[Patient Transfer (non API option)](#)

As of September 2021 we do not have any inbound webhooks/APIs, meaning FYDO can not receive new patients via an API. FYDO can send webhooks/apis for new patients but not inbound as of this writing.

We do have a patient transfer option whereby you can send us a file via FTP and it can be loaded into FYDO. Currently this occurs at 3 scheduled intervals a day. 8am, midday and 4pm (SYD time).

We have a few formats we can accept the data in

- XML
- .txt

Option: XML

This format has been adopted as it is the format created by Genie.

[Download Sample File](#)

XML Tag Name	Details
Id	This is the MRN from the incoming system
ChartOrNHS	This could be another additional ID you have for the patient
Title	e.g Miss, Mrs
FirstName	
Surname	
MiddleName	
HealthFundAliasFirstName	Only required if the patent is known by another name with their health fund
HealthFundAliasFamilyName	Only required if the patent is known by another name with their health fund
AddressLine1	
AddressLine2	
Suburb	
State	
Postcode	
DOB	Format yyyy-mm-dd
Sex	e.g M, F or 1 – for Male 2 – Female 3 – Undertermined

HomePhone		Format 0299999999
MobilePhone		Format 0415999999
EmailAddress		
HccPensionNum		
MaritalStatus		Married De facto Same sex partner Single Widowed Divorced Separated
CultureCode		1 – Aboriginal 2 – Torres Strait Islander 3 – Both Aboriginal / Torres Strait Islander 4 – Neither 9 – Not Stated
MedicareNum		
MedicareRefNum		
MedicareExpiry		Format yyyy-mm-dd
DvaNum		
HealthFundName		e,g MBP, HCF needs to be the fund code not the fund name. Or at the least the first 3 characters need to be the fund code.
HealthFundNum		
NokName		Format FirstName Surname
NokPhone		
Memo		

Option: Text File

This format was created by FYDO and has more fields than the XML option, referred to internally as AV2.

[Download Sample File](#)

Field Name	Start	Length	Details
PatExtId	1	10	This could be another additional ID you have for the patient, the main MRN is the PatType field
Title	11	5	e.g Miss, Mrs
Last Name	16	30	
First Name	46	30	
Address 1	76	40	
Suburb	116	25	

Field	Pos	Len	Notes
Postcode	141	4	
DOB	145	10	Format dd/mmy/yyyy
Medicare Number	155	12	Format 2111-11111-1
Medicare Reference	167	1	
Entitlement Number	168	14	e.g. concession number or pension number
DVA Number	182	14	
Phone Home	196	14	Format (02)9999-9999
Phone Work	210	14	Format (02)9999-9999
Misc1	224	1	Field now defunct, pls ignore
Gender	225	1	e.g M, F
State	226	3	
Medicare Expiry	229	5	Format mm/yy
Misc2	234	6	Field now defunct, pls ignore
PatType	240	10	This is the MRN from the incoming system
Misc3	250	9	Field now defunct, pls ignore
Misc4	259	1	Field now defunct, pls ignore
SiteId	260	4	Field now defunct, pls ignore
Referring Dr Title	264	6	
Referring Dr First Name	270	25	
Referring Dr Last Name	295	25	
Referring Dr Suburb	320	20	
Referring Dr Provider Number	340	8	
Referral Date	348	10	Format dd/mmy/yyyy
Referral Period	358	2	99 for indefinite, other 3, 12 for example
Health Fund Membership Number	360	20	
Health Fund Code	380	3	e.g MBP, should be the eclipse code, that we can look up in FYDO
Health Fund Name	383	37	e.g Medibank
Misc5	420	25	Field now defunct, pls ignore
Email	445	50	
Notes	495	50	
Mobile Number	545	12	
NOK Last Name	557	25	
NOK First Name	582	25	

