

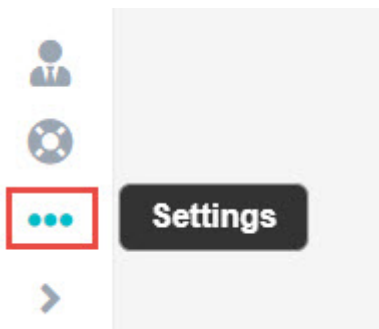
Health Fund Fees (Clinic)

Disclaimer: Altura Health recommends periodically checking these settings to ensure they are correct. Your fees will **not** update if these settings are incorrect. You are responsible for maintaining and ensuring these fees are set up correctly.

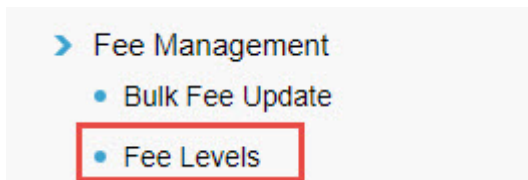
Tired of updating your Health Fund Fees every time a change occurs?

If Fydo is setup correctly, your health fund fees will automatically be updated! Simply follow this quick 5 minute guide, and never worry about your fees again!

First, lets head to **Settings**, found on the bottom left hand side of Fydo.



Then select **Fee Levels**, found underneath **Fee Management**



Fee Levels

You will now arrive at the **Fee Levels** settings. This page displays all of the current Fee Levels within Fydo, and lets you edit them as needed.

Now, lets select **Edit** from the top right hand corner of the page.



To setup automatic fee updates, we just need to change a few settings for each health fund.

- **Fund**
- **State (If Applicable)**
- **Fee Type (If Applicable)**

Level ↓	Description	Gap Amount	Threshold	Fund	State	Fee Type	Status
0	DVA In-hospital	0.00	01/11/2019				<input checked="" type="checkbox"/>
1	MBS 100%	0.00	01/11/2019				<input checked="" type="checkbox"/>
2	Workers Comp	0.00	01/11/2019				<input checked="" type="checkbox"/>
3	hcf no gap	0.00	01/07/2020	HCF		No Gap	<input checked="" type="checkbox"/>
4	hcf with gap	0.00	01/07/2020	HCF		Gap / Known Gap	<input checked="" type="checkbox"/>
5	ahsa nsw	0.00	01/07/2020	AHS	NSW		<input checked="" type="checkbox"/>
6	medibank	0.00	01/07/2020	MPL			<input checked="" type="checkbox"/>

Fund - This is a simple one, simply select the corresponding fund from the list. In the above case, I selected **HCF** for both of my HCF fee levels, **AHS** for my Alliance (AHSA) fee level and **MPL** for my Medibank Private level.

State - This will only apply to **Alliance (AHSA), BUPA and GU Health**. Select the state you require fees for. In the above case, I opted for the **NSW** fees.

Fee Type - This will only apply to **HCF and HBF**. Simply select if you need the **No Gap** or the **Known Gap** fees. In the above case, I have a fee level for both, though you may only have one.

Once you have completed the above, click the **Save** button.



All done! You can now rest easy, while we take care of the rest. Your Health Fund fees will automatically update as soon as we have the latest fees, usually every 2-3 months.

Disclaimer: ACSS recommends periodically checking these settings to ensure they are correct. Your fees will **not** update if these settings are incorrect. You are responsible for maintaining and ensuring these fees are set up correctly.

You can find the fees that Fydo will import [here](#).

Medicare and Fund Contacts - Dealing with Rejections

Medicare & DVA

Organisation	Phone/ Email
Medicare	P: 1800 700 199F: 02 9895 3190
MBS Interpretation	P: 13 21 50E: askMBS@health.gov.au
DVA	P: 1300 550 017

Health Funds

Fund name	Contact for clinics	Contact for hospitals
ACA HealthECLIPSE <i>code: ACA</i> <i>HCP code: ACA</i>	P: 1300 368 390 acahealthit@acahealth.com.au	P: 1300 368 390 acahealthit@acahealth.com.au
Alliance (AHSa)	P: 03 9813 4088 access@ahsa.com.au	
AHM <i>ECLIPSE code:</i> <i>AHM</i> <i>HCP code: AHM</i>	P: 1300 524 456 Eclipse@medibank.com.au	P: 1300 560 680 Eclipse@medibank.com.au <i>AHM and Medibank have the same support team</i>
Australian Unity <i>ECLIPSE code:</i> <i>AUH</i> <i>HCP code: AUF</i>	P: 1800 035 360	dgilder@australianunity.com.au

BUPA*ECLIPSE code:**BUP**HCP code: BUP*

P: 134 135 F: 1300 130 623 *for sending claims manually*

dr.billing@bupa.com.au

Only for sending claims with Problems / Rejections

gapscheme@bupa.com.au

Only for if you are unable to **fax**

P: 134 135

gordon.barrett@bupa.com.au

CBHS**Corporate****Health & CBHS****Health Fund***ECLIPSE**code: CBC &**CBH**HCP code: CBC**& CBH*

