

# How to Create a Manual Clinic Invoice

From time to time, you may need to bill a *manual invoice*. Other terms for this type of invoice include: *private invoice* or *paper based invoice*.

When would you need to bill a manual invoice? In the event a patient is a private patient and thus will be paying for services rendered directly. Or perhaps when the patient does not have medicare entitlements (such as overseas patients) and the invoice will need to be sent to their health insurance. Additionally, you may need to send the health funds a manual invoice where manual assessment is required; such as when you are seeking an adjustment.

Now that you know when you'd need to create a manual invoice, let's jump right into it.

Start off by opening the patient's record and click on the blue "**Bill Patient**" button.



***You can also use the hotkey 'B'!***

This will take you to the **Clinical Billing** page, where you'll need to select the:

- **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
- **Bill Type:** Private
- **Type:** '**Patient**' If the invoice is being sent to the patient, or '**Health Fund**' - If the invoice is being sent to the patient's Health Fund

MRN 117

Patient BURDETTE, Pamela

Location

Eccles

Practitioner

CELES, Peter

DOS

29/12/2020



In Hospital

Hospital

Bill Type

Private

Type

Patient

Fee Level

Level 3 - BUPA

Employer

E

Health Fund

H

Other

O

Patient

P

Referral

## Referrals

The last step before we can begin billing is to enter any needed referral information. If this does not apply to you, click on **Add Items** and proceed to the next section.

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 left corner of your screen.

Add Items

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.

It 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 |
|------------|------|-------------|
| 17/08/2020 | I    |             |

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

[Review Charges](#)

### **(Conditional) Applying Payment *at* the billing process**

If the patient is paying the invoice, you can add payments captured from the patient onto the invoice using the **Add Payment** button.

Otherwise, if you are sending the invoice elsewhere to be paid. Skip this step for now and proceed to '**Clinic Review Charges**'. You will be able to add payment against the invoice later, once it is paid.

[Add Payment](#)

The above button will present you with a pop-up to enter the payment information. The total invoice amount will be prefilled in the **Amount** field.

So, you may simply allocate the payment type and hit save as below:

The screenshot shows a 'Payment' form with the following fields and values:

- Accounting Period: 17/08/2020
- Type: (empty dropdown)
- Amount: 196.70
- Drawer: BAKERR, Maryrose
- Reference: (empty)
- Bank: (empty)
- Branch: (empty)

Buttons: Save (green), Cancel (grey). A link 'Apply Gap' is visible next to the Amount field.

### 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:

|                      |                 |                  |                |
|----------------------|-----------------|------------------|----------------|
| <b>Total Charges</b> | <b>\$196.70</b> | <b>Total GST</b> | <b>\$0.00</b>  |
| Total Rebate         | <b>\$173.05</b> | Out of Pocket    | <b>\$23.65</b> |

Lets go over the 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:** Saves this invoice.

**Save & Print:** this saves and prints the invoice.

That's it! You've successfully created a manual invoice; and if you've paid it off on the spot, there is nothing else that you need to do.

Otherwise, assuming you've sent the invoice to a health fund, you will need to follow up with them every couple of weeks to see whether or not it is paid. Once it is paid, follow the steps below to pay it off on FYDO.

### Applying manual payments

Your manual invoice is paid now? [Click here to learn how to apply a manual payment to it.](#)

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## Resubmitting and Deleting Clinic Batches

Sometimes you may need to **Resubmit** or **Delete** a batch depending on rejections.

*You will only be able to move or delete a batch if the invoices within do not have payments*

### Resubmitting a Batch

To Resubmit a Batch you will first have to move each **invoice** within to a new batch. We can then go ahead and send that new batch.

1. View the batch in question so you can see the invoices within
2. Right click and select '**Move Invoice Out**'
3. Confirm the move

| Patient Name ↓ | MRN | DOS ↓      | Inv | KG | Claimed | Items |
|----------------|-----|------------|-----|----|---------|-------|
| CAREY, Mariah  | 107 | 30/12/2020 | 89  |    | 173.05  | 2     |
| CAREY, Mariah  | 107 | 30/12/2020 | 92  |    | 38.75   | 1     |

If you head back to **Claiming Medical**, you will now notice a new batch that contains any invoices that were moved. Simply follow the usual process for closing and sending this batch.