NOK Relationship	607	10	e.g Brother, Father, Wife
NOK Phone Home	617	13	Format (02)9999-9999
Patient Middle Initial	630	1	
DVA Card Type	631	1	
Indigenous	632	1	1 – Aboriginal 2 – Torres Strait Islander 3 – Both Aboriginal and Torres Strait Islander 4 – Neither Aboriginal or Torres Strait Islander 9 – Not Stated
Referring Dr Practice Name	633	50	
Referring Dr Address 1	683	50	
Referring Dr Address 2	733	50	
Deceased Date	783	10	Format dd/mmy/yyy
Health Fund Alias First Name	793	25	
Health Fund Alias Last Name	818	25	
Referring Dr Phone	843	14	Format (02)9999-9999
Referring Dr Fax	857	14	Format (02)9999-9999
Referring Dr State	871	3	
Referring Dr Postcode	874	4	
Eligibility	878	1	1 – Eligible – Australian Resident 2 – Eligible – Overseas Visitor 3 – Ineligible 9 – Not Known/Not Stated
Insurance Status	879	1	1 – Basic Cover 2 – Full Cover
Other Card Id	880	1	
Other Card Number	881	10	
Allergy	891	70	
Marital Status	961	1	1 – Married (including de facto) 2 – Never married (Single) 3 – Widowed 4 – Divorced 5 – Permanently Separated 6 – Not stated/inadequately described
Employment Status	962	2	1 – Child not at school 2 – Student 3 – Employed 4 – Unemployed 5 – Home Duties 6 – Retired 7 – Pensioner 8 – Other
Language	964	2	Download List

Country	966	4	Download List
Mailing Address Line 1	970	40	
Mailing Address Line 2	1010	40	
Mailing Address Suburb	1050	25	
Mailing Address State	1075	3	
Mailing Address Postcode	1078	4	
Mailing Address Country	1082	30	
NOK Title	1112	10	
NOK Address 1	1122	40	
NOK Suburb	1162	25	
NOK State	1187	3	
NOK Postcode	1190	4	
NOK Phone Work	1194	13	Format (02)9999-9999
NOK Mobile	1207	13	Format 9999-999-999

Editing, deleting, and inactivating referrals

Made a mistake when creating the referral? No problem. Read on to see how to edit or delete referrals.

Start off by opening a patient's record. Below is an example of the referral section of a patient's record.

- **Add another referral**: FYDO allows you to have multiple referrals for a given patient. Use this button to add another referral
- **Edit referral**: this button allows you to make changes to any of the data fields of a given referral
- **Delete this referral**: this button will remove the referral
- **Active**: untick this checkbox to make the referral inactive

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Results of an OEC

If you have not submitted an OEC yet, please see our guide found here

To find your **OEC**, first access the **Documents** from the patients record.

| Patient Details | Appointments | Recalls | Accounts | Episodes | Communication | Chart Tracking | Documents | Clinical |

You will see a list of all the recorded documents for this patient. The **OEC's** that were returned will have the **Name** and **Type** of **OEC.** The MBS item number the OEC was ran on will also be included in the OEC name, eg; OEC-39323. Select one to view. These documents can be printed or downloaded as needed but will always be kept here, within the patient record.

Admission Form_001	Admission Form	08/01/2026	05/01/2026	Q	⋯
IFC 2026-01-05	IFC	08/01/2026	05/01/2026	Q	⋯
OEC-39323	OEC	08/01/2026	05/01/2026	Q	⋯
OEC-39323	OEC	08/01/2026	05/01/2026	Q	⋯
OEC-39323	OEC	08/01/2026	05/01/2026	Q	⋯
OEC-61109	OEC	08/01/2026	05/01/2026	Q	⋯
IFC 2025-12-22	IFC	08/01/2026	22/12/2025	Q	⋯

The first part of your **OEC** contains some patient information, as well as the **Fund** status on the check. It will also show the **Explanation**, on our **OEC** below we can see that the patient is eligible, but subject to conditions. The conditions will need to be confirmed with the fund:

Patient Name		**MRN**	674
Fund / UPI	TFH	**DOB**	
Transaction ID	ADV021982e4cb6df24fb43c1	**Gender**	
Requested	12/11/2025 09:48 AM	**OEC Type/ID**	ECF / 1272
Medicare Status	-	**Fund Status**	0 - Patient is known to the Health Fund specified in the request.
Assessment	WARNING	**Process**	COMPLETE
Explanation	1102 Eligible Subject to Conditions		

Health Fund Assessment

The next part of the **OEC** details the patients financial eligibility. We can see any **Excess** or **Co Payments** that are applicable, as well as a description of what the patients cover is limited to. *Any **Excess** shown here will be automatically updated in the **Appointments** screen for this patient.*

Health Fund Assessment

Excess
$ 500.00   **Description**   Capped each calendar year at once per   **Bonus** $ 0
adult when amount has been met in
full. The excess does not apply on
admissions for services with a
minimum benefit, approved hospital
ambulatory programs or to approved
psychiatric and rehabilitation day
programs in private hospitals only.
Excess will apply for all overnight and
day services in private and public
hospitals. The excess does not apply to
any child dependant covered on the
membership.

Co Payment
$ **Description**   Co-payment not Applicable   **Remaining Days**

Just below the excess and co payment information, you will find the final details of the **OEC**. The fund will detail the members cover and the description will mention services that are excluded. There is also space for **Benefit Limitations** and **Exclusions**. If your **OEC** shows the patient as not having cover, these fields will detail what the exclusions are and why the patient is not covered.

Health Fund Ref	1501371
Table Name	Silver Plus Hospital $500 Excess
Table Description	SILVER PLUS **All hospitals**: Excluded Services: Pregnancy and birth; Assisted reproductive services; Weight loss surgery; Laser eye correction; Cosmetic surgery receive no benefits. Minimum Benefit (Restricted cover) shared room rate for Podiatric surgery for accommodation. If Minimum Benefits shared room rate is paid, excess is not deducted. **Members First Network Hospitals**: Cover for hospital accommodation theatre fees for services that are not Excluded or Minimum Benefit services. **Public Hospitals**: Minimum Benefits for shared room accommodation as set by the Australian Government plus fixed benefit per

day for private overnight room accommodation. Special Benefits that help pay for certain in-hospital parent/partner accommodation and meals are included. Minimum Benefit services are not eligible for private room benefits. Excess does not apply for children.

Table Scale	SINGLE
Benefit Limitations Exclusions	

Finally, there is a field for any **Other Services** that were checked, such as **Prosthesis** items.

Items and Other Services

Type	Code	Charge	Fund Assess	Fund Amt	Med Assess	Med Amt

How to run a Clinic OEC – Online Eligibility Check

There are two main ways to perform an **Online Eligibility Check (OEC)** for a patient.

Patient Record

Simply go the patient's record and under the '**More Actions**' select **Eligibility Check (OEC)**

Total **57.95**   Clinic Total **157.95**   Hospital Total **-100.00**

Edit   Bill Patient   More Actions

UPI   0

Appointments

You can also access the **OEC** from Appointments (Hospital appointment), simply right click on an appointment and select **OEC**.

8:00 AM	
8:15 AM	
8:30 AM	
8:45 AM	
9:00 AM	
9:15 AM	
9:30 AM	
9:45 AM	
10:00 AM	
~~10:15 AM~~	
10:30 AM	
10:45 AM	
11:00 AM	
11:15 AM	
11:30 AM	
11:45 AM	
12:00 PM	
12:15 PM	
12:30 PM	
12:45 PM	
1:00 PM	
1:15 PM	
1:30 PM	
1:45 PM	
~~2:00 PM~~	
2:15 PM	
2:30 PM	
2:45 PM	

*You can also use the handy hotkey: **O***

OEC Request

The next step is the fill out the required fields in the **OEC request.**

Patient Details

The patient details will be automatically filled in by information taken from the patients record such

as **Name, Fund, DOB, Membership Number, Medicare Number** and **Gender.**

Eligibility Check

Like the **Patient Details**, the **Eligibility Check** fields are also pre filled from the patient record/booking. Things such as the **Admission Date, Hospital, Provider Number** and **Surgeon/Doctor**.
*The most common type of check you will be running will be **Fund Only.***

Items

The final part of the **OEC** is to select the **Illness Code** or **MBS Items** to check. There are also **Protheses items** available to check. While the list of Illness Code's is comprehensive, it is generally more accurate to check if the patient is eligible for the items you will be billing.

