Tokens – Documents & Letters

Token Name	Data	Notes
<<DocFullName>>	Doctor Full Name	eg. SMITH, John
<<DocFirstname>>	Doctor First Name	eg. John
<<DocSurname>>	Doctor Second Initial	eg. SMITH
<<DocTitle>>	Doctor Title	
<<DocID>>	Doctor ID	
<<DocAdd1>>	Doctor Address 1	
<<DocAdd2>>	If Address Line 2 is empty, this will show Suburb State Postcode otherwise it will show Address Line 2	
<<DocAdd3>>	If Address Line 2 is empty, this will show nothing otherwise it will show Suburb State Postcode	
<<DocSuburb>>	Doctor Suburb	UPPERCASE
<<DocState>>	Doctor State	UPPERCASE
<<DocPC>>	Doctor Post Code	
<<DocMob>>	Doctor Mobile	9999 999 999
<<DocPh>>	Doctor Phone	99 9999 9999
<<DocFax>>	Doctor Fax	99 9999 9999
<<DocEmail>>	Doctor Email	
<<DocQualif>>	Doctor Qualification	
<<DocLoc>>	Doctor Location	
<<DocProv>>	Doctor Provider Number	
<<DocABN>>	Doctor ABN	
<<DocInvAs>>	Invoice As for Clinic	
<<DocAccName>>	Doctor Account Name	
<<DocBSB>>	Doctor BSB	
<<DocAccNum>>	Doctor Account Number	
<<DocBankAdd>>	Doctor Bank Address	
<<DocBank>>	Doctor Bank Name	
<<RefFullName>>	Referring Doctor Full Name	eg. SMITH, John
<<RefFirstName>>	Referring Doctor First Name	eg. John
<<RefSurname>>	Referring Doctor Surname	eg. SMITH
<<RefTitle>>	Referring Doctor Title	
<<RefID>>	Referring Doctor ID	
<<RefPractice>>	Referring Doctor Practice	

<<RefPracId>>	Referring Doctor Practice ID	
<<RefAdd1>>	Referring Doctor Address 1	
<<RefAdd2>>	If Address Line 2 is empty, this will show Suburb State Postcode otherwise it will show Address Line 2	
<<RefAdd3>>	If Address Line 2 is empty, this will show Suburb State Postcode otherwise it will show Address Line 2	
<<RefSuburb>>	Referring Doctor Suburb	UPPERCASE
<<RefState>>	Referring Doctor State	UPPERCASE
<<RefPC>>	Referring Doctor Postcode	
<<RefMob>>	Referring Doctor Mobile	9999 999 999
<<RefPh>>	Referring Doctor Phone	99 9999 9999
<<RefFax>>	Referring Doctor Fax	99 9999 9999
<<RefEmail>>	Referring Doctor Email	
<<RefQualif>>	Referring Doctor Qualification	
<<RefSpecID>>	Referring Dr Speciality ID	
<<RefSpec>>	Referring Dr Speciality Description	
<<RefLoc>>	Referring Doctor Location	
<<RefProv>>	Referring Doctor Provider Number	

Manually Updating Clinic Health Fund Fees

Whether it is Medicare, DVA, or Health Funds, FYDO keeps your item fees up to date, automatically.

Note: *Your FYDO system maintains the latest Medicare/ DVA fees by default. To enable automatic fee updates for the Health Funds, click on the link below:*

https://wiki.fydo.cloud/Health-Fund-Fees

Manually updating health fund fees

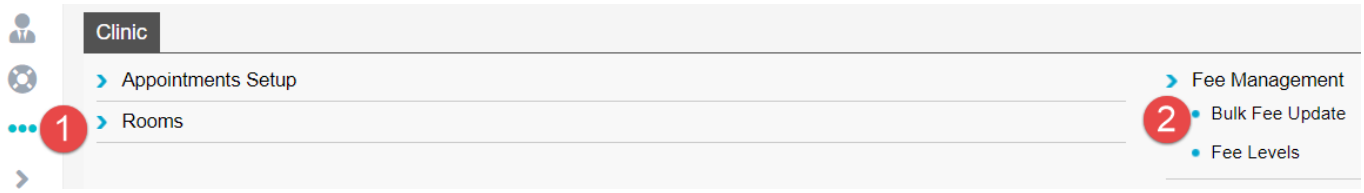
The manual procedure can only update fees for items that have already been added to your FYDO system. So, to prevent having to re-run the update for a given health fund, we recommend that you add all the items you need to bill *before* running the update.

Not sure how to add items? Click on the link below to learn how:

https://wiki.fydo.cloud/adding-mbs-items/

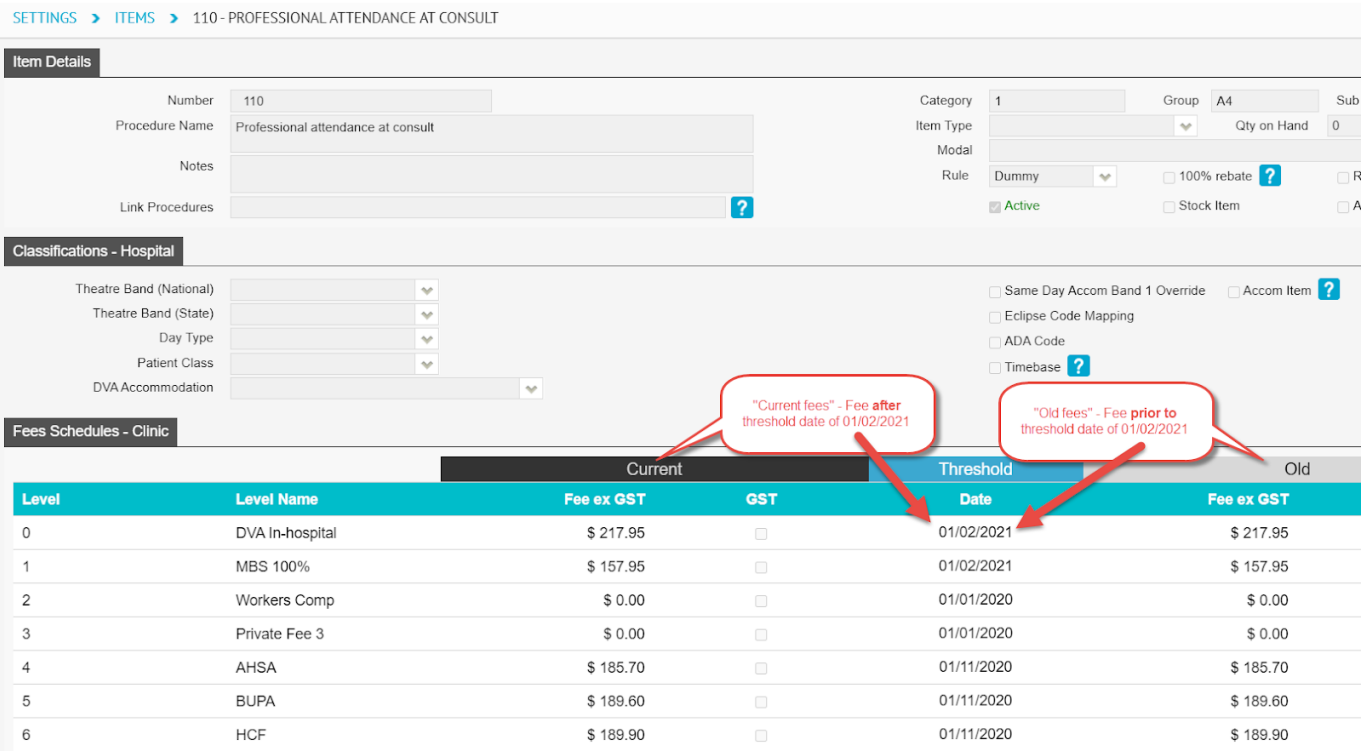
Ready to manually update your health funds fees? Let's get started!