P: 1300 654 123

providers@cbhs.com.au

P: 1300 654 123

access@cbhs.com.au

Alternatively

julie.mckinnon@cbhs.com.au

Hunter Health**Insurance**

(Formally

known as

'Cessnock' or

'CDHBF

Health')

*ECLIPSE**code: CDH**HCP code: CDH*

P: 02 4990 1385

enquiries@hunterhi.com.au

P: 02 4990 1385

CDH.BenefitsFund@Hunterhi.com.au

**CUA Health
Limited**

ECLIPSE

code: CHF

HCP code: CPS

P: 1300 499 260
cuahealth@cuahealth.com.au

P: 1300 499 260
cuahealth@cuahealth.com.au
Alternatively
karen.coventry@cua.com.au

**Defence
Health**

ECLIPSE

code: DHF

HCP code: AHB

P: 1800 656 329

P: 1800 656 329
providerrelations@defencehealth.com.au

**Doctors
Health Fund**

ECLIPSE

code: AMA

HCP code: AMA

P: 1800 226 586

P: 1800 226 586
lesley.rutter@doctorshealthfund.com.au

**Emergency
Services
Health**

(also managed
by Police
Health)

ECLIPSE

code: ESH

HCP code: SPE

P: 1300 703 703
F: 1300 151 152

P: 1300 703 703
providerenquiries@eshealth.com.au

GMHBA

ECLIPSE

code: GMH

HCP code: GMH

P: 1300 446 422
F: (03) 5222 7478

P: 1300 446 422
Jamie-LeeGardham@gmhba.com.au
joannesheldon@gmhba.com.au

**GU Health
(FAI)**

ECLIPSE

code: FAI

HCP code: FAI

P: 1800 249 966

corporate@guhealth.com.au

providers@honeysucklehealth.com.au

HBF

ECLIPSE

code: HBF

HCP code: HBF

P: 1300 810 475

expresspayqueries@hbf.com.au

P: 1300 810 475

lorraine.hort@hbf.com.au

HIF

(Health
Insurance Fund
of Australia
Limited)

ECLIPSE

code: HIF

HCP code: HIF

P: 1300 134 060

claims@hif.com.au

P: 1300 134 060

michelle.peacock@hif.com.au

HCF

ECLIPSE

code: HCF

HCP code: HCF

P: 1800 670 302

medicoverenquiry@hcf.com.au

P: 1800 670 302

MFarlow@hcf.com.au (Maria)

Alternatively

dfernandez@hcf.com.au (David)

**Health Care
Insurance**

ECLIPSE

code: HCI

HCP code: HCI

P: 1800 804 950

P: 1800 804 950

jamie.gillam@hcilt.com.au

**Health
Partners**

ECLIPSE P: 1300 113 113
code: SPS
HCP code: SPS

P: 1800 465 172
hospitalclaims@healthpartners.com.au
davids@healthpartners.com.au

Health.com.au

ECLIPSE P: 1300 199 802
code: HEA
HCP code: HEA

P: 1300 199 802
hospitalteam@health.com.au
Alternatively
Catherine.Ngo@health.com.au
Gemma.Oliver@health.com.au

Latrobe

ECLIPSE P: 1300 362 144
code: LHS E: info@lhs.com.au
HCP code: LHS

P: 1300 362 144
tan@lhs.com.au

Medibank

ECLIPSE P: 1300 130 460
code: MPL
HCP code: MPL

P: 1300 130 460
eclipse@medibank.com.au

Mildura

ECLIPSE P: 03 5023 0269 P: 03 5023 0269
code: MDH providers@mildurahealthfund.com.au eclipse@mildurahealthfund.com.au
HCP code: MDH

MO Health*ECLIPSE**code: MYO**HCP code: MYO*

P: 1800 333 004

P: 1800 333 004

Vaibhav.Makin@aia.com**Navy Health***ECLIPSE**code: NHB**HCP code: NHB*

P: 1300 217 736

query@navyhealth.com.auquery@navyhealth.com.au**NIB***ECLIPSE**code: NIB**HCP code: NIB*

P: 1300 853 530

medigap@nib.com.auinternationalclaims@nib.com.au (For overseas claims)

P: 1300 853 530

hospitaleclipse@nib.com.auprovrel@nib.com.au**Nurse and
Midwives***ECLIPSE**code: NMW**HCP**code: NMW*

P: 1300 344 000

submit.claim@nmhealth.com.au

P: 1300 344 000

EclipseClaims@nmhealth.com.au

Alternatively

George.Drakakis@nmhealth.com.audianne.roe@teachershealth.com.au**OneMediFund***ECLIPSE**code: OMF**HCP code: OMF*