Now that the **OEC** is filled out, click **OK** to run it and we can take a look at the results.

To find out how to see the **OEC** results see our wiki page here

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Searching for a Patient

In Fydo, there are a few different ways we can search a patient.

Depending on if we have **Patient** or **Other** selected, there are different filters available. An easy way to see this, is to hover your mouse over the blue question mark.

This will bring up a helpful menu like so:

Lets go over the two ways to search, and the filters associated with them.

Patient:

Date of Birth: Search by Date of Birth

Name: A search by **Last Name**,**First Name**

There are a few different ways to use this filter, here are some examples of how I can search for the patient Alan Smith.

- **Last Name Only:** Smith,
- **First Name Only:** ,Alan
- **Partial Search:** Sm,Al
- **Full Name:** Smith,Alan

While there are a few different ways to search for a patient, some searches will narrow the results greatly compared to others, try out a few to see what works best for you.

MRN: A search by the patient's **Medical Record Number**

Please note that you can search for a **partial** number. In the case of Alan Smith and his **MRN** of **123**; we can search a few different ways.

- **Full Number: 123**
- **Partial Number**: **23 or 12**

Searching for the full number will narrow your results down compared to a partial search.

Other:
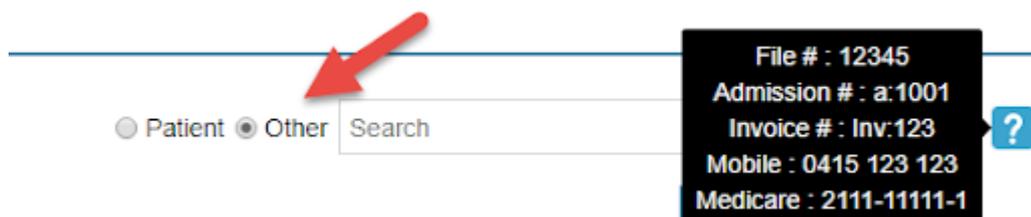
File #: The file number of the patient. Can be set in the **Patient Details.**

Admission #: Admission number for the patient (this is a number for patients that have Hospital episodes). Can be found in **Episodes,** from the **Patient Details** screen.

To search for the below **Admission,** I would have to search: **a:1497**

Invoice #: If the patient has been billed, you can search by an **Invoice Number**. This can be found in **Accounts**, from the **Patient Details** screen if you are a **Medical Practice**. For **Hospitals,** this can be found in **Episodes,** similar to the **Admission #**

To search for the above **Invoice**, I would have to search: **Inv:12573**

Mobile: Mobile number of the patient.

Medicare: Medicare number of the patient.

Merging Duplicate Patients

When creating a patient, if the details are similar enough to a patient already in Fydo, you will receive the following message.

This message is Fydo taking measures to ensure you do not create duplicate patients. As you can see in this example, it is letting me know a similar patient was found. For Fydo to try to match existing patients, you will need to enter a minimum of:

- **First Name and Last Name**
- **Date of Birth**

If you enter just the first and last name, it will not try to find similar patients, you do need to enter the date of birth for the check to occur.

Despite this, you may realise at some point that you have a duplicate patient. If you run into this issue, read ahead to find out how to **merge** the patients together.

How to Merge Patients

First search the patient/MRN that will become obsolete, after this process, & open their Patient Info Screen.