*For Eclipse claims, you will still only be able to have one patient per batch.*

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## Deleting a Batch

To Delete a Batch, you will have to either **move** or **delete** each invoice within. Then the batch will simply disappear.

1. View the batch so you can see the invoices within
2. Right click and select '**Delete Invoice**'
3. Provide a reason and select **Delete**

*This is an internal reason just for your future reference.*



| Patient Name ↓ | MRN | DOS ↓      | Inv | KG | Claimed | Items |
|----------------|-----|------------|-----|----|---------|-------|
| CAREY, Mariah  | 107 | 30/12/2020 | 89  |    | 173.05  | 2     |

You can also use **Reverse**. This produces an adjustment against the invoice, rather than just deleting it.

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## Rejected Clinic Batches

Once you have done some billings, you may notice that payments have come back for a lower amount, or perhaps you have received no payment at all!

### Identifying batches with issues

The easiest way to spot if a batch had an issue, is to simply look at the **Paid** column. If you see any amount in **Red**, then some action will be required.


| Claimed | Status    | KG | Paid  | PaidDate |
|---------|-----------|----|-------|----------|
| 43.60   | Processed |    | 33.50 |          |
| 63.25   | Processed |    | 63.25 |          |
| 63.70   | Processed |    | 63.70 |          |
| 63.70   | Processed |    | 63.70 |          |
| 41.55   | Processed |    | 41.55 |          |
| 43.60   | Processed |    | 0.00  |          |
| 43.60   | Processed |    | 0.00  |          |
| 63.25   | Processed |    | 63.25 |          |
| 66.35   | Processed |    | 51.00 |          |

We can see in the image above, that we have two batches that are **partially paid** (Less than what we claimed). We also have two batches that are just **Rejected** (\$0.00 Paid).

### Dealing with the Batches

First, double click on the batch to view inside. You can also right click and select **View Batch Details** if you prefer.

Once you can see a list of patients within a batch, the thing to keep an eye out for is an icon in the **Issue** column.

| Claimed | Items | Issue   | IH | Note |
|---------|-------|---|----|------|
| 43.60   | 1     |  | Y  |      |

You may have one, or multiple patients with an issue. Any patient with a **Rejection** or **Partial Payment** will have the above icon.

### Viewing the Rejection Reason

Now that we have identified which patient(s) have an issue. It's time to see what the issue actually is.

Again, lets double click on a patient, or using the right click menu, select **View Items**.

| Payable | MedExc  | MedPay | FundExc                      | FundPay |
|---------|---|--------|------------------------------|---------|
| 0.00    | 999 - Missing exception code from exception statement | 0.00   | 2001 NO HOSPITAL CLAIM (PEA) | 0.00    |

In the above case, this is a fairly easy rejection to identify the issue. We have the error code **2001 No Hospital Claim (PEA)**. From this we can deduce that the hospital has not submitted their invoice yet, and as such we cannot be paid. Our options are to just wait and try to resubmit, or you could confirm with the hospital when they are sending their claim.

One of the most common issues is that you have been paid a different amount to what you claimed. This could happen for a number of reasons such as:

- Fee Changes by Medicare/Health Funds
- Doctors agreement with a fund
- Old date of Service

| Charge inc GST                          | GST | Payable |
|---|-----|---------|
| 66.35                                   | 0   | 51.00   |
| <input type="checkbox"/> GST applicable |     |         |

To amend this, simply right click on the item and select **Edit**. Alternatively use the hotkey 'E'. Then just alter the **Charge inc GST** to be equal to the **Payable** amount, as shown above.

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## Contacts

Not all rejections will be as simple as the ones above. In a case where you are not sure what a rejection reason means, or why something has not been paid, it is best to contact the organisation who rejected it.

We have a [complete list of phone and email](#) for medicare and the health funds.

