	Connect Health patient verification, generally available	\$0.15 per conversation; 30,000 free in the first 30 days	Saves front desk time on English calls
AW-32	Pre-visit summaries with evidence links	Connect Health patient insights, preview; reads HealthLake	Not yet announced	Pairs with PV-02 once generally available
AW-33	Billing code suggestions	Connect Health medical coding, gated preview; focused on outpatient primary care	Not yet announced	Worth a trial with whoever handles billing
AW-34	Reading faxed referrals and records	Amazon Textract and Comprehend Medical, filed to the chart after staff review	Usage-based	Both offices still list fax numbers on anlinghealth.com
AW-35	Staff policy assistant	Amazon Q Business over approved practice documents	Per user, per month	Answers questions like "what is our late-cancel policy?" inside the console

Account setup and cost

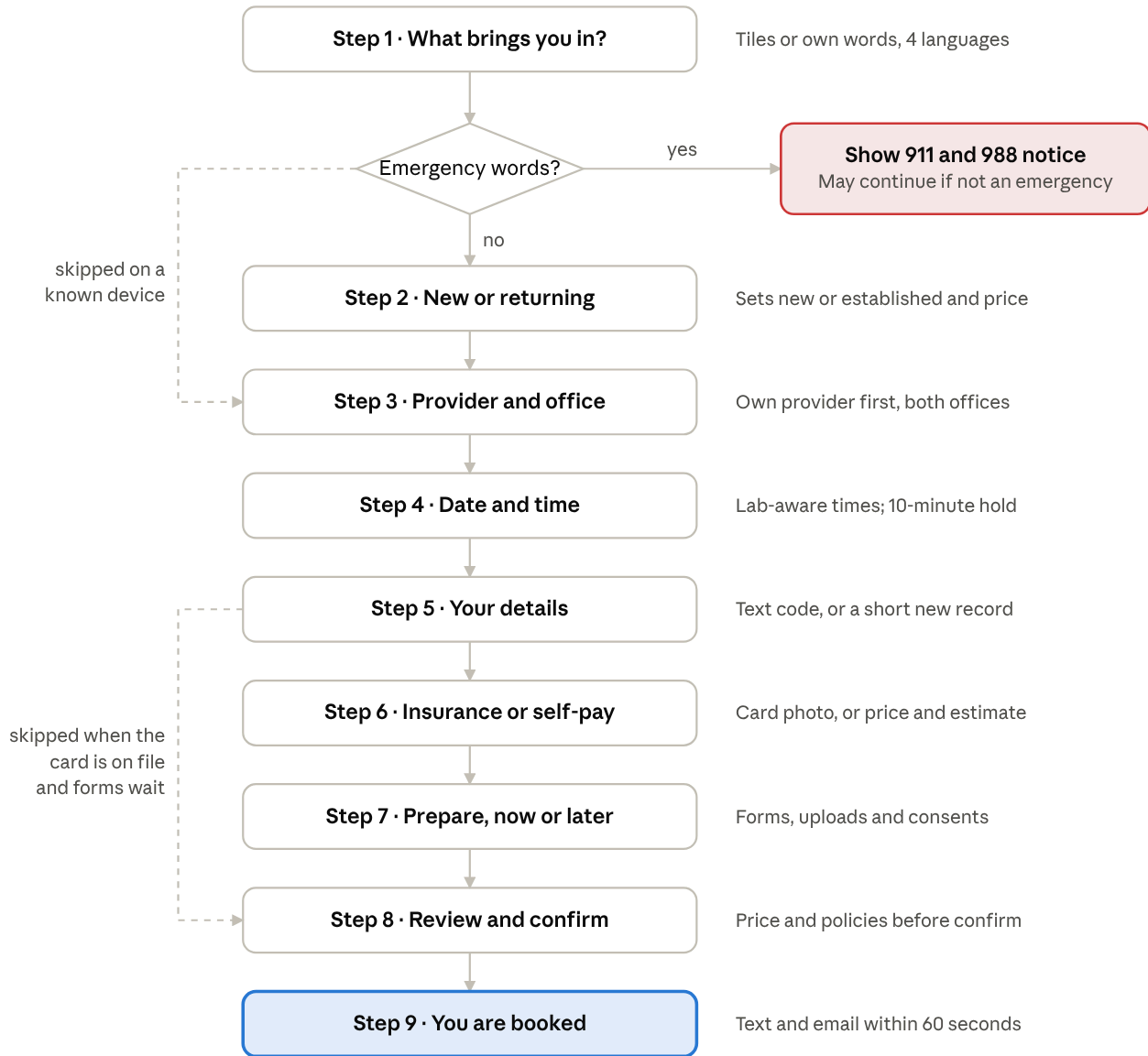
Step	Detail
Business associate agreement	Accept the AWS BAA in AWS Artifact for every account that holds patient data
Separate accounts	Production, test and logging accounts under AWS Organizations, with AWS Control Tower guardrails
Region	US East (N. Virginia), one of the two Regions where Connect Health runs (the other is US West, Oregon); backups copied to a second US Region
Ownership	The practice owns the accounts and grants the vendor scoped access, so the data and the BAA stay with Anling (open question)
Cost control	AWS Budgets alerts; the main costs are Connect minutes and phone numbers, texts, Bedrock usage and Connect Health subscriptions

Patient booking flow

A returning patient books in five steps and about two minutes; a new patient adds identity, insurance and intake steps. Every step works one-handed on a phone, in four written languages, and saves progress if the patient leaves.

Known returning patients skip three steps; a safety check comes first

Dashed paths show the shortcuts; every path ends at review and confirm



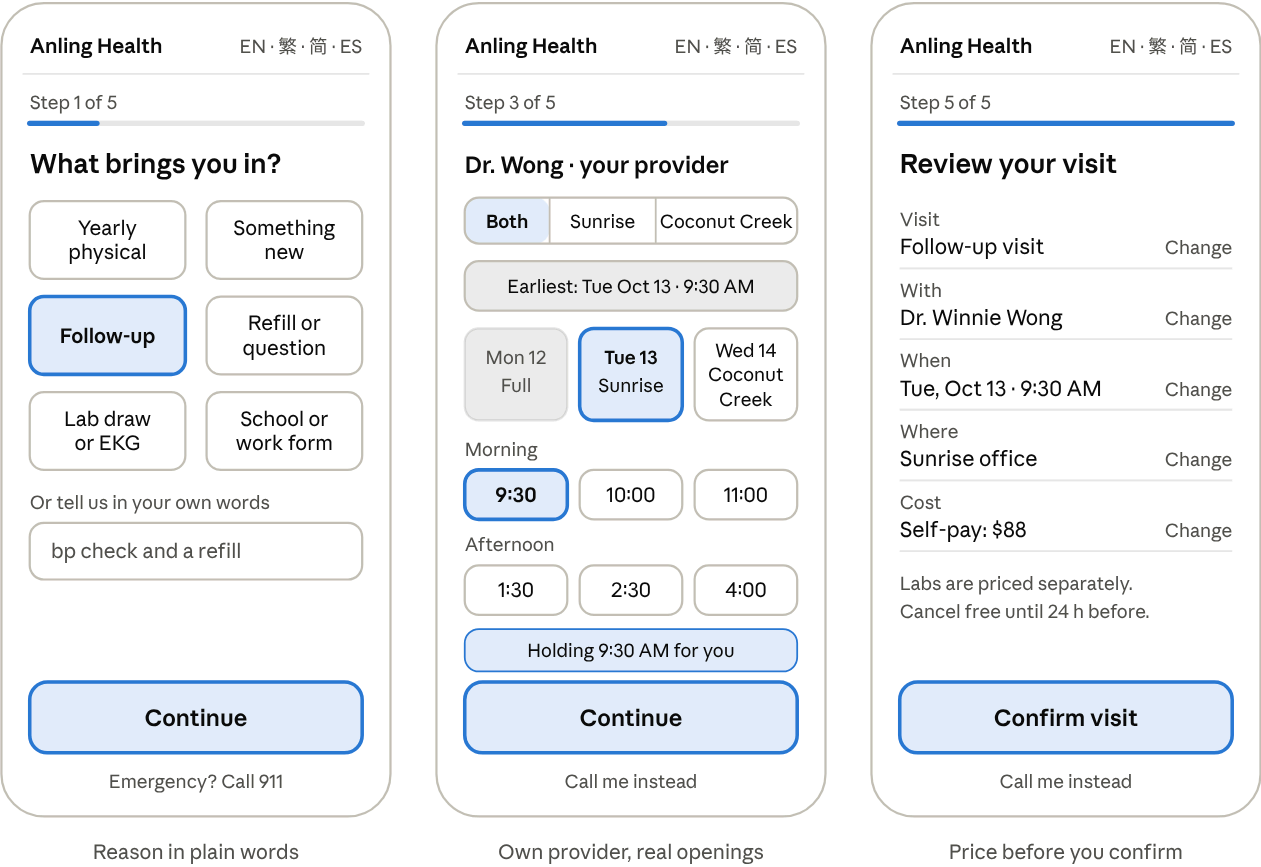
booking flow · 9 steps, 1 safety check, 2 shortcuts

A new patient walks every step; a known patient on a remembered device, with insurance on file, skips steps 2, 6 and 7 and can finish forms later.

Elements on every screen

ID	Element	Specification
PB-01	Header	Anling Health logo, step progress as text ("Step 2 of 5") plus a thin bar, language switcher (English · 繁體中文 · 简体中文 · Español), "Call me instead" link
PB-02	Sticky action bar	Full-width primary button in the thumb zone; "Back" as a text link; a disabled button always states why ("Pick a time to continue")
PB-03	Autosave	Progress kept on the device for 24 hours; a returning visitor sees "Pick up where you left off"
PB-04	Safety footer	"Medical emergency? Call 911" on every screen, tap-to-call
PB-05	Help	Tap-to-call for each office with today's hours; "Request a callback" sends staff everything entered so far

Three screens carry most of the booking: reason, time and review



phone mock-ups · visit chooser, time picker, review

The time picker leads with the patient’s own provider and greys out full days; the review screen shows the price before the confirm button.

Step 1 — What brings you in?

Patients describe the need in everyday words, and the system maps it to a visit type, length and price. This mirrors the practice’s own advice that patients need not know what an appointment is called ([physical or concern guide](#)).

