

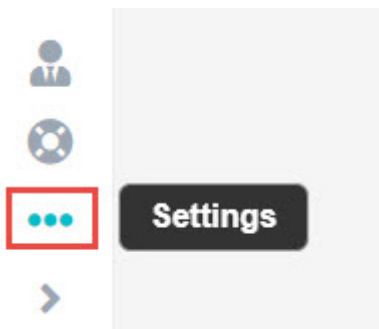
Health Fund Fees (Clinic)

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 Health <i>ECLIPSE code:</i> ACA <i>HCP code:</i> ACA	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> AHM <i>HCP code:</i> AHM	P: 1300 524 456 Eclipse@medibank.com.au	P: 1300 560 680 Eclipse@medibank.com.au AHM and Medibank have the same support team
Australian Unity <i>ECLIPSE code:</i> AUH <i>HCP code:</i> AUF	P: 1800 035 360 P: 134 135F: 1300 130 623 for sending claims manuallydr.billing@bupa.com.au	P: 1800 035 360 dgilder@australianunity.com.au
BUPAE <i>ECLIPSE code:</i> BUP <i>HCP code:</i> BUP	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 <i>ECLIPSE code:</i> CBC & CBH <i>HCP code:</i> 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') <i>ECLIPSE code:</i> CDH <i>HCP code:</i> CDH	P: 02 4990 1385 enquiries@hunterhi.com.au	P: 02 4990 1385 CDH.BenefitsFund@Hunterhi.com.au
CUA Health Limited <i>ECLIPSE code:</i> CHF <i>HCP code:</i> 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 <i>ECLIPSE code:</i> DHF <i>HCP code:</i> AHB	P: 1800 656 329	P: 1800 656 329 providerrelations@defencehealth.com.au
Doctors Health Fund <i>ECLIPSE code:</i> AMA <i>HCP code:</i> AMA	P: 1800 226 586	P: 1800 226 586 lesley.rutter@doctorshealthfund.com.au
Emergency Services Health (also managed by Police Health) <i>ECLIPSE code:</i> ESH <i>HCP code:</i> SPE	P: 1300 703 703 F: 1300 151 152	P: 1300 703 703 providerenquiries@eshealth.com.au
GMHBA <i>ECLIPSE code:</i> GMH <i>HCP code:</i> 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.auproviders@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@hcilttd.com.au**Health****Partners**

ECLIPSE

code: SPS

HCP code: SPS

P: 1300 113 113

P: 1300 113 113

hospitalclaims@healthpartners.com.audauids@healthpartners.com.au**Health.com.au**

ECLIPSE

code: HEA

HCP code: HEA

P: 1300 199 802

P: 1300 199 802

hospitalteam@health.com.au

Alternatively

Catherine.Ngo@health.com.auGemma.Oliver@health.com.au**Latrobe**

ECLIPSE

code: LHS

HCP code: LHS

P: 1300 362 144

E: info@lhs.com.au

P: 1300 362 144

tan@lhs.com.au**Medibank**

ECLIPSE

code: MPL

HCP code: MPL

P: 1300 130 460

P: 1300 130 460

medibankhospital.network@medibank.com.au**Mildura**

ECLIPSE

code: MDH

HCP code: MDH

P: 03 5023 0269

providers@mildurahealthfund.com.au

P: 03 5023 0269

eclipse@mildurahealthfund.com.au**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.au

Overseas Claims:

internationalclaims@nib.com.au

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.au dianne.roe@teachershealth.com.au**OneMediFund**

ECLIPSE

code: OMF

HCP code: OMF

P: 1800 148 626

F: 1300 673 406

P: 1800 148 626

info@onemedifund.com.au

**Peoplecare
Health**

Insurance

ECLIPSE P: 1800 808 690
code: LHM
HCP code: LHM

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

Phoenix Health

ECLIPSE P: 1800 028 817
code: PHF
HCP code: PWA

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

Police Health

(also managed by
Emergency
Services Health) P: 1800 603 603
ECLIPSE F: 1800 008 554
code: POL
HCP code: SPE

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

Queensland

Country

ECLIPSE P: 1800 813 415
code: QCH
HCP code: QCH

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

TUH(Queensland

Teachers)
ECLIPSE P: 1300 360 701
code: QTU
HCP code: QTU

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

Reserve Bank

health

ECLIPSE P: 1800 027 299
code: RBH F: 1300 309 704
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 P: 1300 937 838
code: WFD medicalbenefits@westfund.com.au
HCP code: WFD

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**.