P: 1800 148 626F: 1300 673 406

P: 1800 148 626

info@onemedifund.com.au

**Peoplecare
Health
Insurance**

ECLIPSE
code: LHM
HCP code: LHM

P: 1800 808 690

P: 1800 808 690
info@peoplecare.com.au

**Phoenix
Health**

ECLIPSE
code: PHF
HCP code: PWA

P: 1800 028 817

P: 1800 028 817
enquiries@phoenixhealthfund.com.au
info@peoplecare.com.au

Police Health

(also managed
by Emergency
Services Health)
ECLIPSE
code: POL
HCP code: SPE

P: 1800 603 603 F: 1800 008 554

P: 1800 603 603
providerenquiries@policehealth.com.au

**Queensland
Country**

ECLIPSE
code: QCH
HCP code: QCH

P: 1800 813 415

P: 1800 813 415
rharding@qccu.com.au

TUH

(Queensland
Teachers)
ECLIPSE
code: QTU
HCP code: QTU

P: 1300 360 701

P: 1300 360 701
alice.caldwell@tuh.com.au

**Reserve Bank
health**

ECLIPSE P: 1800 027 299F: 1300 309 704
code: RBH
HCP code: RBH

P: 1800 027 299
info@myrbhs.com.au

RT Health

ECLIPSE P: 1300 886 123 (option 5)
code: RTH access@rthealthfund.com.au
HCP code: RTE

P: 1300 886 123
hospitals@rthealthfund.com.au

St Lukes

ECLIPSE P: 1300 651 988
code: SLM
HCP code: SLM

P: 1300 651 988
general@stlukes.com.au

**Teachers
Federation**

ECLIPSE P: 1300 728 188
code: TFH
HCP code: NTF

P: 1300 728 188
elizabeth.cashman@teachershealth.com.au
Alternatively, try:
EclipseClaims@teachershealth.com.au
George.Drakakis@nmhealth.com.au
dianne.roe@teachershealth.com.au

**Transport
Health**

ECLIPSE P: 1300 806 808
code: TFS
HCP code: TFS

P: 1300 806 808
hospitals@transporthealth.com.au

Westfund

ECLIPSE

code: WFD

HCP code: WFD

P: 1300 937 838

medicalbenefits@westfund.com.au

P: 1300 937 838

sharpg@westfund.com.au

Closing the Accounting Period

Closing the 'Accounting Period' refers to **locking down your financial figures** up to a **given date** (usually the end of the month) so that they **cannot be changed**.

We **do not** recommend closing the accounting period for the last month, on the first day of the current month. Rather, give yourself seven to ten days to get your figures to a point where you are happy. That is, after all rejections and adjustments are made.

In other words, it ensures that the figures seen on your revenue report run out of FYDO match the figures seen on your bank account, to the cent. And that those figures then cannot be amended in FYDO.

So let's see where the accounting period is closed.

Start off by going over to settings.



Then, click **Close Accounting Period**.




Enter the date you wish to **lock your figures** to and hit **Save**.

Close Accounting Period

By locking the account period, transactions with an accounting period on or prior to the date below, will not be able to be modified nor deleted.

Location **Eccles**

Accounting Period Locked to  **3**

4

I should also mention that this action is recorded in FYDO's audit log, so you can see who closed the accounting period and when.

To view the audit log, go to **Settings**, then click on **Logs**.

SETTINGS

General

- › Accommodation Categories
- › Appointment Types
- › Area Codes
- › Booking Codes
- › Cancelled Reasons
- › Checkers - Letters
- › Departments
- › Deposit Types
- › Doctors
- › Doctor Specialities
- › Document Types
- › ECLIPSE Mapping
- › End of Day Banking
- › Health Funds
- › Health Fund Participants
- › Hospitals
- › Invoice Messages
- › Items
- › Item Types

Clinic

- › Appointments Setup
- › Rooms

› Locations

› Logs **2**

› Practices

› Printer Configuration

› Program Numbers

› Recall Reasons

› Referral Types

› Referring Doctors

› SMS History

› Staff Roles

› System Configuration

› Templates

- SMS Templates
- Templates

› Third Parties

› User Groups

› Users

› Webhooks

› Fee Management

- Bulk Fee Update
- Fee Levels

› Close Accounting Period

You will see a log similar to this when the accounting period is closed.

Amir Balouchi (ACSS)
(Backend)

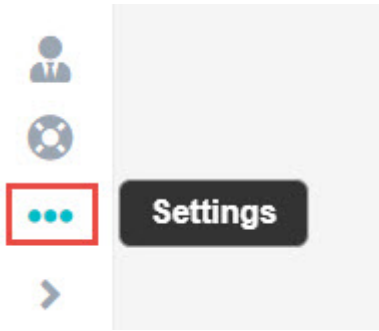
Accounting period closed for Eccles [ID - 1] - changed from 21/09/2020 to 30/09/2020

20/10/2020 5:22:54 PM

[Adding MBS items - Clinic](#)

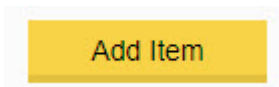
Want to know how to add items into Fydo? Follow the below steps and you'll be billing them in no time!

First, lets head to **Settings**, located in the lower left hand corner of Fydo.



Then select **Items**, this will display a list of all your current items.

To add a new item, lets click the yellow **Add Item** button.