ID	Element	Specification
PB-10	Reason tiles	Eight large tiles, each with an icon and a one-line explainer: Yearly physical · Something new is bothering me · Follow-up on an ongoing condition · Medication refill or question · Lab draw or EKG only · School, work or sports form · Weight-loss program or coaching · Not sure? Describe it
PB-11	Own words	"Tell us in your own words" box in any of the four languages; the system proposes the best-matching visit type for the patient to confirm, never silently
PB-12	Second reason	"Add another reason"; when two reasons need separate visits, the patient reads "We may need to split these. The office will confirm within one business day."
PB-13	Who it's for	Toggle: Myself / Someone else, which opens the family list or "Add a person"
PB-14	Safety check	Words such as chest pain, trouble breathing, face drooping or thoughts of self-harm open a full-screen safety notice before anything else (see edge cases)

Step 2 — New or returning

ID	Element	Specification
PB-20	Question	"Have you had a visit at Anling Health in the last 3 years?" Yes / No / Not sure
PB-21	Effect	Sets the new or established visit type, length and self-pay price, following the standard 3-year new-patient rule
PB-22	Recognized device	A verified patient on a remembered device skips this step and sees "Welcome back" with first name only

ID	Element	Specification
PB-23	Not sure	Booked with the longer new-patient length; staff confirm the visit type before the day

Step 3 — Provider and office

Providers rotate between offices by weekday while records follow the patient ([team page](#)), so this screen leads with the person, then shows where they are each day.

ID	Element	Specification
PB-30	Your provider (returning)	Pinned card: photo, name, "Your provider", next three openings with the office for each ("Wed 9:00 AM · Coconut Creek")
PB-31	Provider cards (new)	Photo, name and credentials, languages spoken, office by weekday, two-line bio, next opening; tap to expand the full profile
PB-32	Filters	Language spoken, office, earliest available; active filters stay visible as removable chips
PB-33	No preference	"Show the earliest with any provider" card; every slot then names its provider
PB-34	Seeing someone else	A returning patient choosing another provider reads one calm line: "You usually see Dr. Wong. Seeing Iliana Hernandez is fine; your chart is shared."

Step 4 — Date and time

ID	Element	Specification
PB-40	Day strip	Horizontal 14-day strip; each chip shows weekday, date and the office the provider works at that day; full days are greyed and marked "Full"

ID	Element	Specification
PB-41	Time chips	Grouped Morning and Afternoon; minimum touch target 44 × 44 px; the 12:00–1:30 PM lunch closure never shows
PB-42	Earliest pin	"Earliest: Tue Oct 13, 9:30 AM · Sunrise" pinned above the strip, one tap to select
PB-43	Office filter	Segmented control: Both offices / Sunrise / Coconut Creek; the choice is remembered
PB-44	Visit mode	In person / Video toggle, shown only for visit types the practice marks suitable for video
PB-45	Lab-aware times	Fasting draws show only morning times inside that office's lab hours (Sunrise from 8:30 AM, Coconut Creek from 9:00 AM, both until 3:30 PM), with the note "Fasting draws are mornings only" (lab hours)
PB-46	Form deadline	For form visits, "My form is due on..." hides slots after that date
PB-47	Slot hold	Choosing a time holds it for 10 minutes, shown in a calm banner; if the hold lapses, the three closest times appear
PB-48	Nothing fits	Below the last day: "Join the waitlist for an earlier time" and "Request a callback"
PB-49	Saturdays	Alternating Saturday schedules appear as normal slots where a template exists; a practice setting can switch Saturdays to request-only

Step 5 — Your details

ID	Element	Specification
PB-50	Returning: verify	Mobile number plus date of birth, then a 6-digit code by text or voice call; after 3 failed tries, "Call me instead"

ID	Element	Specification
PB-51	New: details	Legal first and last name, preferred name, date of birth, mobile number, email (optional), preferred spoken language, preferred written language; nothing more at this step
PB-52	Caregiver details	Booker's name, relationship and phone, plus "I'm allowed to book for this person"; the patient's own contact details are optional
PB-53	Text consent	Unticked box: "Text me reminders and updates. Message and data rates may apply. Reply STOP to opt out."
PB-54	Duplicate guard	A name, birth date and phone match to an existing chart triggers verification instead of a new record; uncertain matches go to a staff merge queue

Step 6 — Insurance or self-pay

Published self-pay rates are \$100 for a new patient visit, \$88 for a follow-up and \$55 for an EKG, with labs billed separately ([self-pay pricing](#)). The platform reads these from admin settings, never from code, because the practice notes prices can change.

ID	Element	Specification
PB-60	Payment choice	Three cards: Use my insurance · Pay myself · Not sure yet
PB-61	Card capture	Camera opens with a card-shaped guide for front and back, auto-crop and glare check; payer, member ID and group number are read from the image for the patient to confirm
PB-62	Eligibility result	A plain result within 10 seconds: "Active — we'll confirm your copay", "We need to check this plan — the office will text you", or "We don't currently take this plan" with self-pay and call options
PB-63	Self-pay price	The rate for the chosen visit type, plus the line "Lab tests are priced separately after your provider orders them"

ID	Element	Specification
PB-64	Good Faith Estimate	Created automatically for self-pay and uninsured bookings and sent as a secure link; staff can edit it before it goes
PB-65	Skip for now	Insurance can be added until the day before; staff see "Insurance pending" on the schedule

Step 7 — Prepare for your visit (now or later)

The items follow the practice's first-visit checklist: concerns with the most important first, medications and allergies, records, insurance and any form with its deadline ([new patient guide](#)).

ID	Element	Specification
PB-70	Most important question	One box: "What's the most important thing you want to discuss?"
PB-71	Medications and allergies	Searchable lists with "I'll bring a list" and "Photograph my pill bottles" options
PB-72	Uploads	Records, school or work forms and prior results; PDF, JPG, PNG or HEIC up to 20 MB each; virus-scanned and attached to the appointment
PB-73	Consents	Privacy notice, financial policy and, for video, telehealth consent; typed-name e-signature with a timestamp
PB-74	Access needs	Interpreter for a language the team does not speak, wheelchair access, extra time, preferred name and pronouns
PB-75	Finish later	Every item can be finished from the confirmation text up to check-in; a progress ring shows what is left

Step 8 — Review and confirm

ID	Element	Specification
PB-80	Summary card	Who, visit type, provider, date and time, office and suite (or "Video"), price or coverage status, prep notes
PB-81	Change in place	Each line has "Change", which returns to that step and comes back here without losing anything else
PB-82	Policies	Cancellation window and late-cancel policy in two lines, with a link to the full text
PB-83	Confirm	One button, "Confirm visit", protected against double taps; confirmation appears within 2 seconds

Step 9 — You're booked

ID	Element	Specification
PB-90	Success state	Check mark, "You're booked", key details and a short booking reference
PB-91	Add to calendar	Apple, Google and Outlook; the event title is "Anling Health visit", never the reason
PB-92	Getting there	Map link, suite number and parking notes; for video, the join link and a camera and microphone test
PB-93	Next step	"Finish your forms (about 3 minutes)" as the main action; "What to bring" checklist below
PB-94	Messages	Confirmation text and email in the patient's written language within 60 seconds

Edge cases and safety

Situation	Required behavior
Emergency words detected	Full-screen notice: "If this is an emergency, call 911 now" with tap-to-call; thoughts of self-harm also show "Call or text 988"; the patient continues only after choosing "This isn't an emergency"
Same-day sick visit	Today's remaining slots first; if none, video, the other office, the waitlist and "Call the office"
Slot taken during the flow	The hold prevents it; if the hold lapsed, the three closest times appear
Patient is a minor	Each visit type carries a minimum age; under 18 requires a parent or guardian as the booker
Video visit from out of state	The patient states where they will be during the visit; outside Florida goes to staff review, because licensing follows the patient's location
Too many future bookings	A per-visit-type limit (for example one future new-patient visit) prompts the patient to move the existing booking instead
Holiday or closure	Closed dates set in admin show as "Office closed" in the day strip
Device in another time zone	All times show in Eastern Time with an "ET" label
Abandoned booking	The hold is released; with text consent, one reminder after 2 hours offers a link to resume

After booking: reminders, changes, waitlist, check-in and follow-up

After confirmation, the platform keeps each patient ready and each schedule full. Every message carries a secure "Manage visit" link, so no task after booking needs a password or a phone call.

Reminders and confirmations

ID	Feature	Specification
AB-01	Default cadence	Confirmation at booking; 3 days before ("Reply C to confirm or R to reschedule"); the day before; 2 hours before with directions; 15 minutes before a video visit with the join link. Admin can change every step
AB-02	Channel order	Text first, then email; an automated voice call in the patient's language for landlines
AB-03	Replies in any language	C, Confirm, 確認, 确认 and Sí all confirm; anything unrecognized goes to the staff inbox
AB-04	Visit-specific prep	Fasting instructions the evening before only when a fasting draw was ordered; "Bring your form" for form visits; "Bring your medication list" for new patients
AB-05	Quiet hours	Automated texts only between 8 AM and 8 PM Eastern, except a same-day running-late notice
AB-06	Unconfirmed list	Visits still unconfirmed 24 hours ahead appear on a staff call list, highest no-show risk first

Reschedule and cancel

ID	Feature	Specification
AB-10	Secure link	Opens the appointment with a signed link plus a date-of-birth check; links expire after the visit
AB-11	Reschedule	Shows the same provider's next openings first; the old slot is released only after the new one is confirmed
AB-12	Cancel	One optional reason (feeling better, schedule conflict, cost, transportation, other) for reporting

ID	Feature	Specification
AB-13	Late window	Inside the late-cancel window set by the practice (for example 24 hours), the patient sees the policy before cancelling
AB-14	Instant backfill	Every cancellation starts the waitlist offer within 60 seconds

Smart waitlist

Patients join with their own limits: provider, office, days, morning or afternoon, and the earliest date they can come. When a matching slot opens, the system texts up to three waitlisted patients at once in priority order; the first to tap "Take it" gets the slot, and the others hear "It's been taken — you're still on the list."