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## [How to create a referral](#)

If needing referrals applies to your discipline, read on to learn how to create new referring doctors on your FYDO system; and how to create referrals on patient records.



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

117 - BURDETTE, Pamela

|                 |       |              |         |          |          |               |
|-----------------|-------|--------------|---------|----------|----------|---------------|
| Patient Details | Other | Appointments | Recalls | Accounts | Episodes | Communication |
|-----------------|-------|--------------|---------|----------|----------|---------------|

**Patient Details**

|                 |                  |          |        |              |                          |
|-----------------|------------------|----------|--------|--------------|--------------------------|
| Patient #       | 117              | File Num |        | External ID  | 117                      |
| Title           | Mrs              | Gender   | Female |              |                          |
| First Name      | Pamela           |          |        | Mi           |                          |
| Last Name       | BURDETTE         |          |        |              |                          |
| Pref. Name      |                  |          |        |              |                          |
| Address         | 1 Scotts st      |          |        |              |                          |
|                 |                  |          |        |              |                          |
| Suburb          | KILLARA          | State    | NSW    | Postcode     | 2071                     |
| Mailing Address |                  |          |        |              |                          |
|                 |                  |          |        |              |                          |
| Suburb          |                  | State    |        | Postcode     |                          |
| Date of Birth   | 01/01/1920       | Age      | 100    | DOB Estimate | <input type="checkbox"/> |
| Mobile          | 0423-555-552     | Home     | ( ) -  | Work         | ( ) -                    |
| Email           | pamela@gmail.com |          |        |              |                          |

**Medicare/DVA Details**

|                  |                                |                     |     |     |  |
|------------------|--------------------------------|---------------------|-----|-----|--|
| Medicare Number  | 2111-11111-1                   | Ref                 | 1   | Exp |  |
| Eligibility      | Eligible - Australian Resident |                     |     |     |  |
| Veterans No.     |                                | Veteran Card Colour |     |     |  |
| DVA Auth.No      |                                | DVA Auth. Date      |     |     |  |
| Entitlement Card |                                |                     | Exp |     |  |

**Referring Details**

|                    |   |        |  |               |  |
|--------------------|---|--------|--|---------------|--|
| Previous Referrals |   |        |  |               |  |
| Referring Doctor   |   |        |  |               |  |
| Referral Date      |   | Period |  | First Consult |  |
| Referral To        |   |        |  |               |  |
|                    | <input type="checkbox"/> Site Referral (global) |        |  |               |  |

Notice that the data fields on the record are greyed out and you cannot commit any changes. This is because you are not in *edit mode* and therefore cannot make any edits.

So click on the **Edit** button to continue.



You will now be able to make edits to this record, scroll down to the **Referring Details** section.

If the referring doctor has never been entered into your FYDO system, click on the blue **ADD REFERRING DOCTOR** button to add a *NEW* referring doctor.

**Referring Details**

Previous Referrals

Referring Doctor

**ADD REFERRING DOCTOR**

Referral Date   Period  First Consult

Referral To

Site Referral (global)  Active

[ADD ANOTHER REFERRAL](#) [EDIT REFERRAL](#)

This will present you with the below screen, where the main data fields are highlighted. So go ahead and fill this in along with any other additional information you'd like to store about this referring doctor.