Simply enter the item you need in the **Number** field as below, found under the **Item Details**.

A screenshot of a form titled "Item Details". The form has several input fields: "Number" (containing "1"), "Procedure Name", "Notes", and "Link Procedures". There is a blue question mark icon in the bottom right corner of the "Link Procedures" field.

You will see the **Procedure name** be automatically filled.

Now just click on the green **Save** button.



All done! The rest of the information regarding the item will automatically be added from information via the **Medicare Benefits Schedule** online Website.

Things such as:

- Fees (Medicare and DVA rates)
- Description
- Rule (If it has one e.g Surgical step down)

Eclipse Clinic Billing

Set up your patient and ready to bill? Read ahead to find out how to submit claims to **Health Funds** via **Eclipse**.

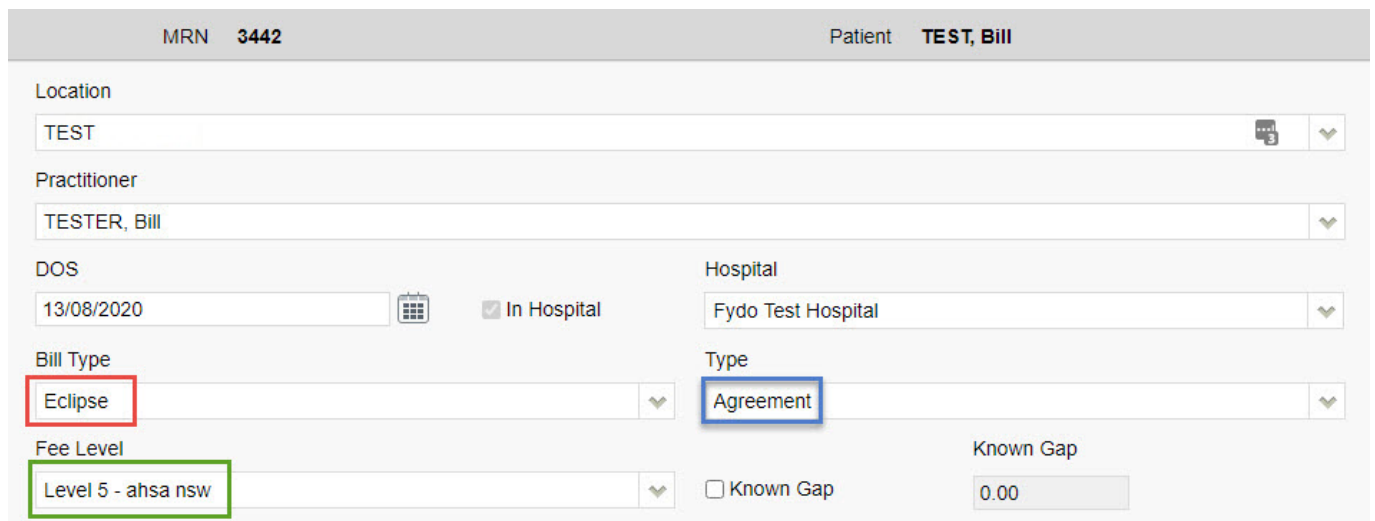
Important Note: If you have not submitted an **Online Patient Verification (OPV)** yet for your patient, or you do not know how, see our wiki page [here!](#)

To get started, from the **Patient Record**, we are going to click on the **Bill Patient** button.

You can also use the hotkey 'B'!



This will take you to the **Clinical Billing** page

A screenshot of a web form for clinical billing. The form has a header with "MRN 3442" and "Patient TEST, BILL". Below the header are several fields: "Location" (TEST), "Practitioner" (TESTER, Bill), "DOS" (13/08/2020) with a calendar icon and a checked "In Hospital" box, "Hospital" (Fydo Test Hospital), "Bill Type" (Eclipse, highlighted with a red box), "Type" (Agreement, highlighted with a blue box), "Fee Level" (Level 5 - ahsa nsw, highlighted with a green box), and "Known Gap" (0.00) with a checkbox for "Known Gap".

While you may notice that there are more fields than shown above, for **Eclipse** we will only be focusing on a few.

Please note that most of these fields are drop down menus.

- **Location:** The Location the service took place. If you only have one it will be defaulted.
- **Practitioner:** The Practitioner who performed the service.
- **DOS:** The Date of Service.
- **In Hospital:** A tick-box to indicate if this service was performed in a Hospital, this is required for **Eclipse**

The main fields to ensure are correct for **Eclipse** are the highlighted ones above, and outlined below:

- **Bill Type:** The type of billing; be sure to select **Eclipse**

- **Fee Level:** Which fees this billing will use. Will default based on the patients record.
- **Type:** Needs to be set to either **Agreement** or **Scheme** depending on the fund.

The last step before we can begin our billing is to enter any needed referral information. If this does not apply to you, skip to the next section: **Adding Items**

Otherwise, simply fill out the **Referral** section as seen below. If you only have one referring doctor for this patient, they will be automatically selected here (provided it has not expired)

If you don't see a **Referral** you have added, be sure to check the **Previous Referrals** drop down menu!