The screenshot shows the 'SETTINGS' menu with two main sections: 'General' and 'Hospital'. The 'General' section is expanded, showing a list of settings. The 'Close Accounting Period' option is highlighted with a red circle and the number 2. The 'Settings' icon in the left sidebar is also highlighted with a red circle and the number 1.

General	Hospital
> Accommodation Categories	> Invoice Hold Reasons
> Appointment Types	> Procedures
> Area Codes	> Theatre Management <ul style="list-style-type: none">• Theatre Data• Theatre Rosters
> Band Mappings	> Ward Management <ul style="list-style-type: none">• Bed Tracker
> Booking Codes	
> Cancelled Reasons (Appointments)	
> Cancelled Reasons (Theatre Rosters)	
> Certificates	
> Chart Location	
> Coding Hold Reasons	
> Checkers - Letters	
> Departments	
> Deposit Types	
> Doctors	
> Doctor Specialities	
> Document Types	
> ECLIPSE Mapping (Items)	
> ECLIPSE Mapping (Other Services)	
> Health Funds	
> Health Fund Participants	
> Hospitals	
> Invoice / IFC Messages	
> Items	
> Item Types	
> Locations	
> Logs	
> Nurse List	
> Pathology Providers	
> Practices	
Hospital	
> Adjustments	
> Clinical Indicators	
> Close Accounting Period 2	
> Fees Management <ul style="list-style-type: none">• Fees Setup• Minimum Benefits• Other Services	

Enter the date you wish to **lock your figures** to and click **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 Alinas Private Hospital

Accounting Period Locked to 01/01/2000 3 4

Cancel
Save

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
- > Band Mappings
- > Booking Codes
- > Cancelled Reasons (Appointments)
- > Cancelled Reasons (Theatre Rosters)
- > Certificates
- > Chart Location
- > Coding Hold Reasons
- > Checkers - Letters
- > Departments
- > Deposit Types
- > Doctors
- > Doctor Specialities
- > Document Types
- > ECLIPSE Mapping (Items)
- > ECLIPSE Mapping (Other Services)
- > Health Funds
- > Health Fund Participants
- > Hospitals
- > Invoice / IFC Messages
- > Items
- > Item Types
- > Locations
- > Logs 2
- > Nurse List
- > Pathology Providers
- > Practices
- > Printer and Scanner Configuration
- > Program Numbers
- > Recall Reasons
- > Referral Types
- > Referring Doctors
- > Security
- > SMS Automation
- > SMS History
- > SMS - Order Credits
- > Staff Roles
- > Survey
- > System Configuration
- > Templates
 - Clinical Note Template
 - SMS Templates
 - Templates
- > Theatre Hold Reasons
- > Third Parties
- > Theatre Reason for Delayed Finish
- > Theatre Reason for Delayed Start
- > User Groups
- > Users
- > Webhooks
 - Webhooks
 - View Failed Logs
 - View Logs

Hospital

- > Adjustments
- > Clinical Indicators
- > Close Accounting Period
- > Fees Management
 - Fees Setup
 - Minimum Benefits
 - Other Services
- > Invoice Hold Reasons
- > Procedures
- > Theatre Management
 - Theatre Data
 - Theatre Rosters
- > Ward Management
 - Bed Tracker

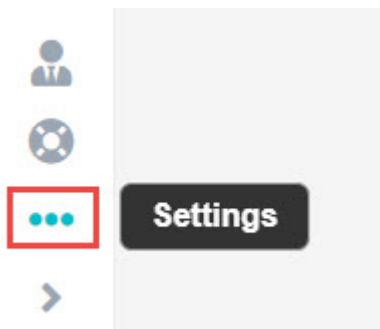
You will see the log showing when the accounting period was closed.