First, go to **Settings > Bulk Fee Update**



You will now see the **Bulk Fee Update** screen where you will need to update *two* sets of fees for *each* health fund. The first set are the "Old fees/ codes" and the second set are the "Current fees/ code" (**To be updated in that order**).

1. The Old Fees are what will be charged for services where the *Date of Service* is prior to the introduction date of *new* fees for a given item.
2. The Current Fees are the **latest fees** and will be charged for services where the *Date of Service* is on or after when new fees were introduced for a given item.



In other words, every item has two fees – the current fee and the last fee before the current. Therefore, before we can update the current fees, we need to push them to the old fees.

Updating the old fees

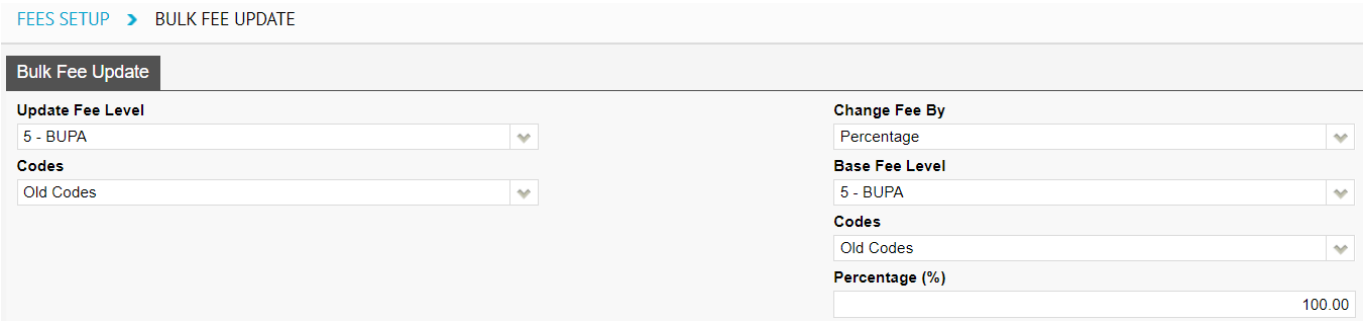
There are a number of ways to update fees:

- Importing an Excel file – update fees from excel file

- Percentage – update fees as a percentage of the old or current fees
- Pricing – update fees by dollar amount

This blog post recommends using the percentage option. So, as shown in the screenshot below:

1. Set the *Update Fee Level* to: **the health fund** you wish to update fees for,
2. Set the *Codes* to: **Old Codes**,
3. Set the *Change Fee By*: to **Percentage**
4. Set the *Base Fee Level* to: **the same health fund** chosen in **step 1**
5. Set the *Percentage* to: **100.00**



Then, click the **Save** button

This will replace the Old fees of all items for the selected health fund with the current value of the current fees.

Updating the current fees

Next, we must update the current fees; and we do this on the same screen as above. We will be updating the health funds fees by importing an Excel sheet.

As shown in the screenshot below:

1. Set the *Update Fee level* to: **the health fund** you wish to update fees for,
2. Set the *Codes* to: **Current Codes**,
3. Set the *Change Fee By* to: **Importing an excel file**

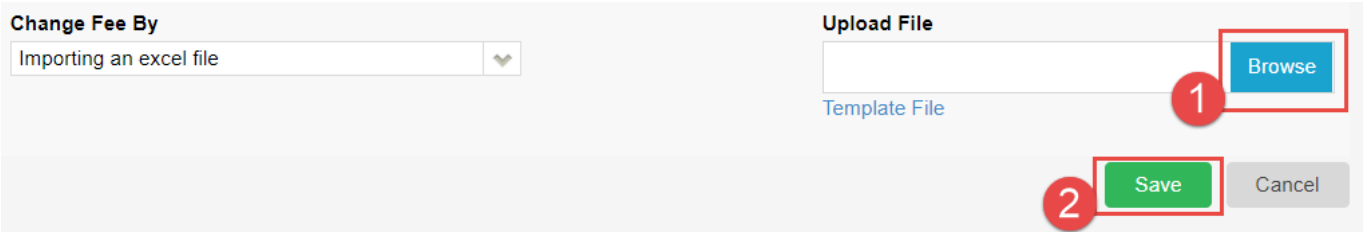
Next, you'll need to download the excel file containing the fees for that health fund from our website at the link below:

https://au.acsshealth.com/healthfundfees/

Note: *Be sure to download the appropriate file based on your state (if applicable) and Gap or No*

Gap (if applicable).

Once downloaded, browse for the file using the **Browse** button, select the file, and hit **Save**.



This will replace the Current fees of all items for the selected health fund with the latest fees released by the health fund, from the Excel sheet uploaded.

That's it! You have successfully updated the fees for the health fund. Repeat the process for as many funds as necessary.

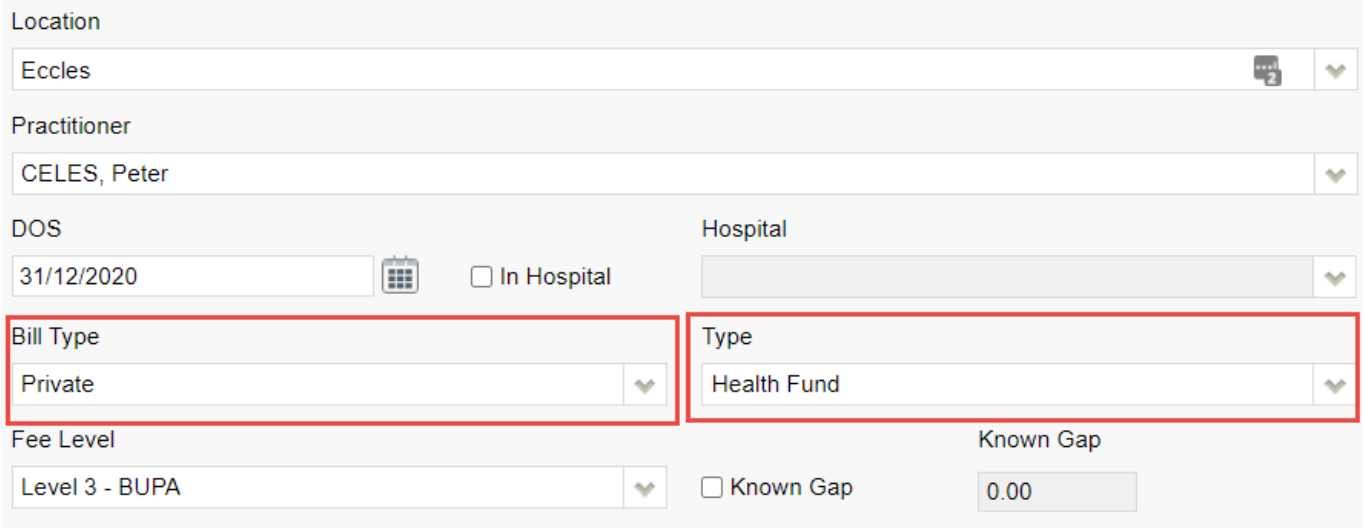
Clinic Billing – Overseas Patients

Need to bill an overseas patient? Read on to learn how.

Step 1: Bill manual invoice

Overseas claims are received and processed manually. This means you cannot bill such claims through eclipse for electronic lodgement. Therefore, you'll need to create and send a manual invoice.