Referral

Referral Flag

Previous Referrals

Referring Doctor
ADD REFERRING DOCTOR
Referral To

TESTER, Marko x

TESTER, Dr Bill x

Referral Date

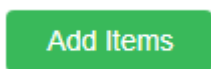
Period

First Consult

Site Referral (global)

ADD ANOTHER REFERRAL

Once you are done with the above segments, click on the green **Add Items** button in the bottom right hand corner of your screen.



Clinic Billing

You will arrive at the **Clinic Billing** page. Here we can see a brief overview of previous information for the patient, and where we can bill an invoice.

Billing is as easy as typing in the item you need and selecting it. There are two different ways to search for the item as shown below:

- **Search for the item number itself.**
- **Search for a word in the description. This can either be at the start, or anywhere within the description!**

Don't forget, for **Eclipse** you can easily change the Date of Service within the invoice by using the handy calendar!

DOS	Item	Description
11/08/2020	<input type="text"/>	

Once you have entered all your items as desired, click on the **Review Charges** button to proceed to the final page of billing.

[Review Charges](#)

Clinic Review Charges

You may notice that this page looks nearly identical to the previous **Clinic Billing** page. The only real difference is that you can no longer add or change items, and there are additional buttons at the bottom.

You will also be able to see the **Total Charges** for the items you have billed like so:

Total Charges	\$94.75	Total GST	\$0.00
Total Rebate	\$94.75	Out of Pocket	\$0.00

There are a few different options on this screen:

[Edit Item And Charges](#)

Cancel







Save

Save & Print

- **Edit Item And Charges:** Realised you have made a mistake? click this button to go back to the previous page and fix it up!
- **Cancel:** Cancel out of this billing, this will take you back to the **Patient Screen**.
- **Save:** Save this invoice, prompting the final confirmation before it is send to **Claiming - Medical**. If **Save & Print** is selected, it will also be printed.

Upon selecting one of the two save options, you will see the final stage of the billing, the **Claimant Screen**.

ECLIPSE

<input type="checkbox"/> Accident Indicator 	IFC Issued	Not obtained 
<input type="checkbox"/> Compensation Indicator 	Admission Date	<input type="text"/> 
<input type="checkbox"/> Financial Interest Indicator 	Discharge Date	<input type="text"/> 

Please note that most of the fields are optional, so if you do not wish to fill them out, simply click on the green **Send Electronically** button.

Send electronically

Otherwise, you can fill them out accordingly, and select if an **IFC** was issued.

All done! A batch has now been created within **Claiming - Medical** and will be ready to send off.

If you do not know how to send a batch, see our handy guide [here!](#)

[Billing DVA Community Nursing \(Clinic\)](#)

So you're ready to bill DVA community nursing patients. Follow along to learn how.

It all starts with patients so click on the **Patients** tab and select a patient.

Next, before you bill, you will need to enter the dates for the 28 day cycle. Click on the **Other** tab on the patient's record and enter the **admission date** as well as the start date of the 28 day cycle.

Patient Details
Other
Appointments
Recalls
Accounts
Episodes
Communication
Documents

121 - CITIZEN, John

Patient Details Other Appointments Recalls Accounts Episodes Communication Documents

Patient Details

Patient #	121	File Num		External ID	121
Title		Gender			
First Name	John			Mi	
Last Name	CITIZEN				
Pref. Name					
Address					
Suburb		State		Postcode	
Mailing Address					
Suburb		State		Postcode	
Date of Birth		Age		DOB Estimate	<input type="checkbox"/>
Mobile		Home	() -	Work	() -
Email					

Once finished, hit **Save**.



At this point, you are ready to bill.

However, it is a good idea to first run the **Online Patient Verification** to ensure the correct patient details are entered, as they are known to DVA.

To learn more about the Online Patient Verification, [Click here](#)

When you're ready to bill, click on the **Bill Patient** button *or hit 'B' on your keyboard* as a shortcut!

While you may notice that there are more fields than shown above, for **Community Nursing**, we will only be focusing on a few.

Please note that most of these fields are drop down menus.

- **Location:** the location where the service took place. If you only have one, it will be defaulted
- **Practitioner:** the practitioner who performed the service. If you only have one, it will be defaulted
- **DOS:** date of service

- **Referring Doctor**

Note: The **Bill Type** will automatically be selected as **Veterans**, given the patient has a veterans card number on their record.

Additionally, If you only have one location and practitioner setup in the system, these too will automatically be selected. This is usually the case for most community nursing organisations.

So, all you need to enter is the **Date of Service** (DOS). The date in this field will always be prefilled as *today's date*. Therefore, in almost all cases, you will need to change this date. The date of service should be the *first day* of the 28 day claiming cycle.