ID	Rule	Default
AB-20	Priority order	Staff-set clinical priority first, then the date the patient joined
AB-21	Offer expiry	15 minutes during office hours, 30 minutes outside them
AB-22	Short notice	Slots starting within 2 hours go only to patients who chose "I can come on short notice"
AB-23	Staff control	Staff can pause offers for a slot, offer it to a named patient, or remove an entry
AB-24	Auto-exit	Entries end when the patient books, after 60 days, or on request

Digital check-in and arrival

ID	Feature	Specification
AB-30	Pre-check-in	Opens 24 hours before: confirm address and phone, confirm or update insurance, finish forms, optional card payment

ID	Feature	Specification
AB-31	"I'm here"	One tap in the day-of text; an optional, opt-in prompt appears when the phone is near the office
AB-32	Wait in the car	"We'll text you when your room is ready" for patients who prefer not to sit in the waiting room
AB-33	Front desk kiosk	A tablet or QR code at each desk: last name and date of birth, for patients without a smartphone
AB-34	Flow board	Arrival appears on the staff flow board instantly, with forms, insurance and fasting status

Running late and live wait times

ID	Feature	Specification
AB-40	Delay alert	When a provider is 15 or more minutes behind, later patients that day get a new estimated time with three choices: keep, arrive later, or reschedule
AB-41	Live status	The patient's visit page shows "On time" or "About 20 minutes behind", updated from the flow board

Video visits

ID	Feature	Specification
AB-50	No download	Joins in the phone's browser from the text link
AB-51	Device check	Camera, microphone and connection test at check-in; phone audio as a fallback
AB-52	Waiting room	"Your provider will join shortly" with the provider's photo and the running-late status
AB-53	Third participant	An interpreter or family member can join with the patient's consent
AB-54	Location check	"Where are you right now?" at join; outside Florida alerts the provider before the visit starts

After the visit

ID	Feature	Specification
AB-60	Follow-up prompt	When the provider orders a follow-up ("see me in 3 months"), the patient gets slots with the same provider, filtered to that window
AB-61	Recalls	Yearly physical, chronic care and lab recheck reminders based on rules each provider sets
AB-62	Lab-then-visit pairing	When labs are due before a follow-up, the system proposes a draw slot 3 to 7 days before the visit, so results are ready
AB-63	Feedback	Two questions 2 hours after the visit; every patient who opts in gets the same review invitation, never filtered by score
AB-64	Receipts	Self-pay patients can download an itemized receipt from the visit page

Patient account, family and proxy access

Patients get a light account, not a second portal: a phone number and a 6-digit code are enough, and one login manages a whole family. Clinical notes and results stay in the EHR's patient portal; the account links to it rather than copying it.

ID	Area	Specification
AC-01	Sign-in	Passwordless: mobile number or email plus a one-time code; optional passkey (face or fingerprint) on the patient's own device; "Remember this device" for 30 days; sign-out after 15 minutes idle
AC-02	Home	Next-visit card with date, provider, office and prep progress; on the day, an "I'm here" button; "Book again with my provider"; waitlist entries
AC-03	Visits	Upcoming and past visits with provider, office and receipt; no clinical content
AC-04	Family	A switcher at the top ("Booking for: Mom") moves between the patient and the people they manage
AC-05	Insurance	Saved card photos, primary and secondary plans, "Update my card" at any time, current eligibility status
AC-06	Documents	Uploaded forms and records, Good Faith Estimates, receipts and signed consents
AC-07	Preferences	Spoken and written language, text or email or voice, reminder timing, preferred office, access needs
AC-08	Privacy controls	See and revoke proxies, view sign-in history, download booking data, close the account (medical records follow retention rules)

Family and proxy rules

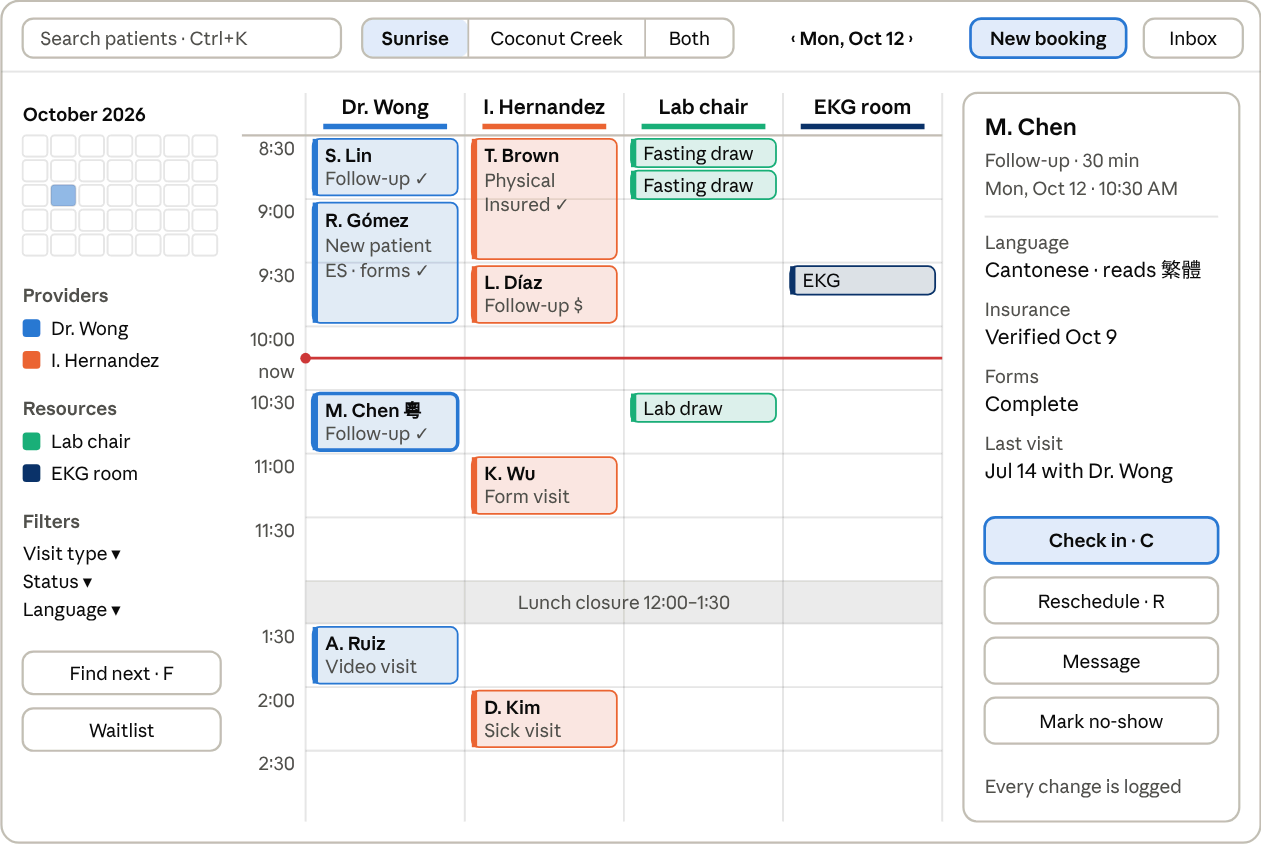
Relationship	What the proxy can do	How access is granted
Parent or guardian of a child under 18	Book, change and cancel; complete forms; receive reminders	Booker attests guardianship online; staff verify at the first visit
Adult who wants help (for example an older parent)	Booking and reminders only, or booking plus forms	The adult approves with a code sent to their own phone, or signs at the front desk
Spouse or partner	Same as above	Same as above
Legal representative	As the legal document allows	Staff upload the document and set the access

Three safeguards apply to every proxy. A proxy never sees clinical results; access for a child ends automatically at 18 with a notice to both; and visit types the practice marks confidential for minors (for example STI screening) are hidden from parent proxies. The practice should confirm the minor-confidentiality rules with counsel.

Front desk scheduling console

The console lets either office supervisor book a caller in under 60 seconds without leaving the keyboard, and manage both offices from one screen. It is a desktop web app built for a 24-inch monitor that still works on a 13-inch laptop.

The Sunrise day view keeps providers, lab and patient details on one screen



console mock-up · Sunrise day view with detail panel

On a Monday at Sunrise, Dr. Wong and Iliana Hernandez share the grid with the lab chair and EKG room; selecting a card opens its details on the right without leaving the day.

Layout

ID	Region	Specification
FD-01	Top bar	Patient search (name, birth date, phone or booking reference; Ctrl+K), office switcher (Sunrise / Coconut Creek / Both), date navigator, "New booking" button, inbox count, signed-in user
FD-02	Caller banner	With phone-system integration, an incoming call shows the matched patient, next visit and language before the phone is answered

ID	Region	Specification
FD-03	Left rail	Mini month calendar, provider toggles with each provider's color, visit-type and status filters, waitlist count
FD-04	Schedule grid	One column per provider at the selected office, plus resource columns for the lab chair and EKG; 5-minute rows with 15-minute lines; the lunch closure shaded
FD-05	Appointment card	Patient name, visit type color strip, and status icons: confirmed, forms done, insurance verified, new patient, self-pay, fasting, language (for example 粵 for Cantonese)
FD-06	Detail panel	Opens on the right without leaving the grid: contact, language, insurance, forms, notes, visit history and actions (check in, reschedule, cancel, no-show, message, resend estimate)

Views

View	Best for
Day by provider	Running today at one office
Both offices side by side	Supervisors covering for each other or moving a patient between offices
Week for one provider	Planning around a provider's rotation and Saturdays
Month capacity	Open slots per day as a heat map, to spot gaps early
List	Calling unconfirmed patients, printing a day sheet
Flow board	Live patient status: Scheduled, Confirmed, Arrived, Roomed, With provider, Checkout, Done, with minutes in each stage

Booking from a phone call

The target is under 60 seconds from answering to a confirmed booking, in five moves.

1. The caller banner or a search finds the patient; a new caller gets a 4-field quick record.
2. "N" opens the booking drawer with the patient filled in.
3. Staff type the reason in plain words ("bp follow up and refill") or pick a visit type.
4. "Find next" lists the five best slots for the patient's own provider across both offices, with lab and language fit.
5. Enter books it; the patient instantly gets a confirmation text with links for forms and insurance.