Note: Ensure the **Bill Type** is set to: *Private* and the **Type** is set to: *Health Fund*



Step 2: Print manual invoice to PDF

Note sure how to print invoices? Click here to learn how

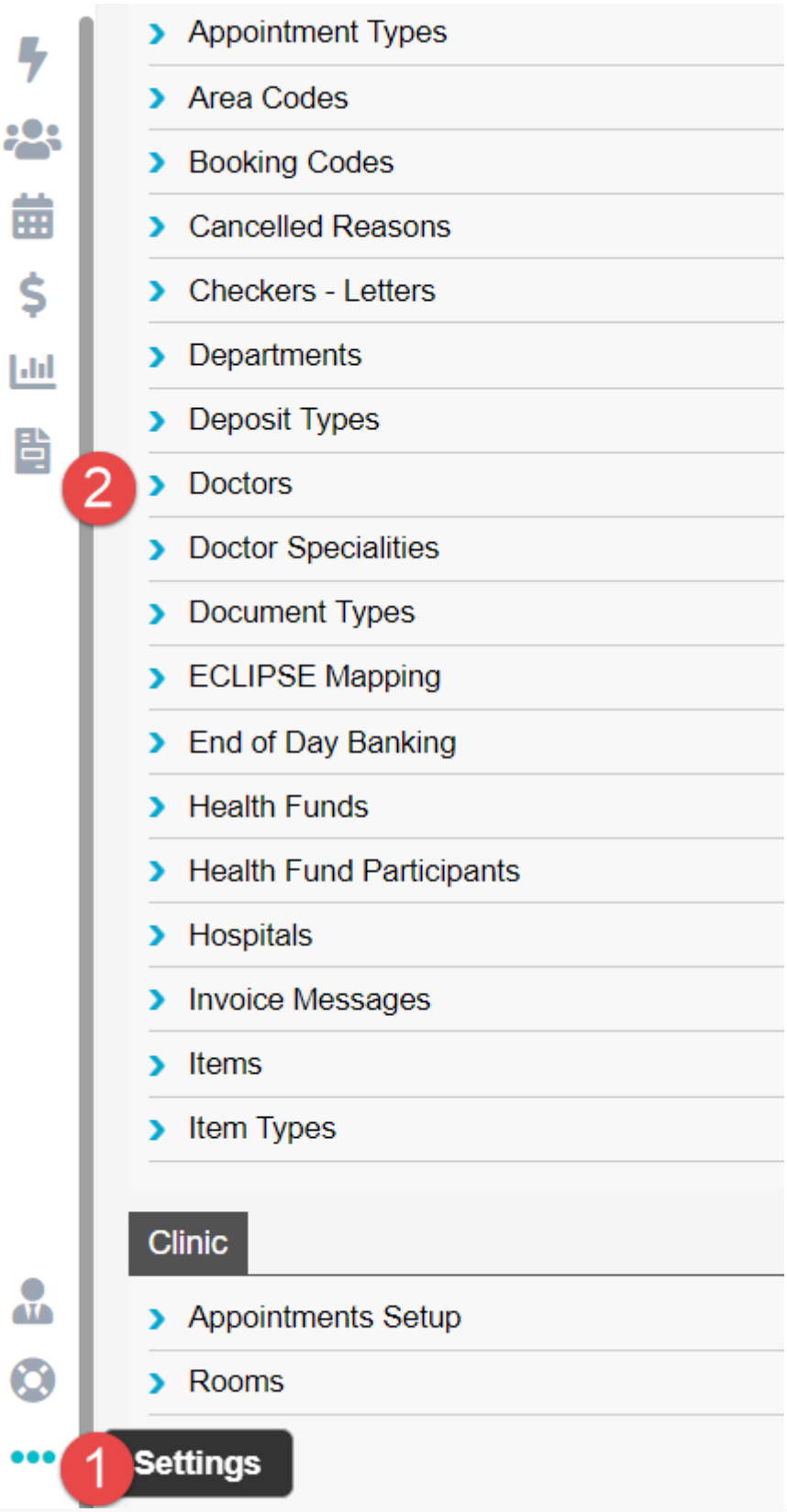
Step 3: (Conditional – If claim is for Medibank or AHM) complete the corresponding claim form and save it to your computer

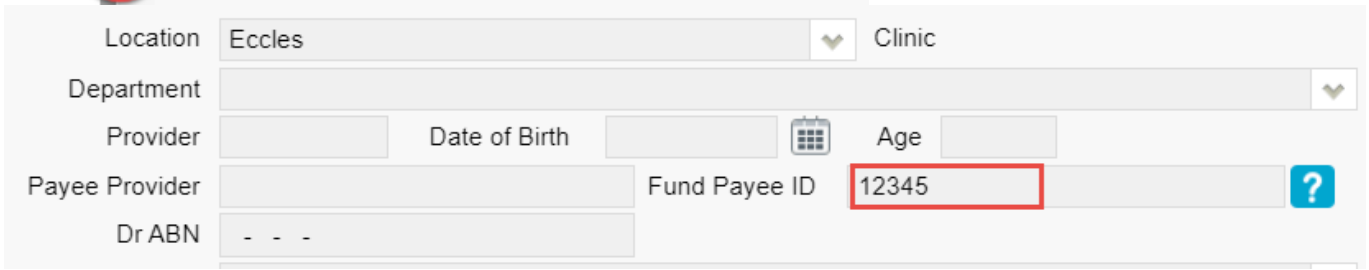
- Medibank – click here to download claim form
- AHM – click here to download claim form

Step 3: (Conditional – If claim is for BUPA,) complete BUPA batch header form and save it to your computer

    - Click here to download batch header form
    - Enter the practice name as the location of the service and the **practice id** as the doctor's BUPA **FundPayeeId**

If you have previously entered the doctor's FundPayeeId into FYDO, you may find it by going to **Settings > Doctors**:


Appointment Types
Area Codes
Booking Codes
Cancelled Reasons
Checkers - Letters
Departments
Deposit Types
2
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
1
Settings


Location
Eccles
Clinic
Department
Provider
Date of Birth
Age
Payee Provider
Fund Payee ID
12345
Dr ABN
- - -

Step 4: Send off the documents

- Once you are ready to send off the invoice, contact the health fund and ask what email address they would like the manual claim sent to, as well as whether they require any other supporting documents
- Need their contact details? Follow the link below:

https://wiki.fydo.cloud/medicare-and-fund-contacts-dealing-with-rejections/

Step 5: Follow up & pay off the invoice

- We'd recommend you call the health fund a couple of business days after you email them to ensure your email has been received and will be looked at in the coming days
- After this point, you may wish to follow up every couple of weeks, inquiring whether or not your invoice has been paid
- Once the invoice has been confirmed to be paid, pay it off on FYDO

That's it! That's how to do overseas billing for patients.

How to Resend a "Sent" Clinic Batch

From time to time, you may need to resend an already sent batch. But before we discuss how you'd do this, let's first discuss why you may need to resend a batch.

In almost all cases, you'd need to resend a batch if it either:

- Has not yet been paid / rejected within the expected period (up to 2 business days for Medicare/ DVA claims and up to 4 weeks for health fund claims). You've then called the health fund, Medicare, or DVA, and found out they have not received the claim. Thus, they've asked you to resend it
- Has been partially or fully rejected and you can rectify the cause of rejection without rebilling

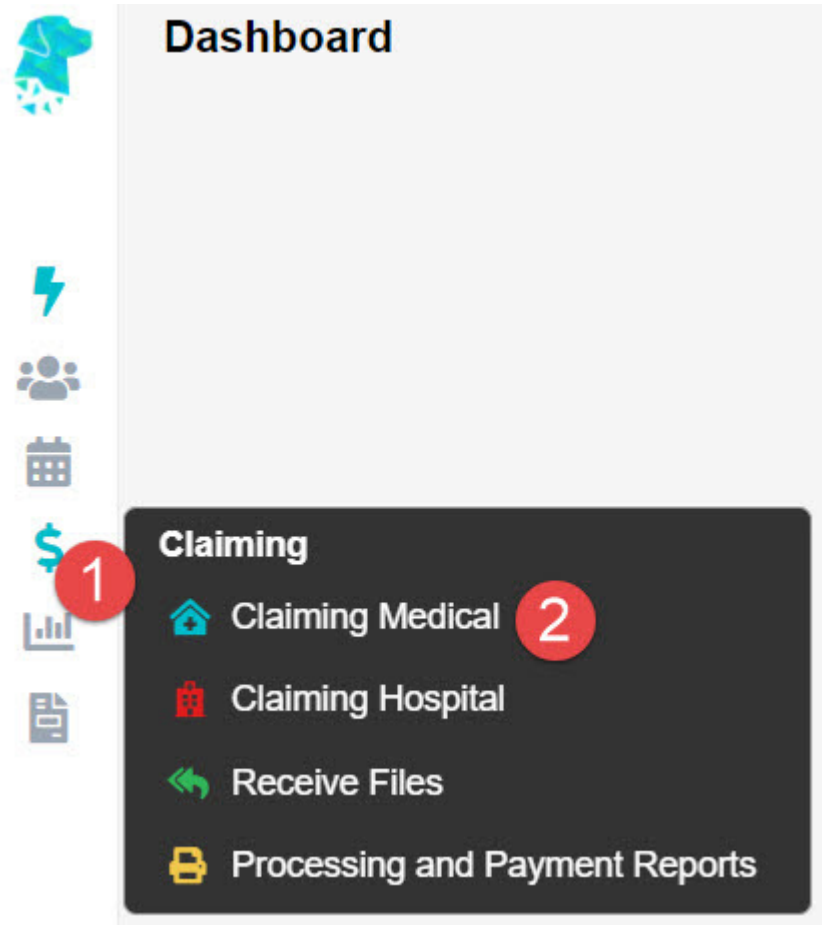
You do not want to resend a batch if:

- It is rejected and you wish to resend it as it is, without making any changes to the original claim. Since, if nothing changes about the claim, it will likely be rejected again
- If you have not first spoken with the body receiving the claim. It is always recommended that you first contact the organisation receiving the claim and inquire. This is because you do not

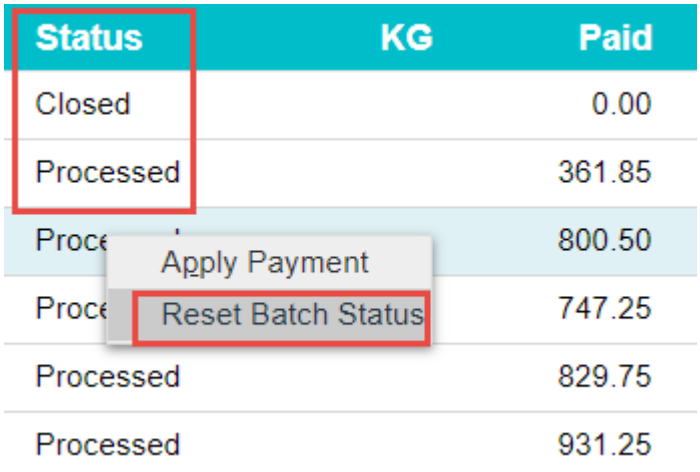
want to send a duplicate claim if you do not need to. In most cases, this is not a major concern. However, it could cause problems such as a rejection of both claims (the original and the duplicate) or increased processing time if a duplicate claim is received

With that addressed, if you still need to resend an already sent claim, read on.

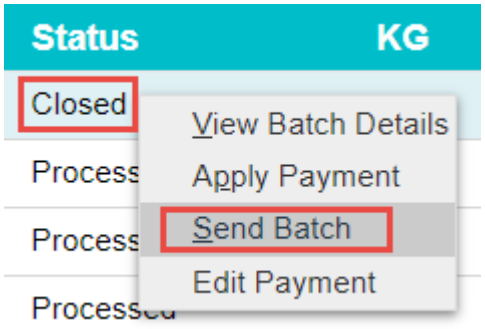
Start off by going to **Claiming Medical**.



If the batch **Status** is *Sent* or *Processed*, you may right-click on the batch and select **Reset Batch Status**.

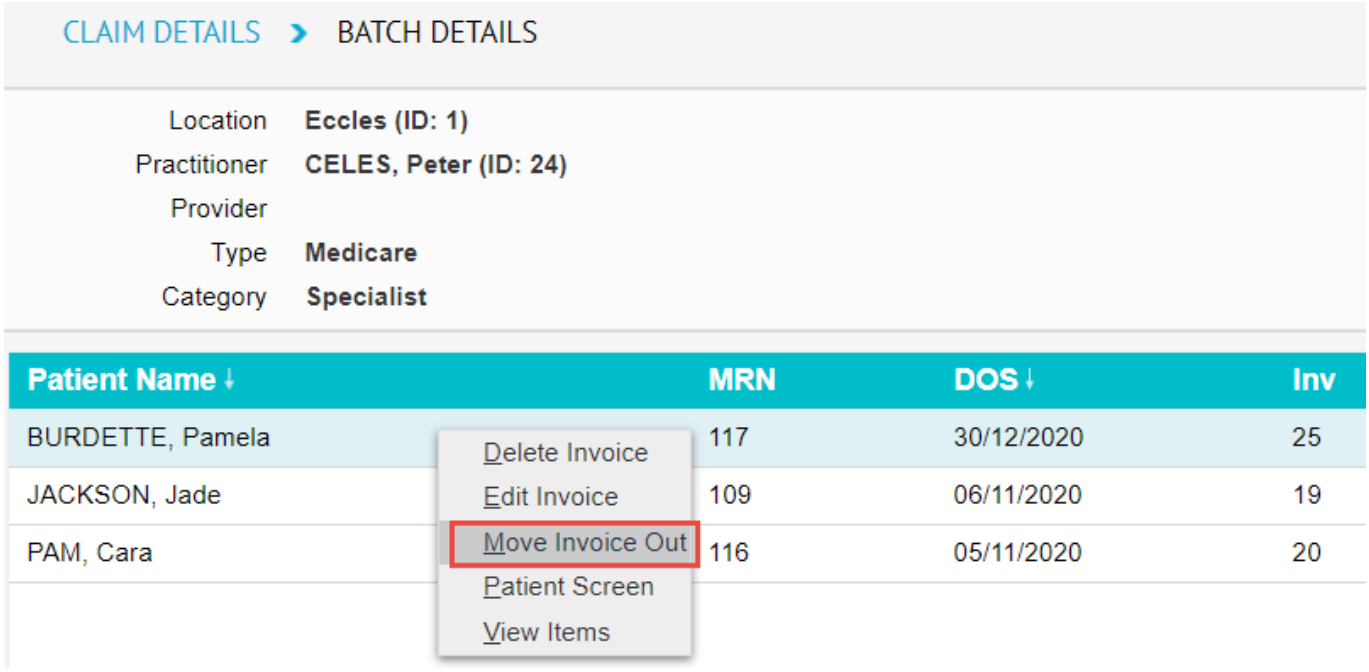


This will make the batch status revert to *Closed*, allowing you to resend the batch with the **Send Batch** button.