SETTINGS > REFERRING DOCTORS > ADD REFERRING DOCTOR

**Referring Doctor Details**

Number  **Provider Number**

**Title**

**First Name**

**Surname**

Practice Name

Address

Suburb

Phone  Fax

**Type**

Speciality

Email

Mobile

Created On

Birthdate

Status  Active

**Miscellaneous Details**

External ID

Location ID

Comm Type

Notes

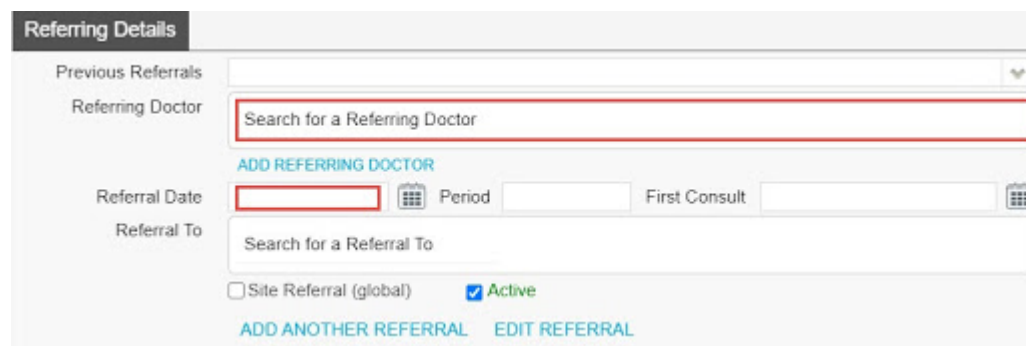
**Note:** this only needs to be done **once** per referring doctor.

### Referring doctor 'Type'

- **GP:** by default, GP referrals have a referral period of 12 months
- **Specialist:** by default, Specialist referrals have a referral period of 3 months

If the referring doctor has already been entered into FYDO as a referrer, you will be able to search for them by clicking on the search box pictured below. You may search by the doctor's first or last name.

Next, enter the **Referral Date** and you're done! This is the minimum data set for adding a referral to a patient's record.



The screenshot shows the 'Referring Details' form. It has a dark header with the text 'Referring Details'. Below the header, there are several sections: 'Previous Referrals' with a dropdown arrow; 'Referring Doctor' with a search box containing the text 'Search for a Referring Doctor'; 'ADD REFERRING DOCTOR' in blue text; 'Referral Date' with a search box, a calendar icon, and the label 'Period'; 'First Consult' with a search box and a calendar icon; 'Referral To' with a search box containing the text 'Search for a Referral To'; a checkbox for 'Site Referral (global)' which is unchecked; a checkbox for 'Active' which is checked; and two buttons at the bottom: 'ADD ANOTHER REFERRAL' and 'EDIT REFERRAL'.

### Notes on other data fields in 'Referring Details'

- **Period:** this is how many months the referral is valid for. It may be overwritten by the user, at their discretion
- **First consult:** if the first *Date of Service* is after the *Referral Date*, you may enter the date of service into this field so that the *Referral Period* is calculated from this date, rather than the referral date
- **Referral to:** this is which provider the referral is for. If left blank, upon billing it will get linked to that provider;
- **Site Referral (global):** allows this referral to be used by any provider rather than one specific provider.

That's it! You've added a new referring doctor to your FYDO system and created a referral on a patient's record. Click on the green **Save** button on the top right corner of the patient record to save your changes.

Save

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## 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.

**Referring Details**

Previous Referrals

Referring Doctor

Referral Date   Period  First Consult

Referral To

Site Referral (global)  Active

- **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 that patients record.



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**. Select one to view a preview. These documents can be printed or saved as needed, but will always be kept here within the patient record.



The first part of your **OEC** contains some patient information, as well as the **Medicare** and **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:

### **Health Fund Assessment**

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



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.



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



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## **[How to Bill Patient Clinic Claims](#)**

Ready to bill through the **Patient Claims** billing channel? Follow along to learn how.

*Need to learn more about Patient Claims first? [Click here](#) for more.*

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, where you'll need to select the:

- **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
- **Bill Type:** Patient Claims
- **Type:** 'Store & Forward', or 'Real Time' - more on this below

The screenshot shows a form with the following fields and values:

- Location: Eccles
- Practitioner: CHANDRA, Pete
- DOS: 17/08/2020
- Hospital: (empty)
- Bill Type: Patient Claims
- Fee Level: Level 1 - MBS
- Type: Real Time (RT) and Store & Forward (SF)

A red box highlights the Bill Type dropdown menu, and another red box highlights the Type dropdown menu. A red 'Required' label is positioned above the Type dropdown.

## Store & Forward vs Real Time

The primary difference between these two types of Patient Claims is that:

- With **Real Time**, your invoices are sent to Medicare *in real time, as they are created*. That is, they do not go into a batch that you then manually send off at the end of the day. They do end up in a batch however.
- Whereas with **Store & Forward**, invoices enter a batch for later transmission. This is how all other Bill Types such as Eclipse, Medicare, and DVA behave.