Shortcut	Action
Ctrl+K	Search patients
N	New booking
F	Find next available
C	Check in the selected patient
R	Reschedule the selected appointment
T / ← / →	Today, previous day, next day
1 / 2 / 3	Sunrise, Coconut Creek, both offices

Conflicts and overrides

Hard conflicts are blocked with a reason: a provider double-booked outside an overbook slot, a provider at the other office that day, a lab chair or EKG room already in use, the lunch closure, a visit type not allowed in that slot, or a fasting draw after the morning cutoff. Soft conflicts warn and allow an override with a short reason: beyond the daily overbook limit, a second visit for the patient that day, or insurance not yet verified. Every override is logged with the user, time and reason.

Drag-and-drop moves an appointment; the drop target turns green for valid and red for blocked before release. After a move, the system asks "Text the patient about the new time?" with the message pre-written in the patient's language.

Inbox and work queues

One inbox gathers everything that needs a person, so nothing lives in a notebook or a voicemail.

Queue	Arrives from	Default time to act
Callback requests	Website form and "Call me instead"	1 business hour
Booking reviews	Saturday requests, split visits, out-of-state video, unsure visit types	1 business day
Patient replies	Text replies the system could not handle	1 business hour
Insurance exceptions	Failed or unclear eligibility checks	2 business days before the visit
Possible duplicates	Booking-time identity matches	Before the visit
Waitlist conflicts	Two patients accepting near the same moment	15 minutes

Each item shows a timer, an owner and saved replies in all four written languages. Staff may use a translation helper, and anything machine-translated is labelled as such to the patient.

Provider view

Each nurse practitioner gets a one-screen agenda for the day, with everything the patient told the practice before the exam room door opens. It runs on a tablet in the exam room, a phone between offices and a desktop for planning.

ID	Feature	Specification
PV-01	Today's agenda	Visits in time order at the office the provider is working that day; each row shows time, name, age, visit type, the reason in the patient's own words, language, status and flags (new, fasting, form due, interpreter)

ID	Feature	Specification
PV-02	Pre-visit summary	The patient's most important question, any second reason, intake answers that changed since the last visit (highlighted), reported medications and allergies, uploaded forms with due dates, coverage status, last visit date
PV-03	Running late	One tap: "15 minutes behind" or "30 minutes behind"; the flow board updates and later patients are offered new times (AB-40)
PV-04	Availability	View the weekly template by office and weekday, including alternating Saturdays; block time with a reason (admin, training, preceptor, personal); request time off for manager approval
PV-05	Visit length	Mark a booked visit "needs extra time"; set personal default lengths per visit type within limits the practice sets
PV-06	Order a follow-up	At the end of a visit: "Follow-up in 3 months with me, labs one week before"; the patient gets matching slots (AB-60, AB-62) or staff book it directly
PV-07	Video	Start a video visit from the agenda; the patient's stated location shows before joining
PV-08	Students present	Mark visits where a nursing student will observe, tied to the practice's preceptorship program (anlinghealth.com); the patient's yes or no from intake shows on the row
PV-09	Panel gaps	The provider's patients who are due for a physical, chronic follow-up or lab recheck and have no future visit, with "Send booking invite"
PV-10	Phone mode	Agenda, running-late and block-time on a phone; arrival alerts opt-in; notifications never show patient names or reasons on the lock screen

Practice administration

The owners change visit types, rules, schedules and messages themselves, without a vendor ticket. Every change can be previewed before it goes live, takes an effective date and is recorded in the audit log.

Visit-type catalog

The starter catalog below follows the practice's published services ([services](#)). Lengths are proposals for the providers to confirm; the practice's promise of unhurried visits argues for longer defaults than a typical 15-minute slot.

Visit type	Name patients see	Proposed length	Modes	Online booking	Pricing rule
New patient visit	First visit with us	60 min	In person	Yes	New patient rate (\$100 self-pay)
Follow-up visit	Follow-up on an ongoing condition	30 min	In person or video	Yes	Follow-up rate (\$88 self-pay)
Annual physical	Yearly physical	45 min	In person	Yes	Preventive benefit, or self-pay rate set by practice
Sick visit	Something new is bothering me	30 min	In person or video	Yes, including same-day	Follow-up rate for established patients
Medication question or refill	Medication refill or question	20 min	Video or in person	Yes	Follow-up rate
Lab draw	Lab draw only	15 min	In person, lab hours only	Yes, when an order exists	Panels priced per order
EKG	EKG	15 min	In person	Staff only, with an order	\$55 self-pay
Form physical	School, work or sports form	30 min	In person	Yes, with form upload	Set by practice
Weight-loss program	Weight-loss program visit	30 min	In person or video	Yes, as a series	Set by practice
Health coaching	Health coaching	30 min	Video or in person	Yes, as a series	Set by practice
STI screening	Confidential screening	20 min	In person	Yes; hidden from proxies	Set by practice

Each visit type also carries these settings: names and explainers in four languages, length per provider, buffer before and after, new or established, minimum and maximum age, required forms, prep instructions, resources needed (lab chair, EKG room), allowed offices, days and times, a daily cap, video suitability, confidentiality, recall default and calendar color.

Scheduling rules

Rule	Proposed default	Notes
Booking window	Up to 90 days ahead	Per visit type; physicals may open further out
Minimum notice	2 hours for existing patients; next day for new patients	Leaves time to verify insurance and identity
Late-cancel window	24 hours	Shown before every cancellation
Same-day sick slots	Two per provider per day held back until 8:30 AM, then released to anyone	Protects access for acute needs
Overbooking	One per provider per half-day, staff only	Never offered online
Fasting cutoff	Fasting draws start before 11:00 AM	The practice states fasting labs are morning-only; the exact cutoff is an open question
Charting buffer	5 minutes after each new patient visit	Adjustable per provider
Booking limits	One future new-patient visit per person; three future visits per patient	Prevents duplicate and speculative bookings
Saturdays	Bookable from alternating templates, or request-only	One switch per office
Closures	Annual holiday calendar plus one-off closures	Closed days show to patients as "Office closed"

Visit types that need a linked return book both visits together. For example, if the practice reads TB skin tests for student clearances, the reading visit is booked 48 to 72 hours after the test, never on a Sunday ([services](#)).

Schedule templates

The starting templates come straight from each provider's published usual schedule ([team page](#)). Templates repeat weekly with an effective date range, apply the 12:00–1:30 PM lunch closure automatically, and support every-other-week patterns for Saturdays.

Provider	Mon	Tue	Wed	Thu	Fri	Sat
Dr. Li Huang Kruszka	Coconut Creek	Coconut Creek	Sunrise	Coconut Creek	Sunrise	Alternating office
Dr. Winnie Manlai Wong	Sunrise	Sunrise	Coconut Creek	Sunrise	Coconut Creek	Alternating office
Iliana Hernandez	Sunrise	Coconut Creek	Sunrise	Not scheduled	Sunrise	Sunrise

ID	Feature	Specification
AD-01	Preview	Before publishing a template change, the admin sees the slots it creates and removes, week by week
AD-02	Impact check	A change that hits booked visits lists them and offers to move each one, with a pre-written text in the patient's language
AD-03	Exceptions	One-off changes (a provider swaps offices for a day) without editing the template
AD-04	Undo	Template changes can be rolled back for 24 hours

Message templates

ID	Feature	Specification
AD-10	Coverage	One template per event (confirmation, each reminder, reschedule, cancel, waitlist offer, running late, recall) per language per channel
AD-11	Merge fields	{first_name}, {provider}, {office}, {suite}, {date}, {time}, {manage_link}, {prep}; no field may insert the visit reason
AD-12	Segment counter	Live count of text segments; Chinese text, and Spanish text with vowels such as á, is sent as UCS-2 at 70 characters per segment instead of 160
AD-13	Translation review	A translated template goes live only after a fluent staff member approves it; the approver's name is stored
AD-14	Test send	Send any template to a staff phone before publishing

Roles and permissions

Role	Can	Cannot
Owner	Everything, including settings, roles, exports and the audit log	—
Office supervisor	Book and change visits at both offices; inbox, waitlist and one-off schedule exceptions; reports	Change visit-type rules, roles or prices
Clinical support	View schedules; check in, room and update the flow board; book lab-only visits	Cancel visits or change templates
Provider	Own agenda, availability and follow-up orders; read-only view of other schedules	Change other providers' templates

Role	Can	Cannot
Billing	Insurance queue, Good Faith Estimates and receipts	Book or cancel visits
Read-only	Reports and dashboards	Any change, or viewing patient contact details

Permissions are granted per office, so a future third location can have its own supervisors. Every sign-in uses single sign-on or a password plus a second factor.

Innovative and intelligent features

The innovations below remove waiting and guesswork for patients and staff, and each has a guardrail that keeps a person in charge of anything clinical. None of them diagnoses, triages clinically or gives medical advice.

ID	Feature	What it does	Guardrail
IN-01	Plain-language visit matching	Turns the patient's own words, in any of the four languages, into a suggested visit type and length	Suggests only from the practice's catalog; the patient confirms; low confidence goes to staff review; mismatches audited monthly
IN-02	Emergency language screen	Detects emergency phrases in all four languages and shows the 911 and 988 notice	Tuned to over-warn rather than miss; phrase lists reviewed by the providers; never blocks a call
IN-03	No-show risk	Scores each visit using lead time, confirmation status and the patient's own attendance history	Used only to order reminder calls and standby offers; never to refuse a booking; checked quarterly for unequal effects by language or payment type
IN-04	Smart "Find next" ranking	Ranks slots by continuity, the patient's office and time preferences, lab fit and schedule gaps	Staff see why each slot ranks where it does and can pick any slot

ID	Feature	What it does	Guardrail
IN-05	Text-message booking	Patients text BOOK, or reply R to a reminder, and finish booking, rescheduling or cancelling in a guided text conversation in their language	Hands off to staff when unsure; never asks for health details by text
IN-06	After-hours voice assistant	Answers calls at lunch and after hours in English, Mandarin, Cantonese and Spanish to book, reschedule or take a message; today those calls reach voicemail (anlinghealth.com)	Says it is automated; anything clinical gets 911 guidance or goes to the clinical message line; transcripts go to the inbox
IN-07	Natural-language staff search	"Next 60-minute new patient slot with Dr. Wong, Thursday afternoon, Sunrise" returns matching slots	Read-only until staff confirm a booking
IN-08	Visit-length learning	Compares actual visit times from the flow board to booked lengths and suggests new defaults	Suggestions only; the provider approves any change
IN-09	Recall engine	Finds patients overdue for a physical, chronic follow-up or lab recheck and sends booking invitations	Recall rules are set by the providers; patients can opt out
IN-10	Closure mode	One action closes an office for a day (storm, power cut), moves every affected visit to video or a new time, and texts each patient in their language	Requires owner or supervisor approval; preview of every message before sending
IN-11	Lab-then-visit planner	Books the draw early enough that results are ready at the follow-up, inside lab hours and the fasting window	Uses only lab orders already placed by a provider

Any vendor that processes patient data for these features signs a business associate agreement and may not use Anling's data to train its models. Patients can always choose "I'd rather talk to a person", and accuracy for IN-01, IN-02 and IN-05 is reported separately for each language.