Username	Message	Date Created	Action
Alina (Altura) (Backend)	Accounting period closed for Alinas Private Hospital [ID - 1] - changed from 01/01/2000 to 01/01/2025	17/04/2026 2:45:27 PM	

Adding MBS items - Clinic

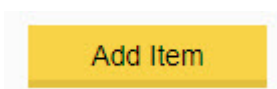
Want to know how to add items into Fydo? Follow the below steps and you'll be billing them in no time!

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 the "Item Details" form in the Fydo application. The form has a title bar "Item Details" in a dark grey box. Below the title bar, there are four input fields: "Number" (containing "1"), "Procedure Name", "Notes", and "Link Procedures". The "Link Procedures" field has a blue question mark icon in the bottom right corner.

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'!

Bill Patient

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

The screenshot shows a form for clinical billing. At the top, it displays 'MRN 3442' and 'Patient TEST, Bill'. The form fields are as follows:

- 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)
- 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

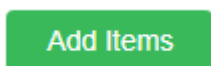
Previous Referrals

Referring Doctor <div style="border: 1px solid #ccc; padding: 2px; margin-top: 5px;">TESTER, Marko x</div>	ADD REFERRING DOCTOR	Referral To <div style="border: 1px solid #ccc; padding: 2px; margin-top: 5px;">TESTER, Dr Bill x</div>
---	---	--

Referral Date <div style="border: 1px solid #ccc; padding: 2px; margin-top: 5px;">19/05/2020 </div>	Period <div style="border: 1px solid #ccc; padding: 2px; margin-top: 5px;">12</div>	First Consult <div style="border: 1px solid #ccc; padding: 2px; margin-top: 5px;">22/05/2020 </div>	<input type="checkbox"/> 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

Accident Indicator 

Compensation Indicator 

Financial Interest Indicator 

IFC Issued

Not obtained

Admission Date



Discharge Date



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 \(Clinic\)](#)

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

Click on the **Patients** icon to search a patient or select a patient from the hover

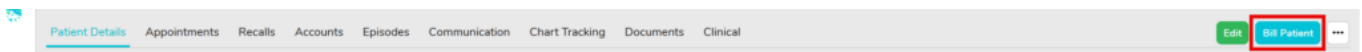


It is a good idea to first run the **Online Patient Verification** to ensure the correct patient details are entered, as they are known to DVA.

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

Make sure you have a valid referral entered before commencing the billing.

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 a lot of fields, 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
- **Referral:** This will populate the referral information entered on the patient details screen

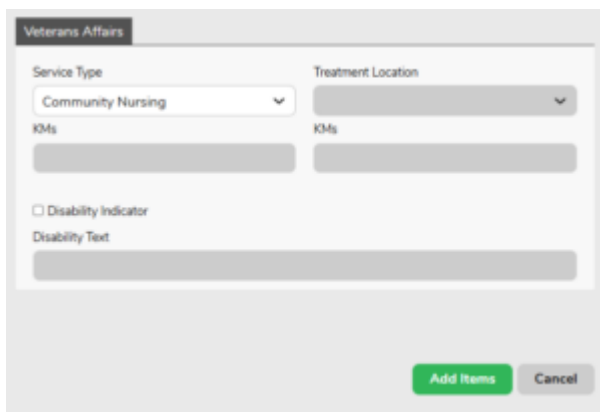
Note: The **Bill Type** will automatically be selected as **Veterans**, given the patient has a veterans card number on their record.

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.

[Community Nursing Quick Reference Guide](#)

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. This would likely occur when the DOS (Date Of Service) is outside of the referral validity.

Once you have filled in the DOS (first day of the 28 day claiming cycle) click on the **Add Items** button.