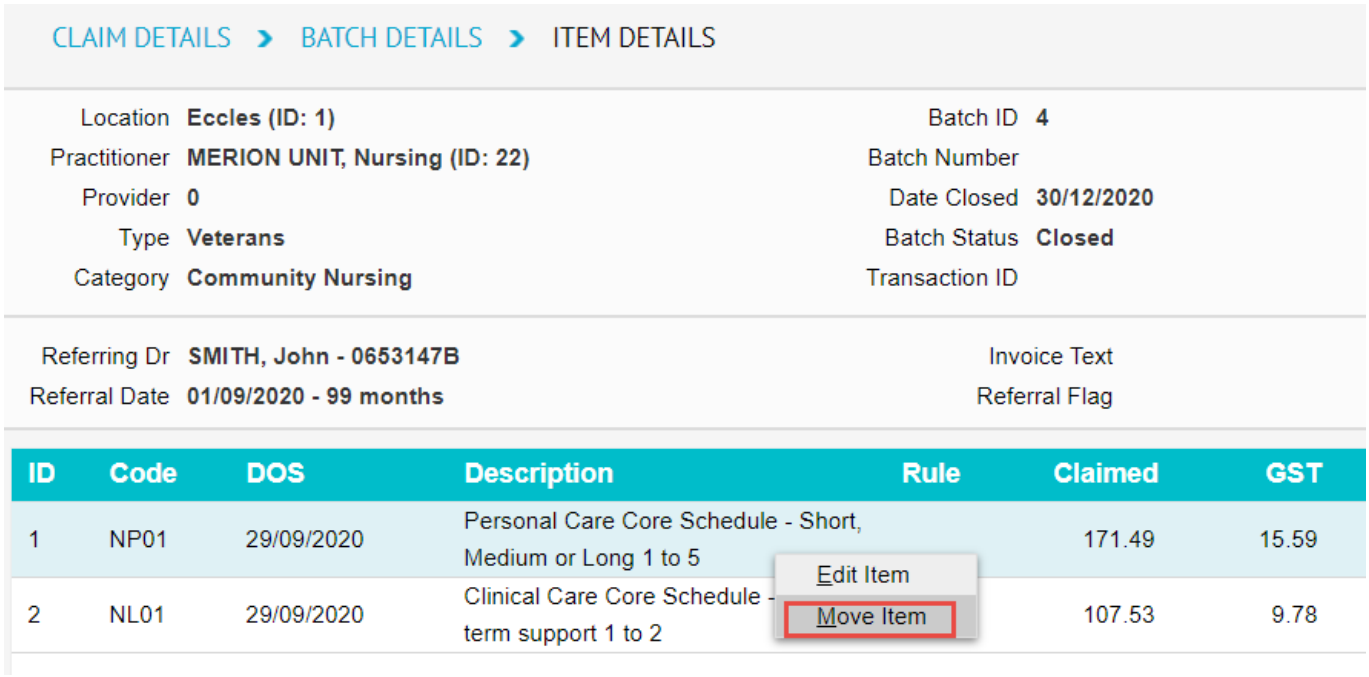


Otherwise, if the batch **Status** is *Payment Received* with a partial or full rejection, double click on the batch to open it up, revealing the invoice(s) inside.

If you wish to resend the invoice in its entirety (with all items inside), simply right-click on the desired invoice and click on **Move Invoice Out**.

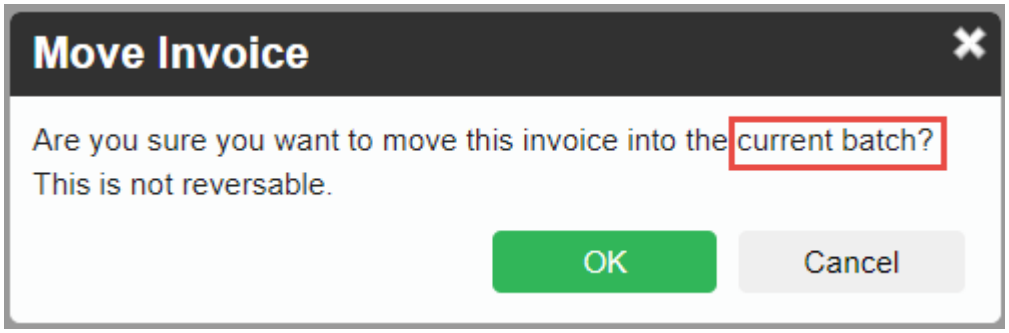


Otherwise, if you wish to resend only a part of the invoice (1 or more items but not all), double click on the invoice, revealing the items inside.



Then, right-click on the item you wish to resent and select **Move Item**.

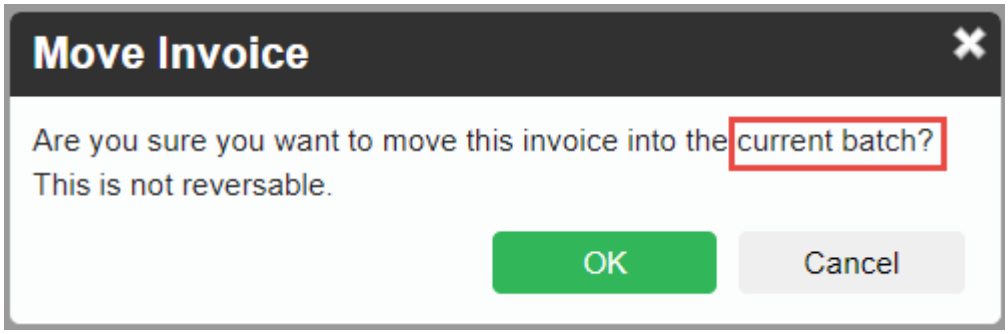
This will present you with the below pop-up window; and as you can see, it will move the invoice/ item to the current batch.



Current batch:

- If it is a **Medicare** or **DVA** invoice: it will be moved into the *Open* batch for that provider. If no open batch is present, a new one will be created
- If it is a **Health Fund** invoice: it will be moved into a new *Closed* batch.

From here, you may close the batch if it is not yet closed and send it by right-clicking the batch and selecting **Send Batch**.



Deceased Patient Clinic Billing

Need to bill Medicare, DVA, or a health fund for a patient that is now deceased?

You can always attempt to send the claim electronically. However, in most cases, you will need to create a manual invoice and send it manually, for manual review.

So, here's one thing you can do before you decide whether or not to send the claim electronically. Run the *Online Patient Verification check* with the **As At** field date set to the latest *Date of Service* you wish to bill the deceased patient for.

If the check returns an eligible patient (noted with a green box around the Medicare and health fund card numbers), you may consider sending the claim electronically, as you're used to. However, this does not guarantee the claim will be paid.

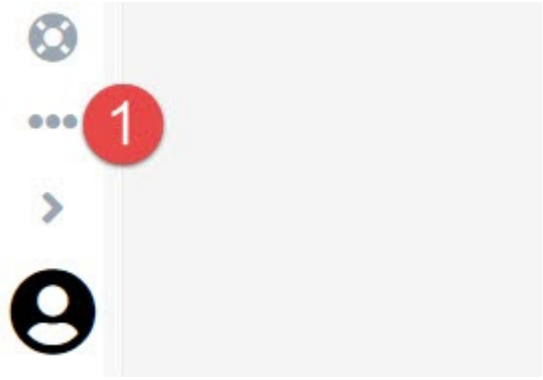
To learn how to create a manual invoice, click on the link below:

https://wiki.fydo.cloud/How-to-create-a-manual-invoice

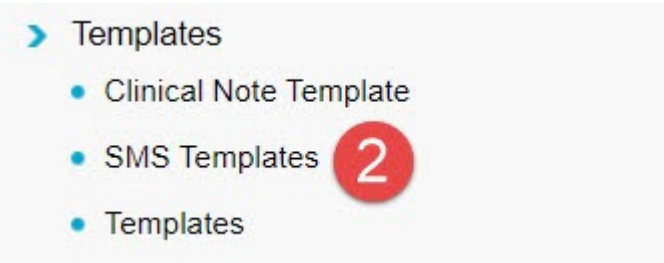
Adding SMS templates

Do you regularly SMS patients? If so, you can create custom SMS templates to save time typing up the message every time and to send tailored messages, complete with the patient's name, appointment time, serving doctor, and more.

To begin, first go to **Settings**.



Then click on **SMS Templates** under the templates menu.



This reveals the SMS templates currently available. By default, an **Appointment Reminder** template will be available to you.

Adding a new SMS template

To add a new SMS template, click on the **Add SMS Template** button.

Then, select the SMS **Type**, enter the template **Name**, and type out the SMS content in the **Description** field.

SMS Tokens

You can use 'SMS tokens' which are commands that look like: <<*patfirstn*>> to send tailored SMS messages. The aforementioned token for instance dynamically pulls the patient's first name.

There are SMS tokens for patient details, appointment details, doctor/ practice details, referral details, and more.

For a full list of tokens, click the link below:

https://wiki.fydo.cloud/?s=tokens

Once you're happy with the contents of your SMS template, click **Save** and you're done! Your new SMS template will be available next time you wish to send a custom SMS message.