On AWS, IN-01, IN-05 and IN-07 run on Amazon Bedrock with Guardrails, and IN-03 and IN-08 on Amazon SageMaker AI. IN-06 uses Amazon Connect, with Connect Health agents for English callers and Lex flows for everyone else (see the service map under Building on AWS).

Notifications and communications

Every message is short, in the patient's written language, free of health details, and logged. The reminder schedule itself is set out under After booking (AB-01 to AB-06); this section sets the rules every message follows.

Channels

Channel	Used for	Requirements
Text message	Confirmations, reminders, waitlist offers, running-late notices, check-in	A local number for each office, registered for business texting (A2P 10DLC); two-way replies; opt-out words honored in all four languages
Email	Confirmations with a calendar file, Good Faith Estimates, receipts, form links	Sent from an anlinghealth.com address authenticated with SPF, DKIM and DMARC, through a service covered by a business associate agreement
Automated voice call	Landlines and patients who prefer calls	Spoken in the patient's language; press 1 to confirm, 2 to reach the office
Web app notification	Patients who install the booking app	Optional; same content rules as texts

Channel	Used for	Requirements
Staff alerts	Arrivals, inbox items past their time limit	In the console and provider view; never a patient name or reason on a lock screen

Content rules

ID	Rule
NC-01	No visit reason, symptom, test name or result in any text, email subject, voice message or calendar event
NC-02	First name only; details sit behind the secure link, which asks for date of birth
NC-03	Every message names the office and gives its phone number
NC-04	Messages to a caregiver use the label the caregiver chose ("a visit for Mom")
NC-05	Plain words at a grade 6 to 8 reading level, in every language
NC-06	A template missing in any of the four languages blocks that event from launching; there is no silent fallback to English

Consent and preferences

ID	Rule
NC-10	Text consent is stored with its exact wording, time, source screen and phone number
NC-11	Appointment messages and optional messages (recalls, surveys, newsletters) have separate opt-outs

ID	Rule
NC-12	At most three automated texts a day per patient, except same-day logistics
NC-13	Written language is stored separately from spoken language, because a Cantonese speaker may read Traditional Chinese and a Sichuanese speaker Simplified
NC-14	Names are stored in both native script and romanized form, so "黃" and "Huang" both find the same patient

Delivery tracking

Each message is logged with time, channel, template, language and delivery status. A failed text is retried by email or voice; a bounced email or dead number flags the patient record for staff to update at the next contact.

Visual design system

The booking app should look like the website it lives in: Anling Blue (#0F62A6, the site's theme color) as the action color, with navy and a warm lobby yellow taken from the offices' navy chairs and yellow sofa (anlinghealth.com). Every text color pairing below was checked against the WCAG contrast formula.

Color tokens

Token	Hex	Use	Contrast
Anling Blue	#0F62A6	Primary buttons, links, selected chips, focus ring	6.3:1 on white; white text on it 6.3:1
Navy	#0B3B66	Headings, provider names, text on yellow	11.5:1 on white; 6.8:1 on Lobby Yellow
Ink	#1C2430	Body text	15.6:1 on white
Muted ink	#5B6675	Helper text, timestamps	5.8:1 on white

Token	Hex	Use	Contrast
Lobby Yellow	#F2C14E	Highlights such as the "Earliest" pin and the hold banner, always with navy text	1.7:1 on white, so never used for text or borders
Blue tint	#E8F1FA	Selected card and chip background	Blue text on it 5.5:1
Page background	#F6F8FB	Screen background behind white cards	Blue text on it 6.0:1
Input border	#7A8594	Form fields, unselected chips	3.7:1 on white, above the 3:1 minimum for controls
Divider	#D7DEE8	Decorative lines only	Not used to mark a control
Success	#1E7B4D	Confirmed, verified, done	5.3:1 on white
Caution	#8A5A00 on #FFF4DB	Insurance pending, form due	5.4:1
Emergency	#B3261E on #FDECEA	911 notice and blocking errors only	5.7:1

Color never carries meaning alone: every status also has an icon and a word. A dark theme uses the same tokens, lightened to keep the same ratios.

Typography

Language	Font stack	Notes
English and Spanish	Noto Sans, then system sans-serif	One family across all four languages keeps screens consistent
Traditional Chinese	Noto Sans TC, PingFang TC, Microsoft JhengHei	Page language set to zh-Hant so the right glyph forms show
Simplified Chinese	Noto Sans SC, PingFang SC, Microsoft YaHei	Page language set to zh-Hans

Chinese fonts load in Unicode-range slices so a phone downloads only the characters it shows. The mobile type scale is 28 px for screen titles, 22 px for section titles, 17 px for body text and form inputs, and 15 px for helper text; nothing essential is smaller. Chinese body text uses a 1.7 line height against 1.5 for Latin text, and times and prices use tabular numerals so they line up.

Layout and spacing

Layouts sit on an 8 px grid with 16 px phone margins and a 640 px maximum content width on desktop. Cards have 12 px corners and a 1 px border instead of shadows, matching the calm brief. Touch targets are at least 44 × 44 px, well above the WCAG 2.2 minimum of 24 px, and icons always sit beside a word.

Core components

Component	Behavior
Primary button	Full width on phones, 52 px tall, one per screen
Reason tile	Icon, name and one-line explainer; the whole tile is the target
Provider card	Photo, name, credentials, language chips, weekday-office row, next opening
Day chip and time chip	Selected state uses Blue tint plus a check icon, not color alone
Segmented control	Office and visit-mode switches; the active segment is labelled for screen readers
Hold banner	Lobby Yellow with navy text: "We're holding 10:30 AM for you"
Form field	Label above, helper text below, error text with an icon under the field; never a placeholder used as a label
Summary card	One row per decision, each with "Change"
Bottom sheet	Details and filters on phones; swipe down or "Close" to dismiss

Component	Behavior
Status pill (staff)	Icon plus word: Confirmed, Arrived, Roomed, With provider, Checkout, Done

States, motion and voice

State	Treatment
Loading	Skeleton rows for slot lists; nothing appears for the first 300 ms to avoid flicker
Empty	A plain sentence and three next actions (other office, waitlist, call me)
Error	What happened in plain words, a retry, and the office phone; never a bare error code
Offline	A banner; entered data stays on the device and sends when the connection returns
Success	A check mark and one clear next step

Motion stays between 150 and 250 ms and switches off when the device asks for reduced motion. The voice is warm and brief, says "we" for the practice, explains every "no" with an alternative, and avoids exclamation marks.

Accessibility and language access

Every surface must meet WCAG 2.2 Level AA, which also covers the WCAG 2.1 AA standard in the federal Section 504 rule. If the practice receives HHS federal financial assistance, that rule applies from May 10, 2028 for practices with fewer than 15 employees and May 11, 2027 for larger ones, after HHS extended both dates in May 2026 ([LeadingAge](#)).

Accessibility requirements

ID	Requirement
AX-01	WCAG 2.2 AA across the patient app, console, provider view, emails and PDFs such as Good Faith Estimates and receipts
AX-02	Tested with VoiceOver, TalkBack, NVDA and JAWS on every release; a time chip reads "Tuesday, October 13, 9:30 AM, Sunrise, available"
AX-03	Every function works by keyboard alone, with a visible 3 px Anling Blue focus ring, logical tab order and a skip link
AX-04	Usable at 200% zoom and at 320 px width without sideways scrolling
AX-05	The 10-minute slot hold warns 2 minutes before it lapses and offers "Keep holding" (up to twice); session time-outs warn first and keep entered data
AX-06	One-time codes can be pasted or auto-filled; no puzzles or memory tests to sign in
AX-07	No question is asked twice in one flow
AX-08	"Call me instead" sits in the same place on every screen
AX-09	Every drag-and-drop action in the console also has a "Move to..." menu
AX-10	Sticky headers and action bars never cover the field that has focus
AX-11	Errors are described in words beside the field; validation runs when the patient leaves a field, not while typing
AX-12	Instructional videos carry captions in each language; video visits use live captions where the vendor offers them

ID	Requirement
AX-13	The front-desk kiosk has a large-text mode and staff assistance
AX-14	Automated checks on every build, plus an outside expert audit before launch and yearly, with disabled patients in usability tests

Language access

The team speaks English, Mandarin, Cantonese, Sichuanese and Spanish, with Wenzhounese at the Coconut Creek desk ([team page](#)). The platform must match patients to that capacity, and its written languages must reach full parity at launch.

ID	Requirement
LA-01	Four written languages at launch: English, Traditional Chinese, Simplified Chinese and Spanish, covering every screen, error, PDF and message
LA-02	Language preselected from the device, switchable on every screen, saved to the profile
LA-03	Professional translation, then review by a fluent team member; an approved glossary keeps terms consistent (for example 複診 and 复诊 for "follow-up visit")
LA-04	Spoken language captured separately (English, Mandarin, Cantonese, Sichuanese, Spanish, Wenzhounese, other) and matched to providers and staff
LA-05	A language the team does not speak triggers a professional interpreter booking at no cost to the patient, plus extra visit time
LA-06	Names and addresses accept Chinese characters and accented letters, with family name and given name in separate fields

ID	Requirement
LA-07	Dates and times follow each language's conventions, for example 10月13日 (週二) 上午 9:30 in Traditional Chinese
LA-08	Automated voice calls in English, Mandarin, Cantonese and Spanish; Sichuanese and Wenzhounese callers are routed to a staff member who speaks them
LA-09	Booking completion and failed-reply rates reported by language every month

Any federally required notices of free language assistance should be confirmed with counsel and shown in the booking footer.

Security, privacy and compliance

The platform handles protected health information, so HIPAA safeguards, a signed business associate agreement and a complete audit trail are entry requirements, not features. This section states product requirements; the practice's counsel should confirm each legal point.