In the top right hand corner of the **Patient Details** screen you will see 3 dots which will display a drop-down menu with a Merge option.
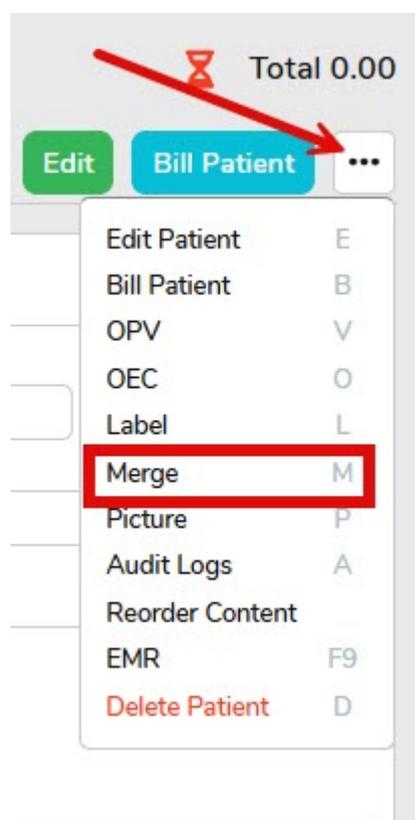
You will now see a screen with the patient's details and a search bar.

Simply search for the patient you wish to merge the current one with. You will see the **Patient Lookup** box, containing any patients found.

The **Patient Lookup** menu also has all the regular ways to search for a patient.

Select the patient you wish to merge the current one with and you will now see the previous **Merge Patient** screen with additional details of the patients to be merged

Merge Patient

Q patient, test

Select a medical record where MRN 192 will be merged into. This means MRN 192 will no longer exist, and all appointments/episodes and invoices will be moved to the selected MRN.

Merge Information

MRN 192	→	MRN 176
DOB 01/01/2000	→	DOB 01/01/2000
Sex	→	Sex
Patient PATIENT, Test	→	Patient PATIENT, Test

Cancel   **Merge Patient**

Now click the green **Merge** button, and you are all done! The patients have now been merged.

Should you try to **merge** two patients with **differing** details, Fydo will stop you with the following error message.

Merge Patient

This patient cannot be merged with the selected patient as the name and/or date of birth do not match.

This patient: **Test PATIENT** DOB: **01/01/2001**
Patient merged into: **Test PATIENT** DOB: **01/01/2000**

OK

As you can see, the patients here have differing **Date of Births**, so Fydo will not let me merge them.

The Audit Log

The **Audit Log**, is a log Fydo stores to keep track of which user has performed which action. In the case of merging, we will be able to see which user has performed the merge, as well as the details of said merge.

To access the **Audit Log,** first select **Settings**
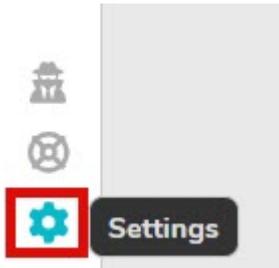
Then **Logs** from the menu
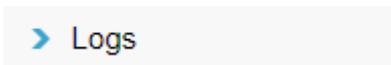
You will now see the **Audit Log:**

Username	Message	Date Created	Action
Madaleine James (Altura) (Backend)	Patient Merge - Test PATIENT - MRN: 192 merged into MRN: 176. MRN: 192 will no longer exist.	02/07/2025 9:29:41 AM	

This screen shows us some important information such as:

- **Username: The user who performed the action**
- **Message: What happened, in the above case we have some logins and the patient that was merged.**
- **Date created: The date this action happened, as well as the time.**

If you ever need to confirm what has happened in Fydo, the Audit Log is the perfect place to check.

How to Create a Patient

To get started, head to the **Patient** menu, and click **'Create Patient'**
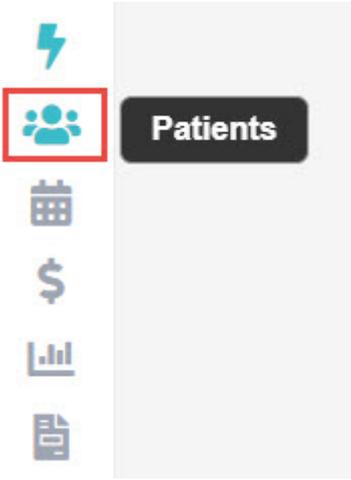
You will see the **Patient Details** screen, here we can enter relevant information such as: **Name**, **Gender**, **Date of Birth**, **Address**, **Contact details**, **Medicare/DVA Numbers** and **Health Fund Membership**.