For some SMS Template ideas see our helpful wiki page
https://wiki.fydo.cloud/sms-template-examples/

Tokens – Informed Financial Consent (IFC Clinic)

Template Tokens

Token Name	Data as set in the IFC Screen	Notes
<<IFCPatFullName>>	Patient name	

<<IFCMRN>>	Patient MRN	
<<IFCDOB>>	Patient date of birth	
<<IFCSexID>>	Patient gender	e.g. M, F
<<IFCSex>>	Patient gender	e.g. Male, Female
<<IFCAdd1>>	Patient Address Line 1	
<<IFCAdd2>>	Patient Address Line 2	
<<IFCSuburb>>	Patient Address Suburb	
<<IFCState>>	Patient Address State	
<<IFCPC>>	Patient Address Postcode	
<<IFCMobile>>	Patient Mobile	Format 0415 999 999
<<IFCPhoneH>>	Patient Home Phone	Format 99 9999 9999
<<IFCPhoneW>>	Patient Work Phone	Format 99 9999 9999
<<IFCMed>>	Patient Medicare Number	
<<IFCMedRef>>	Patient Medicare Reference Number	
<<IFCLocId>>	Location	
<<IFCLoc>>	Location	
<<IFCLocAdd1>>	Location address 1	
<<IFCLocAdd2>>	Location address 2	
<<IFCLocSuburb>>	Location suburb	
<<IFCLocState>>	Location state	

<<IFCLocPostcode>>	Location postcode	
<<IFCLocPhone>>	Location phone	Format 99 9999 9999
<<IFCLocFax>>	Location fax	Format 99 9999 9999
<<IFCLocABN>>	Location ABN	
<<IFCDocID>>	Doctor/Surgeon	
<<IFCDoc>>	Doctor full name	e.g Michelle ROMERO
<<IFCDocFirstN>>	Doctor first name	
<<IFCDocLastN>>	Doctor last name	
<<IFCDocTitle>>	Doctor title	
<<IFCDocProvNo>>	Doctor provider number	
<<IFCDocQualif>>	Doctor Qualification	
<<IFCDocSpec>>	Doctor speciality	
<<IFCDocSpecID>>	Doctor speciality	
<<IFCDocAdd1>>	Doctor address 1	
<<IFCDocAdd2>>	Doctor address 2	
<<IFCDocSuburb>>	Doctor suburb	
<<IFCDocState>>	Doctor state	
<<IFCDocPostcode>>	Doctor postcode	
<<IFCDocABN>>	Doctor ABN	Format 99 999 999 999
<<IFCDocPhone>>	Doctor phone	Format 99 9999 9999
<<IFCDocFax>>	Doctor fax	Format 99 9999 9999

<<IFCDocMob>>	Doctor Mobile	Format 9999-999-999
<<IFCDocAccName>>	Doctor Account Name	
<<IFCDocBSB>>	Doctor BSB	
<<IFCDocAccNum>>	Doctor Account Number	
<<IFCDocBank>>	Doctor Bank Name	
<<IFCDocBankAdd>>	Doctor Bank Address	
<<IFCFundId>>	Fund	
<<IFCFund>>	Fund	e.g. MBP
<<IFCFundName>>	Fund	e.g. Medibank
<<IFCFundNo>>	Membership number	
<<IFCNotes>>	Notes from review screen	
<<IFCUser>>	Name of person printing the IFC	

<<IFCTotalC>>	Sums all charges
<<IFCTotalR>>	Sums all rebates
<<IFCTotGap1>>	Sums all charges – sums all Rebates
<<IFCTotGap2>>	Sums all charges – sums all Fee Level Amount
<<KnownGap>>	This is the Known Gap amount set by the user

For the grid that will repeat (for the items)

Token Name	Data to Insert	More Info
<<ICT>>	Transaction Type	I – Invoice J – Adjustment P – Payment
<<ICode>>	Item	If in hospital, the code will show with an asterisk after the code
<<IDesc>>	Item Description	
<<Iid>>	Item Id/Sequence	
<<IDOS>>	Date of Service	dd/mm/yyyy

<<IQty>>	Quantity	
<<Itype>>	Invoice Type	e.g. M – Medicare V – Veterans
<<IUnit>>	Unit Price	
<<ICharge>>	Charge Amount	
<<iGST>>	GST Amount	
<<iRebate>>	Rebate Amount	
<<iFLAmt>>	Fee Level Amount	
<<IFLvl>>	Fee Level	
<<iGap1>>	Charge Amount – Rebate Amount	
<<iGap2>>	Charge Amount – Fee Level Amount	
<<IIH>>	In hospital flag	Shows an asterisk when in hospital
<iStext>>	Service text	

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	
Postcode	141	4	
DOB	145	10	Format dd/mmy/yyy
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	

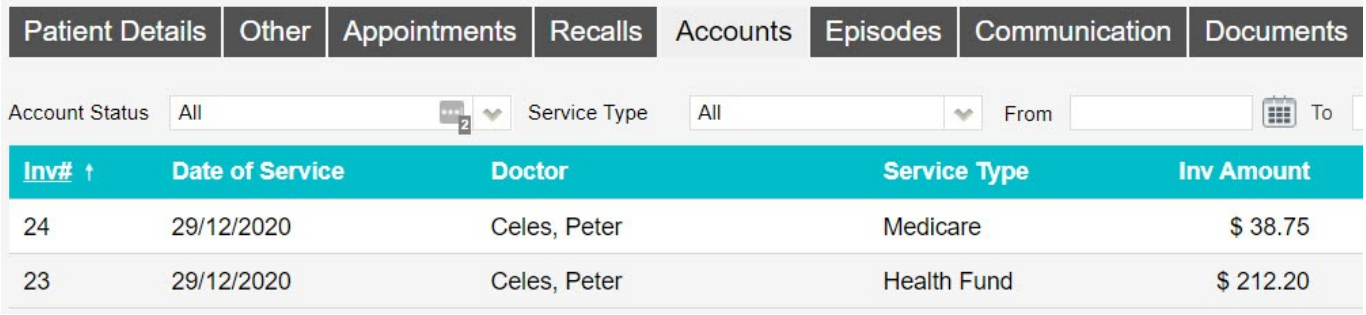
Referring Dr Suburb	320	20	
Referring Dr Provider Number	340	8	
Referral Date	348	10	Format dd/mmy/yyy
Referral Period	358	2	99 for indefinite, other 3, 12 for example
Health Fund Membership Number	360	20	
Health Fund Code	380	3	e.g MBP, should be the eclipse code, that we can look up in FYDO
Health 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

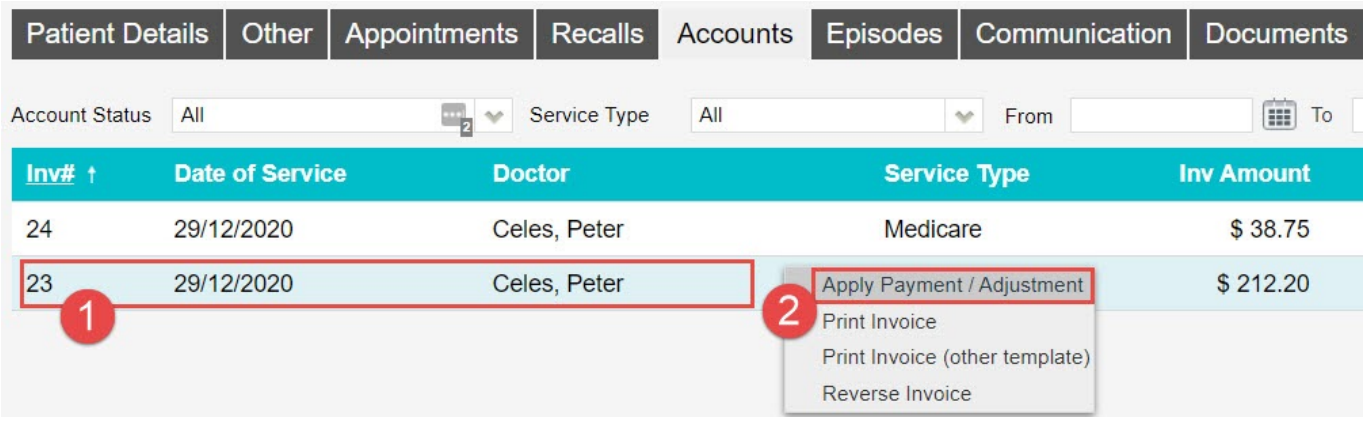
Applying Manual Clinic Payments

Start off by opening the patient's record and click on the **Accounts** tab to view their treatment/ billing history.