Security controls

ID	Control	Requirement
SC-01	Business associate agreements	Signed by the vendor and by every subcontractor that touches patient data: hosting, text, email, voice, video and AI services
SC-02	Encryption	TLS 1.2 or higher in transit (1.3 preferred); AES-256 at rest, including backups; keys in a managed key service with rotation
SC-03	Staff sign-in	Single sign-on or a second factor for every staff account; passkeys supported; 15-minute idle lock on shared front-desk computers with quick PIN re-entry

ID	Control	Requirement
SC-04	Least privilege	Role and office scoping as set out under Practice administration; access reviewed every quarter
SC-05	Audit log	Every view, change and export of patient data, with user, time, device and before-and-after values; tamper-evident and kept at least 6 years
SC-06	Patient links	Signed, single-purpose, expiring links with a date-of-birth check, rate limits and lockout after repeated failures
SC-07	Uploads	File-type checks and malware scanning; stored privately with no public URLs
SC-08	Assurance	US hosting; a current SOC 2 Type II report or HITRUST certification; a yearly outside penetration test; a published vulnerability disclosure policy
SC-09	Payments	Card data handled only by a PCI DSS-compliant processor through tokens; the platform never stores full card numbers
SC-10	Minimum data	No Social Security numbers; unverified abandoned bookings purged after 30 days
SC-11	No trackers	No advertising or third-party analytics scripts on any booking page; only first-party, cookie-free usage measurement
SC-12	Incidents	The vendor reports a suspected incident to Anling within 24 hours, by contract, and supports HIPAA and Florida breach notifications
SC-13	Test data	No real patient data in development or test systems

On AWS, SC-01 means accepting the AWS BAA in AWS Artifact and keeping patient data only in HIPAA-eligible services. SC-02 uses AWS KMS keys, SC-05 pairs the app's audit table with AWS CloudTrail, and SC-07 stores uploads in private Amazon S3 buckets

scanned by Amazon Macie. SC-08 adds AWS's own compliance reports from AWS Artifact, while Amazon GuardDuty and AWS Security Hub CSPM watch for threats around the clock.

Good Faith Estimates

CMS requires a Good Faith Estimate for uninsured and self-pay patients on request, or when a service is scheduled 3 or more business days ahead ([CMS fact sheet](#)). The platform automates the timing and the classification rules below.

Triggering event	Estimate must be delivered within	Platform behavior
Scheduled 3 to 9 business days ahead	1 business day of scheduling	Generated at booking; staff alerted if not sent within 4 office hours
Scheduled 10 or more business days ahead	3 business days of scheduling	Generated at booking; same alert
Patient asks about cost	3 business days of the request	A "What will this cost?" link, and any cost question in a text, creates a request, because CMS treats any cost question as a request
Scheduled 1 or 2 business days ahead	Not required	Price still shown on screen (PB-63)

Medicare and Medicaid enrollees are not entitled to this estimate even if they choose not to bill their coverage, so those bookings go to staff review. Patients in health care sharing ministries, short-term plans, farm bureau plans or self-funded student plans count as uninsured and receive one. When a provider later orders labs or an EKG for a separately scheduled visit, the system issues a new estimate for that visit.

Other compliance areas

Area	What the platform must support
HIPAA privacy	Minimum necessary content in messages (NC-01), patient access to their booking data, proxy controls
Texting rules	Stored consent, opt-out in all languages, quiet hours, registered business numbers (NC-10, AB-05)
Accessibility	WCAG 2.2 AA, covering the Section 504 standard (AX-01)
Telehealth	Telehealth consent and the patient's stated location at each video visit (PB-73, AB-54)
Minors	Confidential visit types hidden from parent proxies
Records retention	Retention periods set by the practice, applied automatically

Integrations

The booking platform succeeds only if it stays in lockstep with the EHR, so the EHR link is the first integration built and the last one compromised. FHIR R4 suggests one schedule per practitioner per location when a practitioner works at several sites ([HL7 FHIR Schedule](#)), which fits Anling's rotating providers exactly: six provider-office schedules plus the lab chair and EKG.

ID	System	Purpose	Method on AWS	Direction
IG-01	EHR and practice management (to be confirmed)	Patients, providers, visit types and appointments kept identical in both systems	FHIR R4 or HL7 v2 (SIU and ADT) into AWS HealthLake; Connect Health links to Epic natively and to other EHRs through its EHR proxy service or data partners	Two-way, within 5 seconds
IG-02	Insurance clearinghouse	Real-time eligibility at booking, re-check 3 days before the visit	X12 270/271 through the clearinghouse API, called from AWS Lambda; AWS B2B Data Interchange if files are ever exchanged directly	Two-way
IG-03	Payment processor	Optional copay or self-pay payment at check-in, Apple Pay and Google Pay	Tokenized cards; PCI DSS handled by the processor	Outbound
IG-04	Texts	Reminders and two-way replies	AWS End User Messaging SMS with registered business numbers	Two-way
IG-05	Email	Confirmations, estimates, receipts	Amazon SES from an authenticated anlinghealth.com domain	Outbound
IG-06	Video	Video visits	Amazon Chime SDK, unless the EHR's own video is preferred	Two-way
IG-07	Phones	Both office lines, caller banner, callbacks and automated calls	Amazon Connect, with Connect Health agents for English callers	Two-way

ID	System	Purpose	Method on AWS	Direction
IG-08	anlinghealth.com	"Book a visit" buttons, embedded widget, deep links in English, Chinese and Spanish pages	AWS Amplify and Amazon CloudFront; shared color and type tokens	—
IG-09	Google Business Profile	A booking link on both office listings	Booking URL per office	—
IG-10	Patient calendars	"Add to calendar"	iCalendar (.ics) files, plus Google and Outlook links	Outbound
IG-11	Lab orders (through the EHR)	Open orders and fasting needs, to propose draw slots	EHR orders mirrored into HealthLake as FHIR ServiceRequest records	Inbound
IG-12	Sign-in	Staff and patient identity	AWS IAM Identity Center (SAML 2.0 or OpenID Connect) for staff; Amazon Cognito for patients	Inbound
IG-13	Reporting exports	Owner and accountant reports	Amazon Quick Suite; CSV and XLSX exports; read-only reporting API	Outbound

Sync rules

ID	Rule
IG-20	A patient's booking is confirmed only after the master schedule accepts it; if the EHR is briefly unreachable, the slot stays held, the write retries, and staff are alerted after 2 minutes
IG-21	Every appointment carries both systems' IDs; writes are safe to repeat without creating duplicates

ID	Rule
IG-22	A reconciliation job compares both schedules every 15 minutes and lists any mismatch in the inbox
IG-23	Changes made directly in the EHR (for example by a provider) appear in the booking platform within 5 seconds
IG-24	A documented REST API and webhooks (appointment created, changed, cancelled; patient checked in) let the practice connect future tools without the vendor

Data model and appointment lifecycle

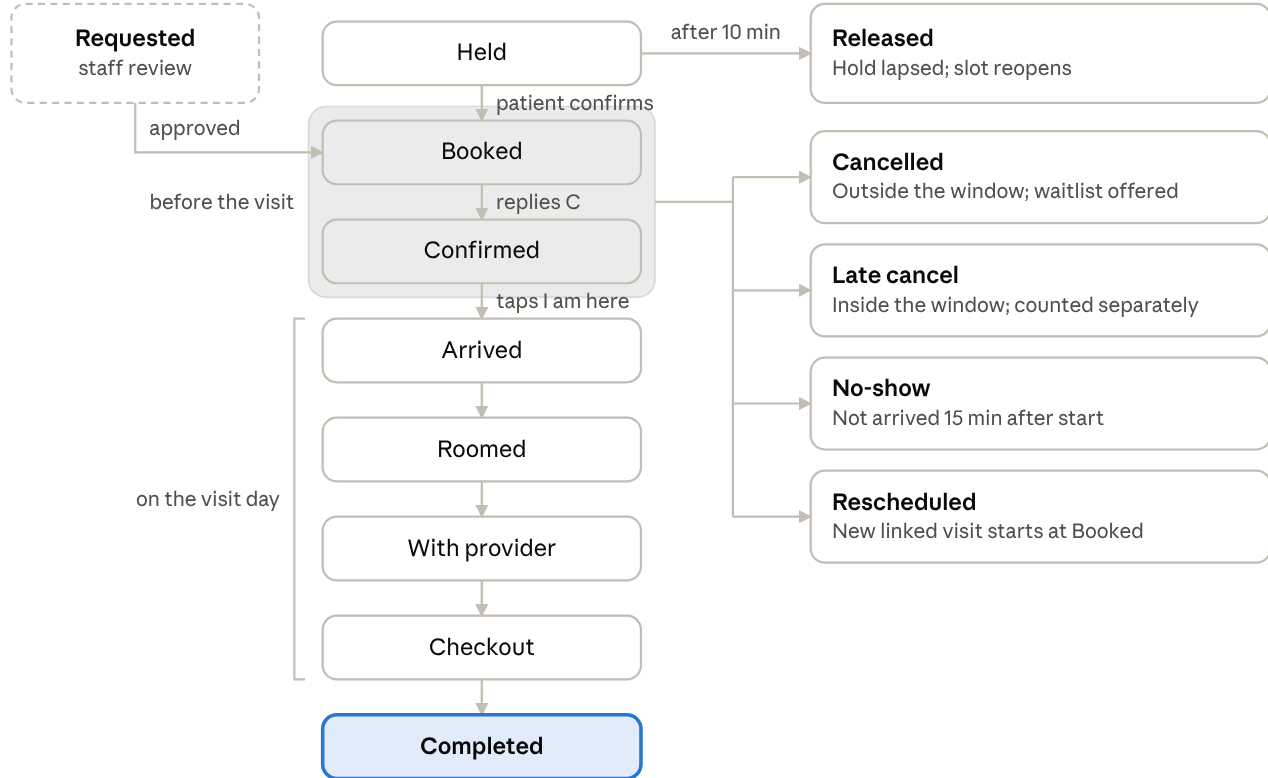
Sixteen core records carry everything in this specification, and each maps to a standard FHIR resource where one exists, so a vendor change never strands the practice's data.