Referring Details

The **Referring Details** section gives us a few options.

1. Select a previous referral for this patient.
2. Search for an existing doctor in Fydo to use.
3. Create a new doctor.

Begin by searching for the doctor, either by **Name** or by **Provider Number.**

Select the doctor you need as the referral, then the date of the referral, and you are all set!

Don't have the referring doctor in your system? Read below to see how to add them.

Adding a Referring Doctor

Click on the '**Add Referring Doctor'** button to be taken to the doctor creation page.

Here we can enter any relevant details for the doctor. Things such as their:

- **Provider Number**
- **Name**
- **Practice Name (Optional)**
- **Speciality**
- **Contact Details (Optional)**

When you are done, click the green **Save** button.

When you are done creating your patient, again click the green **Save** button.
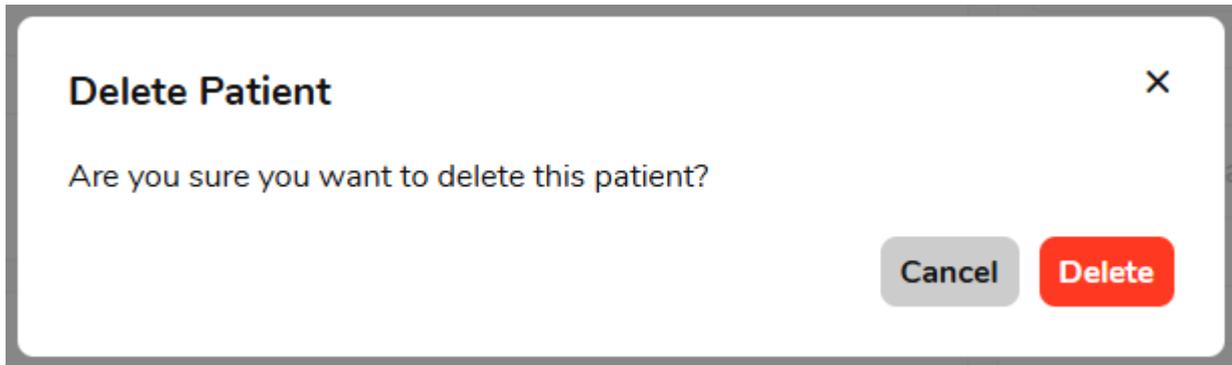

All done! We have created our first patient.

To understand the importance of an **Online Patient Verification**, *and how to do one yourself:*
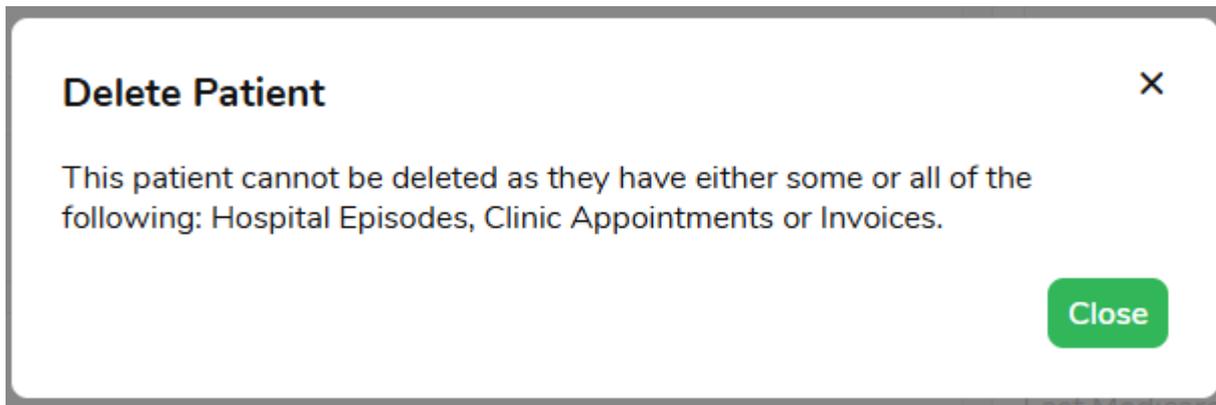**Click Here**