This button reveals a patient's billing/ treatment history where **each line is an invoice**:

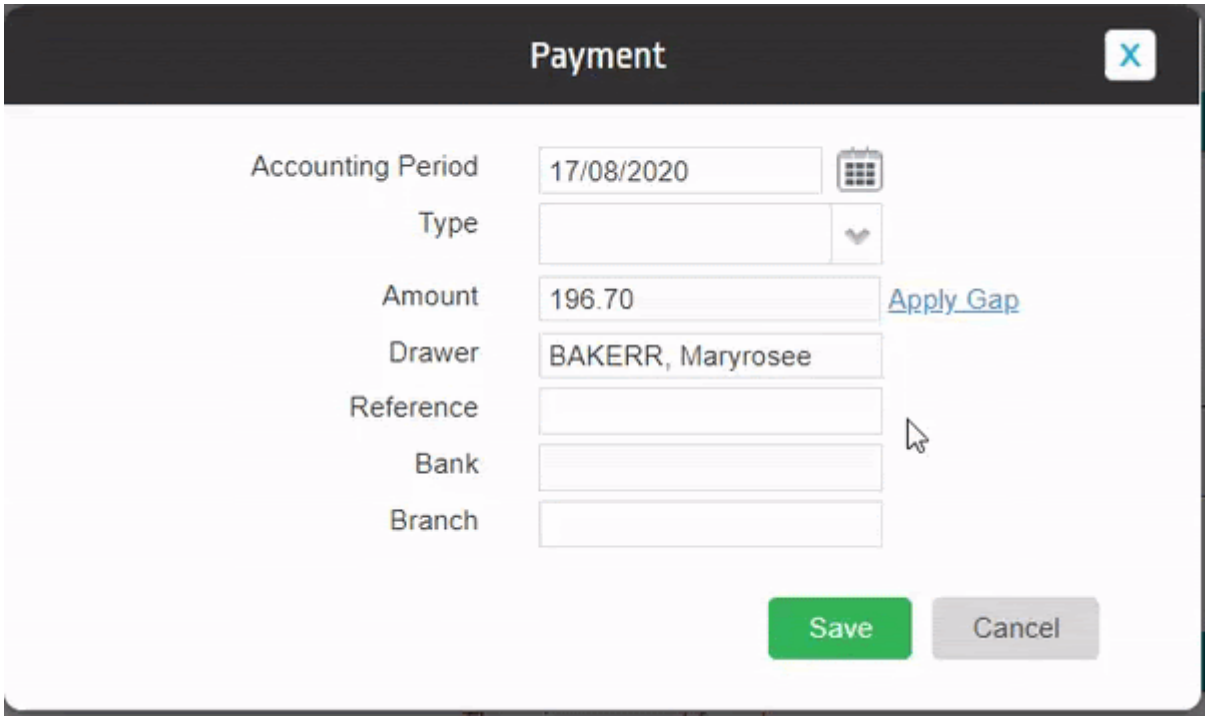


From here, **right click** on the manual invoice to be paid off manually and click on **Apply Payment**.



Then, click on the **Add Payment** button

Enter the payment **Type**, payment **Amount**, click **Save**, and **Save** again.



That’s it! You’ve paid off the manual invoice.

How to Delete Clinic Invoices

Needing to remove an invoice? There are two places where you could do so:

1. Via the **Patient’s Record**, or
2. Via the **Batch** in **Claiming Medical**

Additionally, there are two use cases for deleting invoices:

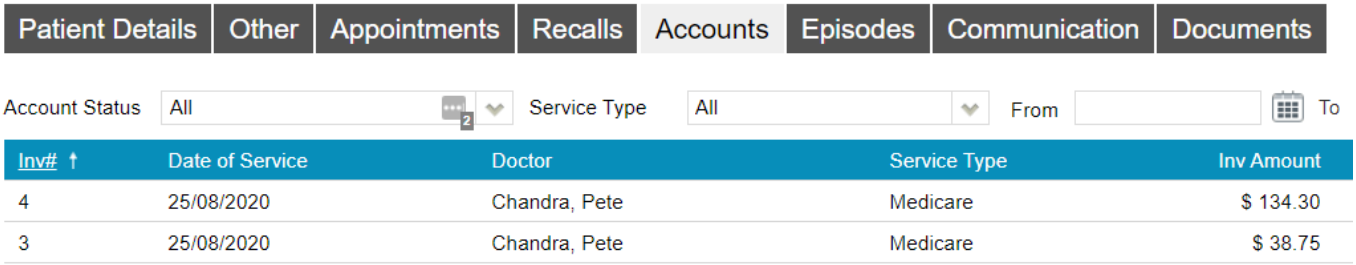
1. Deleting the entire invoice (all items held)
2. Deleting a part of the invoice (1 or some items deleted, but not all)

Let’s take a closer look at both options and use cases.

Deleting through the Patient’s Record

Begin by opening the patient record of the patient in question and click on the **Accounts** button.

This button reveals a patient's billing/ treatment history where **each line is an invoice**:



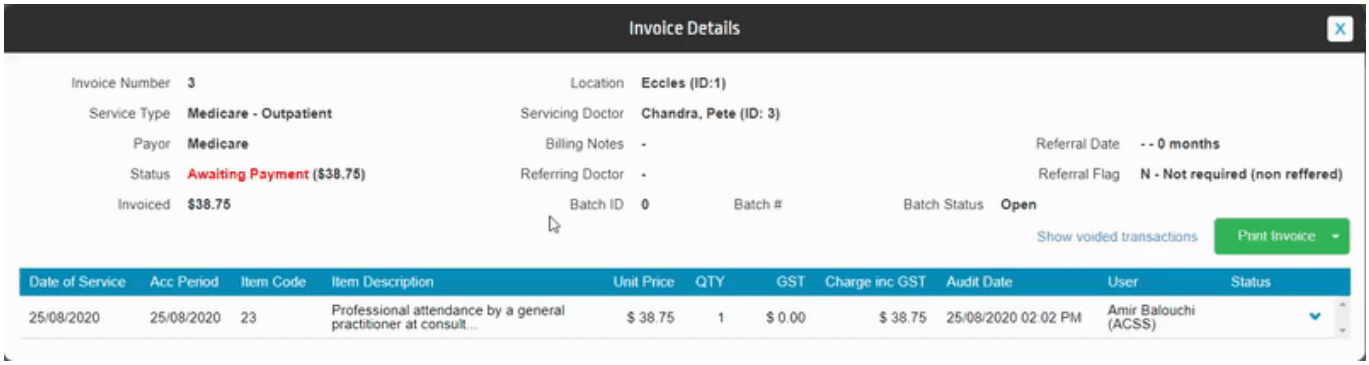
So from here, simply double click on the invoice you wish to delete.

This will open up the invoice, revealing the item numbers inside.

From here, you may simply right click on the desired item and select **delete**, enter a reason, and hit **OK** to delete the item.

You may repeat this step for as many items as you need to delete.

Note: Deleting the final item in the invoice will effectively delete the entire invoice.