[For more information on this, click here to read more on the DVA website](#)

PATIENT > CLINICAL BILLING

MRN	121	Patient	CITIZEN, John
Location			
Eccles			
Practitioner			
ECCLES UNIT, Nursing			
DOS		Hospital	
21/08/2020	<input type="checkbox"/> In Hospital		
Bill Type		Type	
Veterans			
Fee Level		Known Gap	
Level 1 - MBS		<input type="checkbox"/> Known Gap	0.00

Referral

Referral Flag			
Previous Referrals			
Referring Doctor		ADD REFERRING DOCTOR	Referral To
TEST, Test Dr x			
Referral Date	Period	First Consult	<input type="checkbox"/> Site Referral (global)
01/07/2020	12		
ADD ANOTHER REFERRAL			

Conditional: if you have entered a referral on the patient's record and do not see it in the billing

screen, you may click on the **'Previous Referrals'** drop down to view all previous entered referrals and select the desired one.

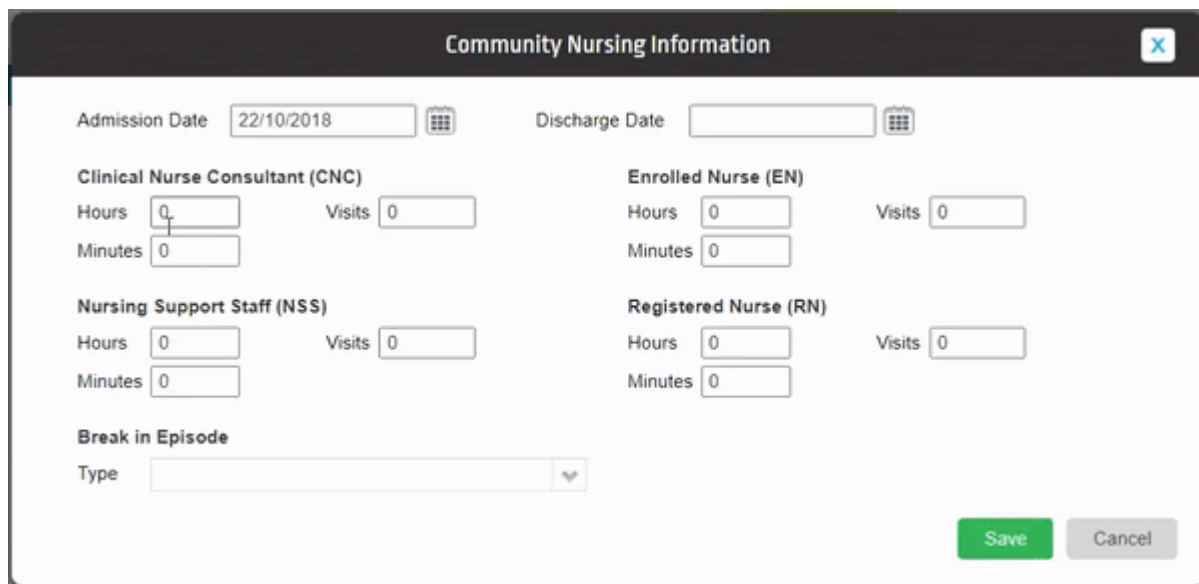
Once you have filled in the above fields, click on the **Add Items** button. You're nearly done!



You will now be presented with a pop up asking you to enter the nursing hours for this period of care (current 28 day cycle). Enter your nursing hours and hit **'Save'**.

Note: hours are only required to be reported when *core items* are billed. They are not required if you are billing *consumables* only.

That said, if you are **not** billing your core items with the consumables, you will need to bill the core items *first*, before billing the consumables to avoid rejections.



Forgotten to add some hours, or want to check what you've entered? You can invoke the nursing hours pop up again by hitting the **'CN Info'** button.



Next, go ahead and enter your desired item(s) in the below field:

DOS	Item	Description
11/08/2020		

Once you have entered all your desired items, click on:

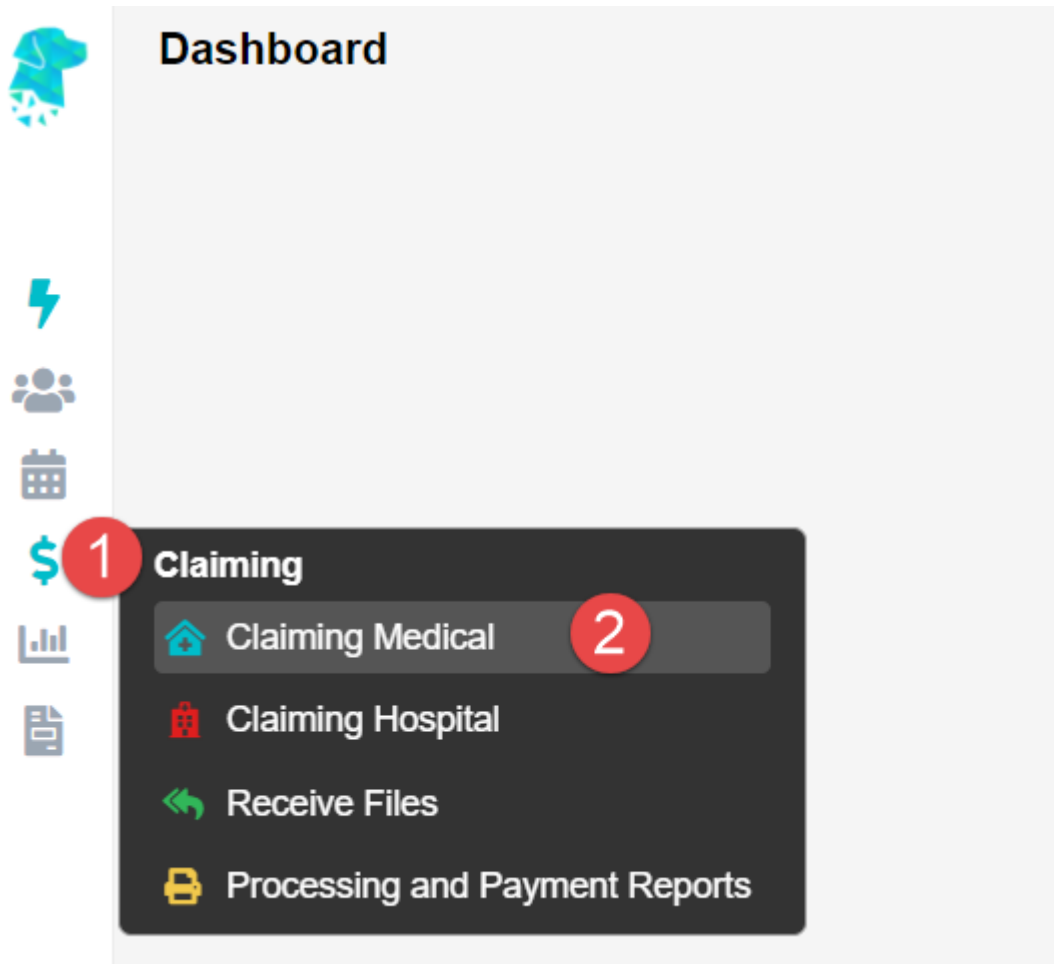
- **Review Charges**
- **Save**

All done! A batch has now been created within **Claiming - Medical** and will be ready to send off.

If you do not know how to send a batch, see our handy guide [here!](#)

[Sending Batches - Claiming Medical](#)

All done billing? Great! The next step is to send these batches off. To get started head to **Claiming**, then select **Claiming Medical**.



There are a few different **Types** that a batch can have, depending on what has been billed.

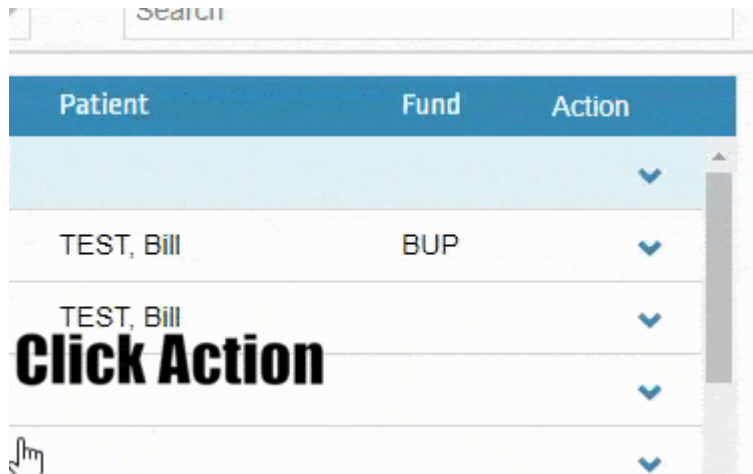
Type
Medicare
IMC - Agreement
PC - S/F
Veterans

- Medicare
- Veterans
- IMC (Inpatient Medical Claims) - Scheme or Agreement
- PC (Patient Claims) - Store and Forward or Real Time

No matter the type of batch, they all follow the same simple process to be sent off.

Actions Menu

Before we get started on sending the batch, here is a handy guide to accessing the options for a batch. This will be used at all stages of the batches life cycle, from **Open** to **Payment Received**.



The screenshot shows a table with three columns: Patient, Fund, and Action. The first row is highlighted in light blue. The second row contains 'TEST, Bill' in the Patient column and 'BUP' in the Fund column. The third row is highlighted in white, and a large black text overlay 'Click Action' is positioned over it. A mouse cursor is pointing at the downward arrow in the Action column of the third row. Other rows below are partially visible, each with a downward arrow in the Action column.

Patient	Fund	Action
		▼
TEST, Bill	BUP	▼
TEST, Bill		▼
		▼
		▼

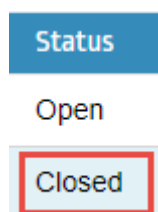
As shown above, there are two ways to access this menu:

1. Left click on the downward arrow in the **Action** column.
2. Right click **anywhere** on the batch line itself.

Both of these methods will display the same menu.

Sending a Batch

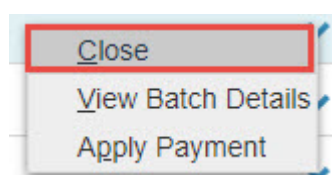
To send a batch; first the batch must have the status of **Closed**, this can be seen in the **Status** column.