Deleting a Patient

From the **Patient Screen,** select the more actions drop down, then **Delete Patient**

You will see the confirmation box. If you wish to proceed, click **Yes**

Done! The patient has now been deleted.

You might also run into the following message when trying to delete a patient:

As the message states the patient may have one or more things stopping the deletion; things such as:

- **Outstanding Hospital Episodes**
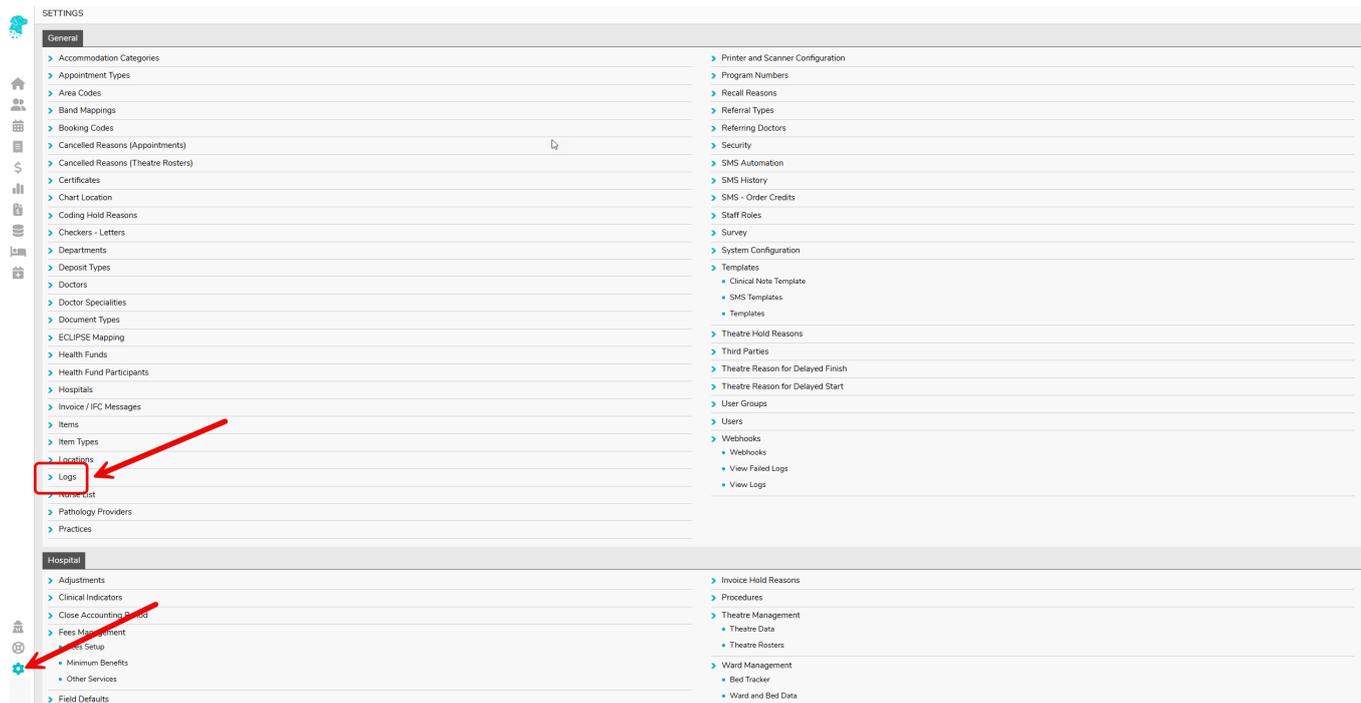- **Appointments**
- **Outstanding Invoices**

If you wish to delete this patient, you will have to resolve any of the above issues first.