Record	Key fields	FHIR resource
Patient	Family and given name (native script and romanized), preferred name, birth date, phones, email, spoken and written language, preferred office, own provider, consents, access needs	Patient
Proxy link	Patient, proxy, relationship, access level, how verified, expiry	RelatedPerson
Provider	Name, credentials, languages, photo, bio in four languages, lengths per visit type	Practitioner
Office	Address and suite, phone, hours, lab hours, lunch closure, parking notes	Location
Resource	Lab chair or EKG room, office	Device or Location
Visit type	Names in four languages, lengths, modes, rules, pricing rule, forms, prep	HealthcareService

Record	Key fields	FHIR resource
Template	Provider, office, weekday, hours, weekly or every-other-week, effective dates	Schedule
Slot	Start, end, provider, office, resource, status (open, held, booked, blocked)	Slot
Appointment	Patient, provider, office, visit type, mode, times, status, channel, reason in the patient's words, booked by, linked visits, both systems' IDs	Appointment
Waitlist entry	Patient, limits, priority, join date, offer history	—
Coverage	Payer, member and group IDs, card images, eligibility result and date, self-pay flag	Coverage
Form response	Answers, signatures, uploads	QuestionnaireResponse
Good Faith Estimate	Appointment, line items, total, issue and delivery times, version	—
Message	Template, channel, language, send time, delivery status	Communication
Inbox item	Type, linked patient or appointment, owner, due time, status	Task
Audit event	User, action, record, time, before and after	AuditEvent

A visit either completes or leaves through one logged exit

Every status change is stored with who made it and when



appointment lifecycle · 9 states, 5 exits

Only booked or confirmed visits can be cancelled, marked no-show or rescheduled; once a patient arrives, the visit runs through to completion.

Three timing rules drive the automatic transitions. A held slot is released after 10 minutes unless extended; a booked visit becomes a late cancel when cancelled inside the practice's window; and staff mark a no-show 15 minutes after the start time, or the system does at close of business. A reschedule never edits the original record: it books a new appointment and links the two, so reporting can count reschedules honestly.

Non-functional requirements

The platform must feel instant on an ordinary phone, stay up during office hours, and never double-book a slot. Each target below is testable during a vendor demo or acceptance testing.

ID	Area	Requirement
NF-01	Patient page speed	Largest content visible within 2.5 seconds on a mid-range phone over 4G, the "good" Core Web Vitals threshold
NF-02	Slot search	Results in under 500 ms for 95% of searches
NF-03	Console speed	Actions complete in under 300 ms for 95% of clicks
NF-04	Page weight	No more than 300 KB of compressed JavaScript before the first screen, excluding fonts
NF-05	Uptime	99.9% a month (about 43 minutes of downtime at most); maintenance only between 8 PM and 7 AM Eastern
NF-06	Recovery	No more than 15 minutes of data lost and service back within 4 hours after a disaster; tested twice a year
NF-07	Downtime mode	Each morning's schedule is cached for printing; the booking page falls back to office phone numbers
NF-08	No double booking	Proven with 100 simultaneous attempts on one slot: exactly one succeeds
NF-09	Growth	Two offices and three providers today; supports at least 10 offices and 50 providers without redesign, in line with the practice's mission of a clinic network across Florida
NF-10	Browsers	The two latest major versions of Safari, Chrome, Edge and Firefox, on iOS, Android, Windows and macOS
NF-11	Time	Stored in UTC, shown in Eastern Time
NF-12	New languages	Adding a language needs translation files only, no code change
NF-13	Releases	Updates without downtime; release notes in plain English; new features behind switches the practice controls

ID	Area	Requirement
NF-14	Monitoring	Live error alerts to the vendor and a public status page
NF-15	Support	Phone and chat 7 AM to 7 PM Eastern on weekdays; "booking is down" answered 24/7 within 30 minutes
NF-16	Training	Live staff training plus short patient guides in all four languages
NF-17	Data ownership	The practice owns all data; full export in FHIR JSON and CSV at any time, and within 30 days of contract end

On AWS, NF-05 and NF-06 rely on Aurora running across multiple Availability Zones and on AWS Backup copies in a second US Region. NF-14 uses Amazon CloudWatch alarms, and NF-17 is simplest when the practice owns the AWS account.

Reporting and analytics

Nine dashboards track the targets set under Goals and success metrics, each sliceable by office, provider, visit type, language and booking channel. Every number drills down to the list of visits behind it, and every metric shows its definition on hover.

Dashboard	Main audience	Refresh	What it shows
Today	Office supervisors	Live	Visits by status at each office, providers running late, unconfirmed visits, overdue inbox items, waitlist offers in flight
Access and capacity	Owners, supervisors	Daily	Open slots for the next 14 days per provider and office, third next available appointment, fill rate, use of same-day and Saturday slots
Attendance	Owners	Weekly	No-show and late-cancel rates by visit type, provider, lead time and language; waitlist backfill rate

Dashboard	Main audience	Refresh	What it shows
Booking funnel	Owners, vendor	Weekly	Drop-off at each booking step by language and device; median time to book
Patient mix	Owners	Monthly	New versus established, self-pay versus insured, language, office; continuity rate
Front desk workload	Supervisors, owners	Weekly	Self-service share, inbox volume and time to act, callback requests, overrides used
Revenue protection	Owners	Monthly	Estimated revenue lost to no-shows and recovered through backfill, using published self-pay rates and an average insured amount the practice enters
Compliance	Owners	Monthly	Good Faith Estimates sent on time, text-consent coverage, audit exceptions, open accessibility issues
Experience	Owners, providers	Monthly	Post-booking ratings and comments (translated, labelled as such), rating trend

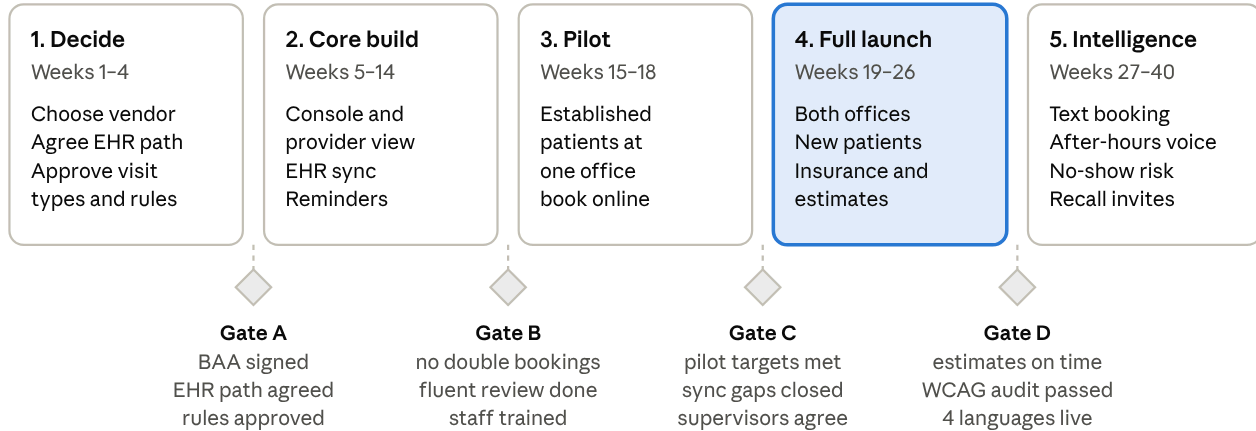
A Monday 7 AM email digest gives the owners last week's headline numbers as totals only, with no patient names. Every view exports to CSV or XLSX, and the language breakdown appears by default on funnel and attendance views, so a gap for Chinese- or Spanish-speaking patients is visible without digging.

Implementation roadmap

Roll out in five phases over about 40 weeks, starting with established patients, because their identity, provider and visit types are already known. Each phase opens only when the gate before it is met; durations are estimates to confirm with the chosen vendor.

Online booking reaches one office in week 15 and both offices in week 19

Durations are estimates to confirm with the vendor; each gate must pass before the next phase



roadmap · 5 phases, 4 gates, about 40 weeks

The pilot starts in week 15 and full launch in week 19, each only after its gate passes; the table below lists what ships in each phase.

Phase	Patients get	Staff get	Requirements
1. Decide	Nothing yet	Vendor chosen, EHR path agreed, visit catalog, rules and translations approved	Open questions answered; SC-01
2. Core build	Nothing yet; staff use the console for every booking	Console, provider view, templates, EHR sync, reminders	FD, PV, AD, IG-01, IG-20 to IG-23, AB-01 to AB-06
3. Pilot	Established patients at one office book, reschedule and cancel by text invitation	Inbox, flow board, unconfirmed list	PB-10 to PB-50, PB-80 to PB-94, AB-10 to AB-14
4. Full launch	New patients, insurance and self-pay, estimates, forms, waitlist, check-in, video, website and Google buttons, both offices	Eligibility queue, merge queue, compliance dashboard	PB-51 to PB-75, AB-20 to AB-54, AC, SC, IG-02 to IG-10

Phase	Patients get	Staff get	Requirements
5. Intelligence	Text booking, after-hours voice, recall invitations, lab-then-visit planning	No-show risk, smart ranking, closure mode, all dashboards	IN-01 to IN-11, reporting

Phone booking stays open throughout, so no patient is ever forced online. Launch messages go out in each patient's written language through texts, a website banner, QR cards at both front desks and the phone line's hold message.

AWS work by phase: in Decide, accept the AWS BAA, create the accounts in US East (N. Virginia) and request Connect Health access. Core build adds the HealthLake sync, Amazon Connect on both lines and registration of the texting numbers. The pilot tries Connect Health verification for English callers and Lex flows in Chinese and Spanish. Full launch adds Bedrock text booking and Textract card capture, and the Intelligence phase adds SageMaker AI models and, once generally available, Connect Health patient insights.

Evaluating vendors or building custom

Score every option, bought or built, against the checklist below; an option that fails any Must item is out. Buying is faster to start, building gives full control of the Chinese-language experience and continuity rules, and a middle path pairs a vendor's scheduling engine and open API with a custom patient front end.