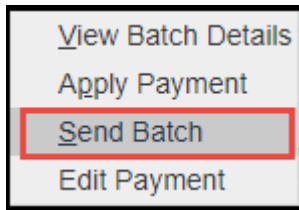
In the case of a **Medicare** or **Veterans** batch, the status may be **Open**. An **Open** batch means that if you bill any more invoices of the same type, they will be added to this batch.

A **Medicare** or **Veterans** batch can hold up to 80 invoices before it will automatically **Close**.

In a case like this, you will have to access the **Actions Menu** as seen above, and select **Close**.



Once a batch is **Closed**, simply access the **Actions Menu** once more and select **Send Batch**.



All done! You will notice the status of your batch will first change to **Queued** as it is getting ready to go. Then it will become **Sent** should you refresh the page or come back to it a bit later.

Clinic Bulk Billing

Set up your patient and ready to bill? Read ahead to find out how to submit claims to **Medicare** via **Bulk Billing**.

Important Note: If you have not submitted an **Online Patient Verification (OPV)** yet for your patient, or you do not know how, see our wiki page [here!](#)

To get started, from the **Patient Record**, we are going to click on the **Bill Patient** button.

A rectangular button with rounded corners, light blue background, and the text 'Bill Patient' in a darker blue font.

You can also use the hotkey 'B'!

This will take you to the **Clinical Billing** page

A screenshot of a web-based form for clinical billing. At the top, there is a header bar with 'MRN 3442' on the left and 'Patient TEST, Bill' on the right. Below the header, the form is organized into several sections. The 'Location' section has a dropdown menu set to 'Recovery Station'. The 'Practitioner' section has a dropdown menu set to 'TESTER, Bill'. The 'DOS' section has a date input field set to '22/05/2020' and a calendar icon. There is a checkbox for 'In Hospital' which is currently unchecked. The 'Hospital' section has a dropdown menu. The 'Bill Type' section has a dropdown menu set to 'Medicare'. The 'Type' section has a dropdown menu. The 'Fee Level' section has a dropdown menu set to 'Level 1 - MBS'. There is a checkbox for 'Known Gap' which is unchecked. To the right of this checkbox is a text input field for 'Known Gap' with the value '0.00'.

While you notice that there are more fields than shown above, for **Bulk Billing** we will only be focusing on a few.

Please note that most of these fields are drop down menus.

- **Location:** The Location the service took place. If you only have one it will be defaulted.
- **Practitioner:** The Practitioner who performed the service.
- **DOS:** The Date of Service.
- **In Hospital:** A tick-box to indicate if this service was performed in a Hospital. If you select this the **Hospital** drop down menu becomes active, allowing you to select the Hospital.

The last step before we can begin our billing is to enter any needed referral information. If this does not apply to you, skip to the next section: **Adding Items**

Otherwise, simply fill out the **Referral** section as seen below. If you only have one referring doctor for this patient, they will be automatically selected here (provided it has not expired)

Referral

Referral Flag

Previous Referrals

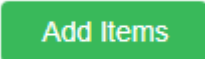
Referring Doctor ADD REFERRING DOCTOR Referral To

TESTER, Marko x TESTER, Dr Bill x

Referral Date 19/05/2020 Period 12 First Consult Site Referral (global)

ADD ANOTHER REFERRAL

Once you are done with the above segments, click on the green **Add Items** button in the bottom

right hand corner of your screen. 

Clinic Billing

You will arrive at the **Clinic Billing** page. Here we can see a brief overview of previous information for the patient, and where we can bill an invoice.

Billing is as easy as typing in the item you need and selecting it. There are two different ways to search for the item as shown below:

- **Search for the item number itself.**
- **Search for a word in the description. This can either be at the start, or anywhere within the description!**

DOS	Item	Description
	<input type="text"/>	

Remember for **Bulk Billing** the **Date of Service (DOS)** cannot be changed in an invoice.

Once you have entered all your items as desired, click on the **Review Charges** button to proceed to the final page of billing.

[Review Charges](#)

Clinic Review Charges

You may notice that this page looks nearly identical to the previous **Clinic Billing** page. The only real difference is that you can no longer add or change items, and there are additional buttons at the bottom.

You will also be able to see the **Total Charges** for the items you have billed like so:

Total Charges	\$94.75	Total GST	\$0.00
Total Rebate	\$94.75	Out of Pocket	\$0.00

There are a few different options on this screen:

[Edit Item And Charges](#)

Cancel

Save

Save & Print

- **Edit Item And Charges:** Realised you have made a mistake? click this button to go back to the previous page and fix it up!
- **Cancel:** Cancel out of this billing, this will take you back to the **Patient Screen**.
- **Save:** Save this invoice, send it to the **Claiming Medical** section, ready to send. If **Save & Print** is selected, it will also be printed.

All done! The invoice has now been saved within a **Batch** and is now ready to be sent.