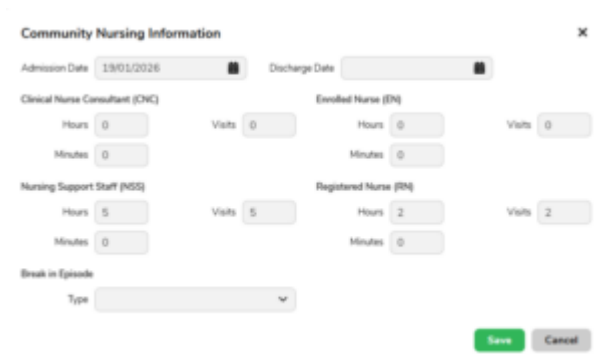
The screenshot shows a form titled "Veterans Affairs" with the following fields:

- Service Type: Community Nursing (dropdown)
- Treatment Location: (dropdown)
- KMs: (text input)
- Disability Indicator:
- Disability Text: (text input)
- Buttons: Add Items (green), Cancel (grey)

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



The screenshot shows a pop-up form titled "Community Nursing Information" with the following fields:

- Admission Date: 13/01/2026 (calendar icon)
- Discharge Date: (calendar icon)
- Clinical Nurse Consultant (CNC): Hours 0, Visits 0, Minutes 0
- Enrolled Nurse (EN): Hours 0, Visits 0, Minutes 0
- Nursing Support Staff (NSS): Hours 5, Visits 5, Minutes 0
- Registered Nurse (RN): Hours 2, Visits 2, Minutes 0
- Break in Episode: Type (dropdown)
- Buttons: Save (green), Cancel (grey)

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. If you are unsure which items are required, refer to the current DVA Community Nursing Schedule Of Fees.

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

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

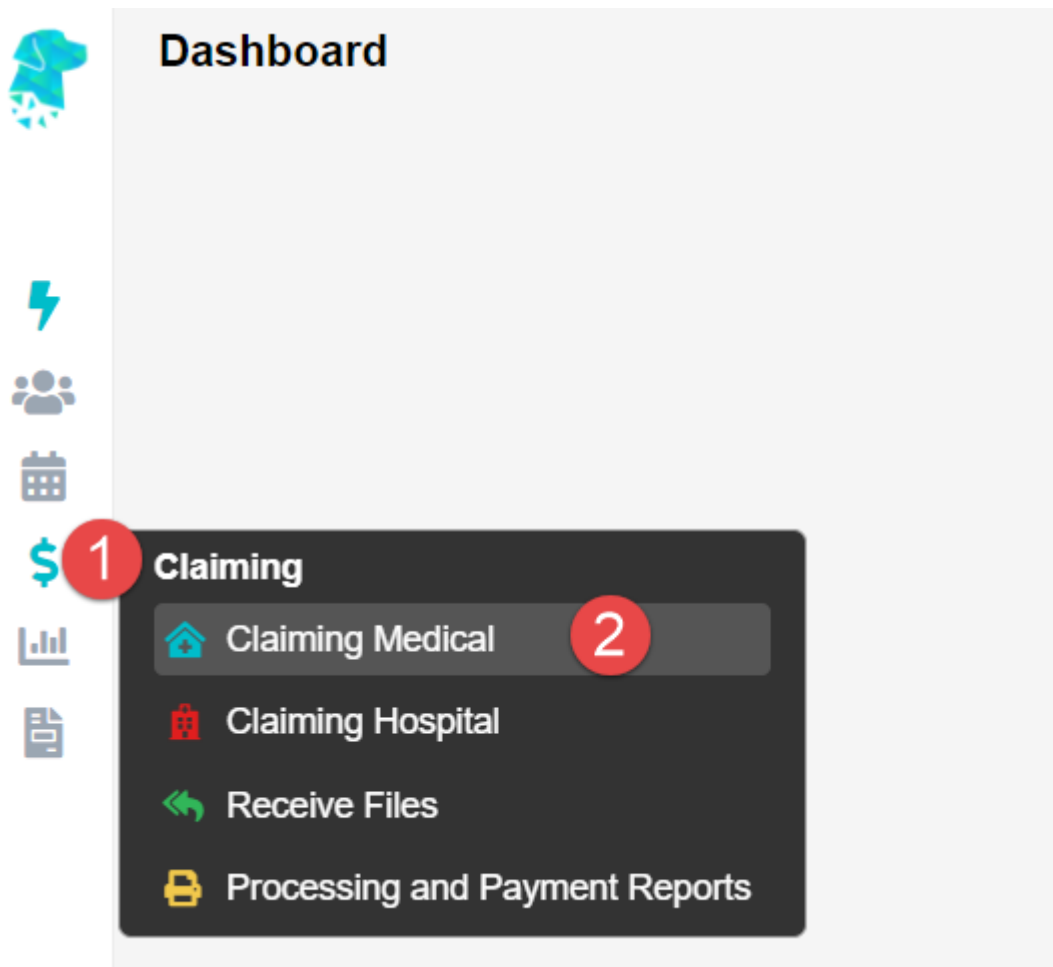
A batch has now been created within **Claiming - Medical**.