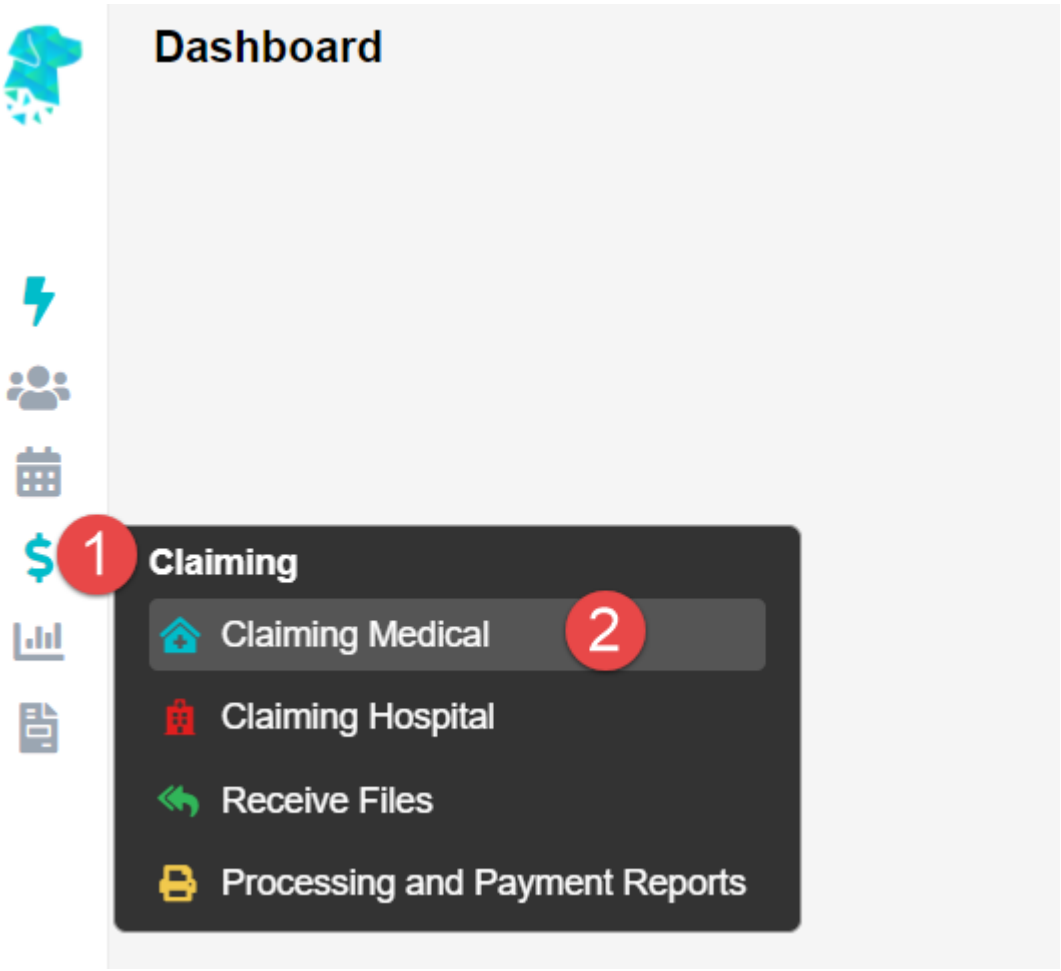


Alternatively, you can delete invoices from the **Claiming Medical** section of FYDO, found under the **Claiming** tab.

Deleting through the Claiming Medical

Place your mouse over the **Medical** tab ($ Sign) and select **Claiming Medical**.

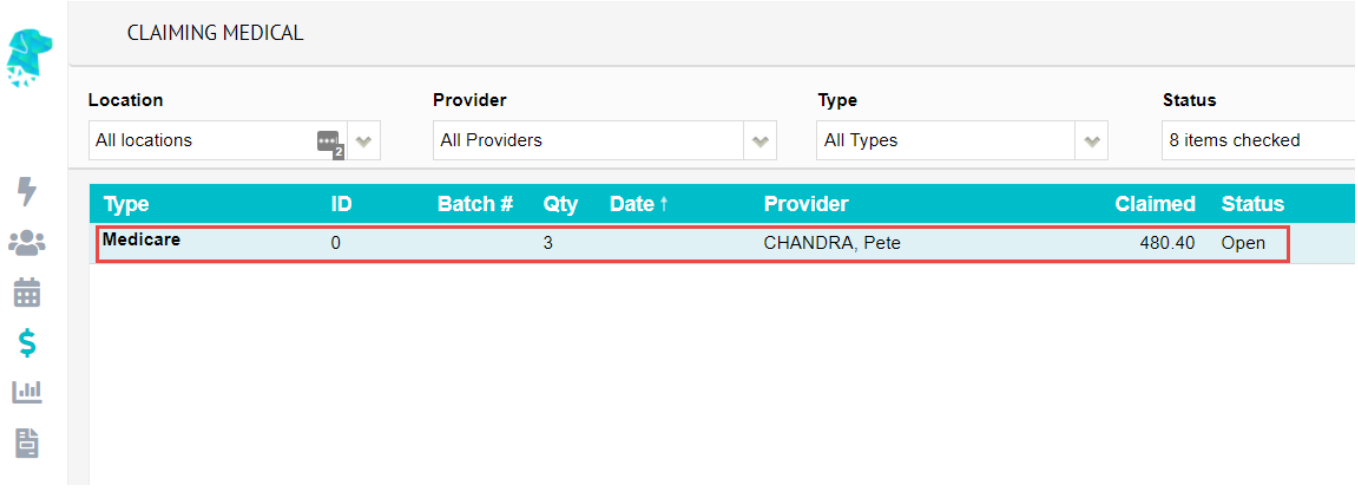
You will now see all your batches. So select the batch holding the invoice(s) you wish to delete.



This screen is where **invoices** created go. They go inside a batch that is then **sent** from this screen.

Note: this does not apply to **Private** invoices. These are invoices with the *Bill Type* set to *Private* in the billing screen.

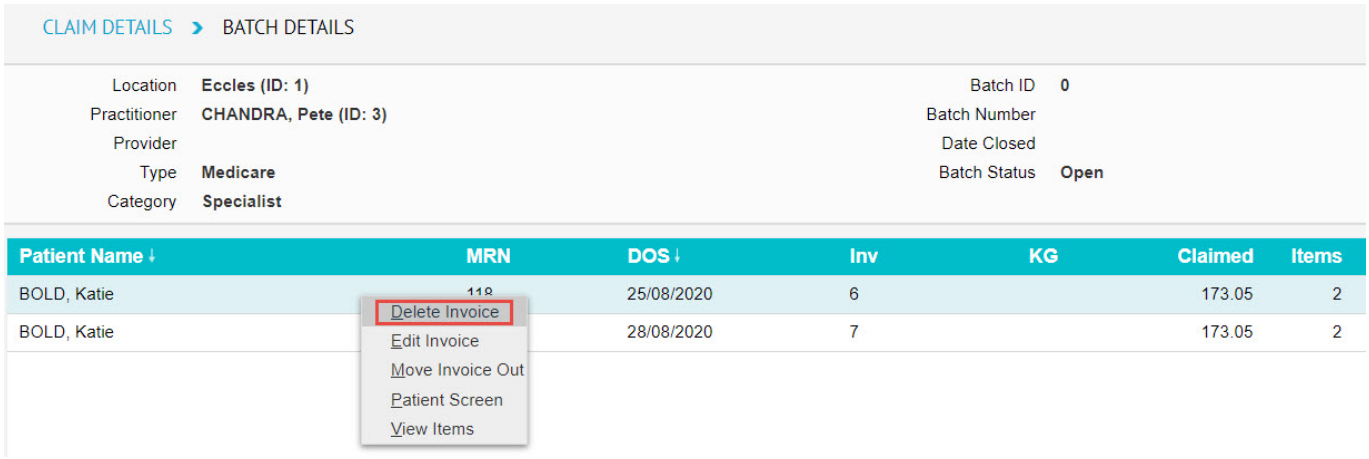
So you may double click on the batch holding the desired invoice to be deleted.



You will now see the invoice(s) inside the batch.

Import note: Pay attention to the number of items in the invoice in question.

- If you wish to delete all of the items within the invoice, simply right click on the invoice here, and select **Delete Invoice**



- Otherwise, if you wish to only delete a portion of the invoice (some items, but not all), simply double click on the invoice to open it up. Then right click on the items to be deleted and select **Move Item**