Capability	Priority	How to verify in a demo
Business associate agreement covering every subcontractor	Must	Ask for the agreement and the subcontractor list before the demo
Real-time, two-way sync with Anling's EHR	Must	Book in the platform and watch it appear in the EHR within 5 seconds; then change it in the EHR
Provider-by-office templates with alternating Saturdays	Must	Configure Dr. Kruszka's and Dr. Wong's weeks from the template table
Full patient journey in Traditional Chinese, Simplified Chinese and Spanish	Must	Book, receive the texts and open the estimate in each language on a phone

Capability	Priority	How to verify in a demo
Continuity-first booking	Must	Book as a returning patient; the patient's own provider must lead
Lab-aware booking rules	Must	Try to book a fasting draw at 2 PM; it must be refused with a reason
Price display and automated Good Faith Estimates on CMS timing	Must	Book self-pay 5 business days out; the estimate must arrive within 1 business day
WCAG 2.2 AA conformance	Must	Request the accessibility conformance report; book a visit using VoiceOver
Quick-book from a phone call in under 60 seconds	Must	Time a supervisor booking a mock caller
No double booking under load	Must	Ask for load-test evidence matching NF-08
Security assurance	Must	SOC 2 Type II or HITRUST report, and the latest penetration test summary
Uptime and support commitments	Must	99.9% uptime written into the contract, with support hours and service credits
Full data export and open API	Must	Export a test practice in FHIR JSON and CSV; review the API documentation
All-in pricing	Must	A written quote covering setup, per-provider fees, text and voice charges, eligibility checks and translation
Smart waitlist with text offers	Should	Cancel a slot and watch the offers go out
Insurance card capture and real-time eligibility	Should	Photograph a sample card
Digital check-in and running-late texts	Should	Check in from a phone; press "running late" in the provider view

Capability	Priority	How to verify in a demo
Two-way texting understood in four languages	Should	Reply 確認 and Sí to reminders
Family and proxy access with confidential visit types	Should	Book for a child; confirm a confidential visit stays hidden from the parent
Closure mode	Should	Close an office for a day and preview the messages
References from multilingual primary care practices	Should	Call two references
Plain-language visit matching	Could	Type "bp check and refill" in English and in Chinese
After-hours voice assistant	Could	Call after hours and speak Cantonese
No-show risk and recall engine	Could	Ask how scores are built and checked for unequal effects

Add one column per option and score each row from 0 to 3; a Must row needs a 3. Ask every vendor to demonstrate on a phone, in Chinese, using Anling's real provider schedule rather than their demo data.

AWS-specific checks

Capability	Priority	How to verify in a demo
Patient data only in HIPAA-eligible AWS services, under a signed AWS BAA	Must	Ask for the vendor's AWS service list and its BAA chain
Chinese and Spanish phone and text flows built on Amazon Lex and Polly	Must	Call in Cantonese, Mandarin and Spanish and book a visit end to end
Bedrock Guardrails with a no-diagnosis denied topic	Must	Ask to see the guardrail settings and their test results
No dependence on Amazon Pinpoint campaigns or journeys	Must	Confirm reminders run on End User Messaging plus Step Functions or Amazon Connect

Capability	Priority	How to verify in a demo
Amazon Connect for both phone lines, or a working integration with it	Should	See the caller banner and callback queue inside the console
Connect Health verification and scheduling for English callers	Should	Demo against Anling's own EHR, not a sandbox
The practice owns the AWS account, or can take it over at any time	Should	Check the contract and the account hand-over steps
Shared AWS cost dashboards and AWS Budgets alerts	Should	Ask for a month of usage from a practice of similar size
Connect Health visit notes flowing into the EHR's templates	Could	Watch a draft note land in the EHR during the demo

Open questions for Anling Health

The first five answers shape the architecture and should be settled before vendor demos; the rest can be answered during the Decide phase.

- ☐ Which EHR and practice management system does the practice use, and does it offer a FHIR or HL7 scheduling interface?
- ☐ Should the booking platform or the EHR hold the master schedule?
- ☐ Does the practice receive HHS federal financial assistance (for example Medicaid), and how many employees does it have? This sets the Section 504 accessibility date.
- ☐ What budget range and target launch date should vendors quote against?
- ☐ Which office should run the pilot?
- ☐ What visit lengths should each provider use per visit type (proposals are in the visit-type catalog)?
- ☐ What is the latest start time for a fasting draw at each office?
- ☐ Which Saturdays do Dr. Kruszka and Dr. Wong each work, at which office, and should Saturdays be bookable online or request-only?
- ☐ Which insurance plans are accepted today, and how should the "we don't take this plan" message read?
- ☐ What are the self-pay prices for physicals, form visits, the weight-loss program, coaching and STI screening?
- ☐ What late-cancel window and no-show policy should patients see?

- ☐ What is the youngest age the practice sees, and which visit types should be confidential for minors?
- ☐ Should Simplified Chinese be offered alongside the Traditional Chinese the site uses today?
- ☐ Who on the team will approve the Chinese and Spanish translations?
- ☐ Which video platform and phone system are in use today?
- ☐ Can patient email move from the offices' Gmail addresses, as listed on the site, to an anlinghealth.com address covered by a business associate agreement?
- ☐ How should patients be asked about nursing students observing their visit?

AWS decisions:

- ☐ Will the practice own the AWS account and accept the AWS BAA itself, or will the vendor host everything under its own BAA?
- ☐ Should both office phone lines move to Amazon Connect?
- ☐ Should English-speaking callers pilot Connect Health appointment management while it is in preview?
- ☐ Should the providers try Connect Health visit notes for English visits during the 60-day free trial?
- ☐ Does Connect Health reach Anling's EHR natively, through its EHR proxy service, or through a data partner?

Appendix: glossary and sample messages

Glossary

Term	Meaning
A2P 10DLC	US carrier registration required for business texting from ordinary 10-digit numbers
Backfill	Filling a cancelled slot, here from the waitlist
Business associate agreement	The HIPAA contract that obliges a vendor to protect patient data
Continuity rate	Share of established-patient visits with the patient's own provider

Term	Meaning
EHR	Electronic health record, the clinical chart system
Eligibility check (X12 270/271)	The standard electronic question and answer with an insurer about a patient's coverage
FHIR R4	The modern HL7 standard for exchanging health data through web APIs
Good Faith Estimate	The written cost estimate owed to uninsured and self-pay patients under the No Surprises Act
HL7 v2 SIU and ADT	Older, widely used message formats for scheduling (SIU) and patient registration (ADT)
Late cancel	A cancellation inside the practice's notice window
No-show	A booked visit where the patient neither arrived nor cancelled
Proxy	A person allowed to book for a patient
Slot hold	A temporary reservation of a time while the patient finishes booking
Third next available appointment	Days until the third open slot, a standard access measure that ignores one-off openings
WCAG 2.2 AA	The W3C web accessibility standard at Level AA

Sample patient messages

Every sample follows the content rules: first name only, no reason for the visit, the office named with its phone number, and details behind the secure link.

Event	Sample text (English)
Confirmation	Hi {first_name}, you're booked with Dr. Wong on Tue, Oct 13 at 9:30 AM at Anling Health Sunrise, 8395 W Oakland Park Blvd, Suite E & F. Manage your visit: {link}. Questions: 954-900-8981. Reply STOP to opt out.

Event	Sample text (English)
3-day reminder	Hi {first_name}, reminder: Anling Health Sunrise, Tue, Oct 13, 9:30 AM with Dr. Wong. Reply C to confirm or R to reschedule. 954-900-8981
Preparation	Hi {first_name}, a reminder to prepare for tomorrow's 9:15 AM visit at Anling Health Coconut Creek. Your instructions: {link}. 954-800-7889
Waitlist offer	Hi {first_name}, an earlier time opened: Fri, Oct 9, 2:00 PM with Iliana Hernandez at Anling Health Sunrise. Tap within 15 minutes to take it: {link}. First to tap gets it.
Running late	Hi {first_name}, Dr. Wong is running about 20 minutes behind today. Your new estimated time is 9:50 AM. Keep it, arrive later or reschedule: {link}. 954-900-8981

The confirmation in the other three languages, as drafts for review by a fluent team member before use. The Chinese title used for each provider is the practice's choice, so these drafts use the provider's name alone.

Language	Confirmation draft
Traditional Chinese	{first_name} 您好：您已預約 10月13日（週二）上午 9:30，在安寧醫務所 Sunrise 診所（8395 W Oakland Park Blvd, Suite E & F）由 Winnie Wong 為您看診。 管理預約：{link}。如有疑問請致電 954-900-8981。 回覆 STOP 可取消簡訊通知。
Simplified Chinese	{first_name} 您好：您已預約 10月13日（周二）上午 9:30，在安宁医务所 Sunrise 诊所（8395 W Oakland Park Blvd, Suite E & F）由 Winnie Wong 为您看诊。 管理预约：{link}。如有疑问请致电 954-900-8981。 回复 STOP 可取消短信通知。
Spanish	Hola, {first_name}: tiene una cita con la Dra. Wong el martes 13 de octubre a las 9:30 a. m. en Anling Health Sunrise, 8395 W Oakland Park Blvd, Suite E & F. Administre su cita: {link}. Preguntas: 954-900-8981. Responda STOP para no recibir más mensajes.

Sources

Pages opened for this specification:

- [Anling Health home page](#): offices, hours, lab hours, languages, services, no online booking
- [About Anling Health and our team](#): providers, languages, usual schedules, office supervisors
- [Primary care services](#): service list, fasting labs, student clearances
- [Self-pay pricing](#): \$100, \$88 and \$55 rates, labs billed separately
- [New patients and first visits](#): callback process, first-visit checklist
- [Annual physical or a visit for a concern?](#): how patients should describe their need
- [CMS: What is considered health insurance \(Good Faith Estimates\)](#): estimate timing and who qualifies
- [LeadingAge: Section 504 web accessibility dates delayed](#): May 2026 extension of compliance dates
- [HL7 FHIR R4 Schedule resource](#): one schedule per practitioner per location

AWS pages used for Building on AWS:

- [AWS HIPAA eligible services](#): list last updated July 14, 2026
- [Amazon Connect Health](#), its [FAQs](#) and [pricing](#): capabilities, status, languages, EHRs, Regions and prices
- [AWS launches Amazon Connect Health](#): March 5, 2026 announcement
- [Amazon Bedrock data protection](#): prompts not stored or used for training
- [Amazon Lex V2 languages](#), [Amazon Polly voices](#) and [Amazon Transcribe languages](#)
- [Amazon Lex V1 end of support](#): September 15, 2025
- [Amazon Pinpoint end of support](#): October 30, 2026
- [Amazon Cognito passwordless sign-in](#): passkeys and one-time codes