## Some things to note about Real Time

- Should you need to delete an invoice after creating it, you have until the close of business that day to delete it, via the software. This is called '**Same Day Delete**'
- However, if you realise you need to delete an invoice the next day or later, you will now need to contact Medicare and ask them to delete/ ignore the invoice on their end
  - If you realise you need to delete an invoice and it has already been paid, again, you will need to contact Medicare and process a refund.

## Referrals

The last step before we can begin billing is to enter any needed referral information. If this does not apply to you, click on **Add Items** and proceed to the next section.

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

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 left corner of your screen.

**Add Items**

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.

It 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 |
|--|------|-------------|
| 17/08/2020  | I    |             |
|  |      |             |

Notice that for **Patient Claims**, the **Date of Service (DOS)** can be changed in an invoice.

### Applying Payment

Once you have added all your desired items, you can add payments captured from the patient onto the invoice using the **Add Payment** button.



This will present you with a pop-up to enter the payment information. The total invoice amount will be prefilled in the **Amount** field.

So, you may simply allocate the payment type and hit save as below:



Payment
X

Accounting Period

Type

Amount  [Apply Gap](#)

Drawer

Reference

Bank

Branch

Save
Cancel

Once you have entered all your items and payments 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:

|                      |                 |                  |                |
|----------------------|-----------------|------------------|----------------|
| <b>Total Charges</b> | <b>\$196.70</b> | <b>Total GST</b> | <b>\$0.00</b>  |
| Total Rebate         | <b>\$173.05</b> | Out of Pocket    | <b>\$23.65</b> |

Lets go over the 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.

You're all done! You have successfully billed a Patient Claims invoice. Now, head over to '**Claiming Medical**' and send it off.

Not sure how to send off your claims? [Click here](#) for more on Claiming Medical.

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## [What is Patient Claims \(Clinic\)](#)

### **In a nutshell**

Patient claims is where the practice sends off the patient's claim on their behalf so that they can **receive their medicare rebate** 1-2 business days later. The patient could pay in full, partially, or nothing at all.

You would use this claiming channel when the practitioner charges above the medicare schedule. You would not use this claiming channel if you are happy to receive the medicare/bulk bill amount.

This claiming channel is useful because whilst it would be easier to bulk bill the patient, and then charge a copayment, this is illegal.

Patient Claims is desirable for the practice because:

- The practice may be **paid in full, on the spot**
- The practice decides what they would like to charge
- Multiple dates of service **per invoice** supported
- May avoid the **90 day scheme**, more on this below

### **90 day scheme**

When an unpaid or partially paid claim is sent to medicare, the patient receives a Pay Doctor Via

Claimant (PDVC) cheque and they are expected to forward this cheque to the practitioner.

- The cheque will be in the the doctor's name, so the patient cannot bank this money
- The 90 day scheme is a measure in place to redirect the funds directly into the doctor's bank account, in the event that the cheque is not banked by the doctor within 90 days
- However, this is only eligible for gps and specialists, and is not applicable to allied health practitioners

## Eligible health professionals



## Ineligible practitioners

Allied health professionals, optometrists and dentists aren't eligible to participate in the scheme.

Want to learn more about the 90 day scheme? [Click here](#) to read more.

**Important note:** for this billing channel, you will send claims, assuming they will get paid as no communications are sent back. This is owing to a Medicare limitation that only allows for one-way communication. That is, you can send claims but will not receive any:

- **Exception** statements, or
- **Payment** statements

## Medicare Easyclaim

Easyclaim is another billing alternative for bulk billing and patient claims. It may be a stand-alone process via an EFTPOS machine or integrated into your billing software.

**Note:** *FYDO does not currently support Easyclaim*

## Key features

- The patient receives their Medicare rebate almost immediately into their bank account
- No additional bank transaction fees. However, standard EFTPOS charges still apply
- May be used for bulk billing and patient claims
- Single payment made to practitioner's nominated bank account for bulk billed claims within 2-3 working days
- Concession verification - instant confirmation of patients' concessional status
- Available to all allied health professionals

Want to learn more about Medicare Easyclaim? [Click here](#) to learn more.