Go to Claiming Medical, there will be a batch with the status **“Open”**. Once ready to send it off for payment, click the blue action arrow on the far right of the batch and then click **Close & Send**.

The batch will update to **“sent”** status. You will now wait for DVA to process the claim.

[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.

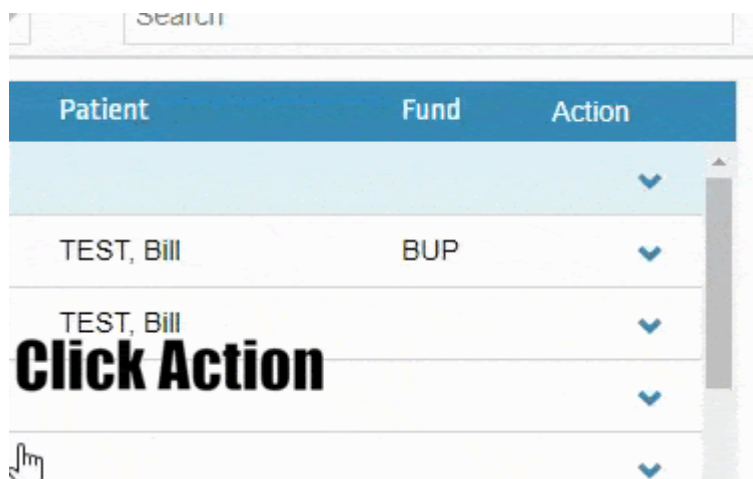
Type
Medicare
IMC - Agreement
PC - S/F
Veterans

- 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**.



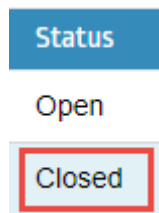
As shown above, there are two ways to access this menu:

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

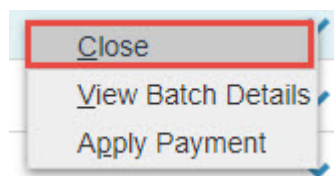
To send a batch; first the batch must have the status of **Closed**, this can be seen in the **Status** column.



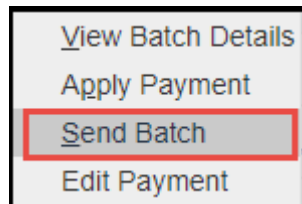
In the case of a **Medicare** or **Veterans** batch, the status may be **Open**. An **Open** batch means that if you bill any more invoices of the same type, they will be added to this batch.

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.

Bill Patient

You can also use the hotkey 'B'!

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

MRN	3442	Patient	TEST, Bill
Location			
Recovery Station			
Practitioner			
TESTER, Bill			
DOS		Hospital	
22/05/2020	<input type="checkbox"/> In Hospital		
Bill Type		Type	
Medicare			
Fee Level		Known Gap	
Level 1 - MBS		<input type="checkbox"/> Known Gap	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 Period First Consult Site Referral (global)

19/05/2020

[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.