The Audit Log

The **Audit Log**, is a log that Fydo stores to keep track of which user has performed which action. In

the case of a patient being deleted, we will be able to see which user has deleted the patient, as well as the patient's details.

To access the **Audit Log,** first select **Settings** then **Logs**

This will take us to the **Audit Log.**

Here we will be able to see what has happened within **Fydo.**

Username	Message
	Patient Delete - Daisy DUCK - MRN: 101 has been deleted

In the above example, we can see the log on a patient that was deleted. This log shows us key information such as:

- **Username:** The User who performed the action
- **Message:** What happened, above we can see the patient was deleted; it displays the patients name and MRN
- **Date created:** The date this action happened, including the time

If you ever need to confirm what has happened in Fydo, the **Audit Log** is the perfect place to check.

Online Patient Verification – OPV

An Online Patient Verification (**OPV**) is a check you should perform before billing a patient, to avoid potential rejections. This function will check the details you have entered against the records Medicare, DVA or a Health Fund have on their system.

Please Note: *A passing OPV does not mean the claim will be paid. It merely means the patient has, or had a membership at the date of the OPV.*

How to perform an OPV

FYDO will automatically run an OPV check, if all the correct information is entered, when an appointment is saved. However the OPV can also be done manually if required.

First, head to the **Patient Details**. At the bottom of the record you will see the **Eligibility Screen** as shown below.

Please Note: *If the Last Medicare and Health Fund Check fields have a red date, this means the last check was more than 3 months ago. If they have a green date, it was done in the past 3 months.*

Simply select the following:

1. Type: There are a few different types of verifications that can be performed, depending on what is needed. The image below outlines those options:

2. Date: The date of an OPV is quite important, by default it begins at the current date. It is possible a patient may fail an OPV at the current date, but at the Date of Service, they were passing. This could be the case if a patient is deceased, or has since changed their membership.

Now simply click the green **Check** button, and you have started the verification.
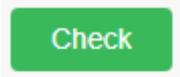
Alternatively, you may also use a shortcut on your keyboard: **V**

Outcomes of an Online Patient Verification

There are three main outcomes of an OPV.

1. Successful

If the OPV is successful, you will see the fields that were validated highlighted in green, like so.

2. Successful with a Verification Issue

You may perform an OPV, and the fields you verified are outlined in green, however you may notice a blinking purple button signifying a Verification Issue!

If you notice this button, Fydo has run into an issue during the verification. Simply hover your mouse over it to see the results.

An issue like this means that the data Fydo has submitted to medicare was close enough to the correct details, that Medicare has gone ahead and provided us with the correct information.

We recommend running the OPV again, to confirm if it will pass without issue.

3. Failing an OPV

As above, you may again notice the blinking Verification Issue button.

However, this message is different:
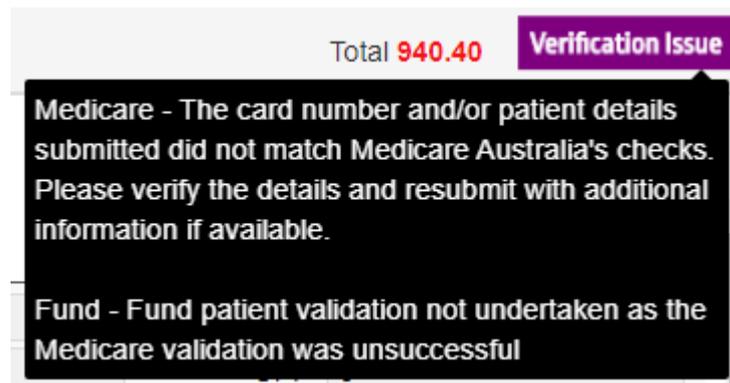
This usually occurs when the details you have do not match what Medicare or the Health Fund have on record. You should double check the details you have, and possibly follow up with the patient.