Ready to bill through the Patient Claims billing channel? [Click here](#) to learn how.

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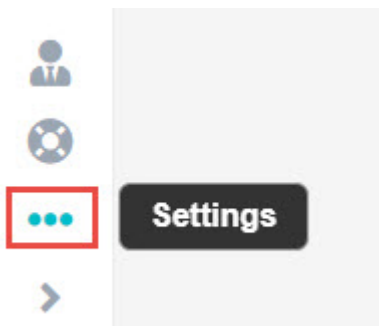
## [Health Fund Fees \(Clinic\)](#)

**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.

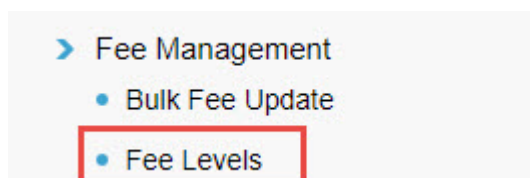
Tired of updating your Health Fund Fees every time a change occurs?

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**

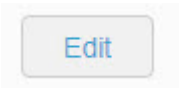


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### **Fee Levels**

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 type="checkbox"/>            |
| 1       | MBS 100%        | 0.00       | 01/11/2019 |      |       |                 | <input type="checkbox"/>            |
| 2       | Workers Comp    | 0.00       | 01/11/2019 |      |       |                 | <input 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](#).

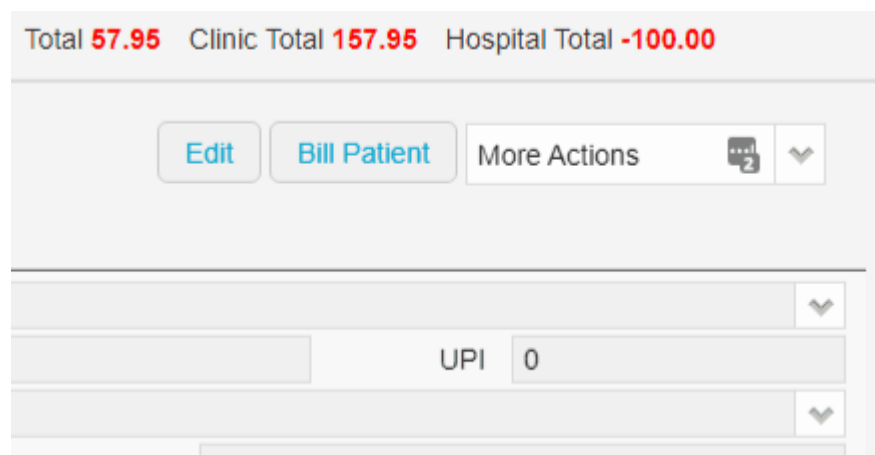
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## [How to run a Clinic OEC - Online Eligibility Check](#)

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)**



The screenshot displays a patient record interface. At the top, there are three financial totals: 'Total 57.95', 'Clinic Total 157.95', and 'Hospital Total -100.00'. Below these totals is a row of action buttons: 'Edit', 'Bill Patient', and 'More Actions'. The 'More Actions' button includes a dropdown arrow and a notification icon with the number '2'. Below the buttons, there are several input fields, including one labeled 'UPI' with the value '0'. The interface is light gray with blue text for the buttons and totals.

### **Appointments**

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

|          |
|----------|
| 7:00 AM  |
| 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 |
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| 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**

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### **OEC Request**

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

### **Patient Details**

The patient details will be automatically filled in by information taken from the patient's 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**.*

Eligibility Check

Type: ECF - Fund only

Adm Date: 14/04/2021

Dis Date: 14/04/2021 Same day

Hospital: Test Hospital

Provider Number: 002700Y

Surgeon/Admitting Dr: CITIZEN, John

Provider Number 0

Accident

Emergency Admission

Pre-existing Allment

Compensation Claim

[Read Disclaimer](#)

## 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](#)