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	

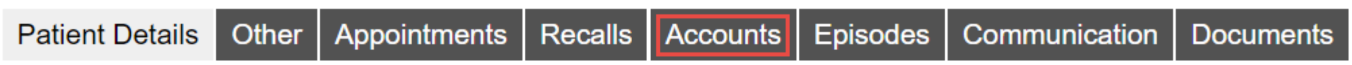
Postcode	141	4	
DOB	145	10	Format dd/mmy/yyy
Medicare Number	155	12	Format 2111-11111-1
Medicare Reference	167	1	
Entitlement Number	168	14	e.g. concession number or pension number
DVA Number	182	14	
Phone Home	196	14	Format (02)9999-9999
Phone Work	210	14	Format (02)9999-9999
Misc1	224	1	Field now defunct, 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

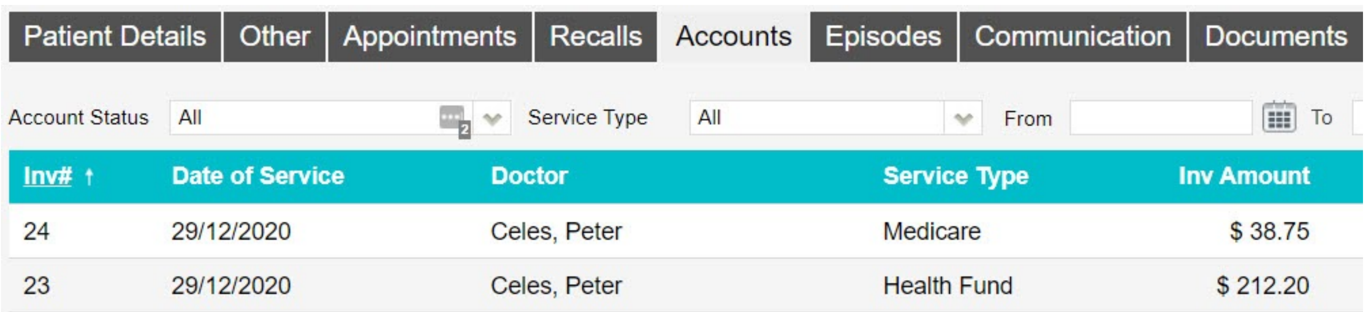
Country	966	4	[Download List](#)
Mailing Address Line 1	970	40	
Mailing Address Line 2	1010	40	
Mailing Address Suburb	1050	25	
Mailing Address State	1075	3	
Mailing Address Postcode	1078	4	
Mailing Address Country	1082	30	
NOK Title	1112	10	
NOK Address 1	1122	40	
NOK Suburb	1162	25	
NOK State	1187	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

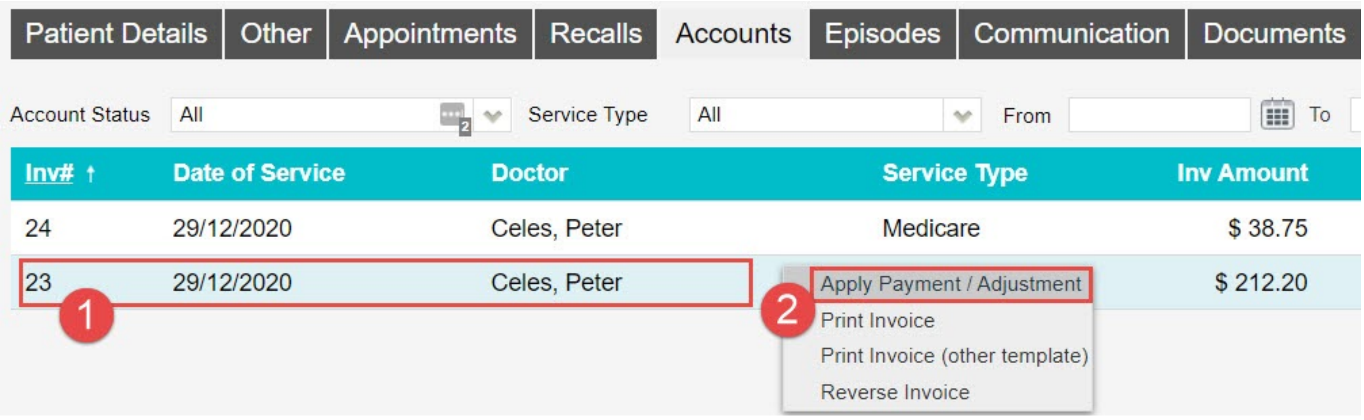
Start off by opening the patient's record and click on the **Accounts** tab to view their treatment/ billing history.



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

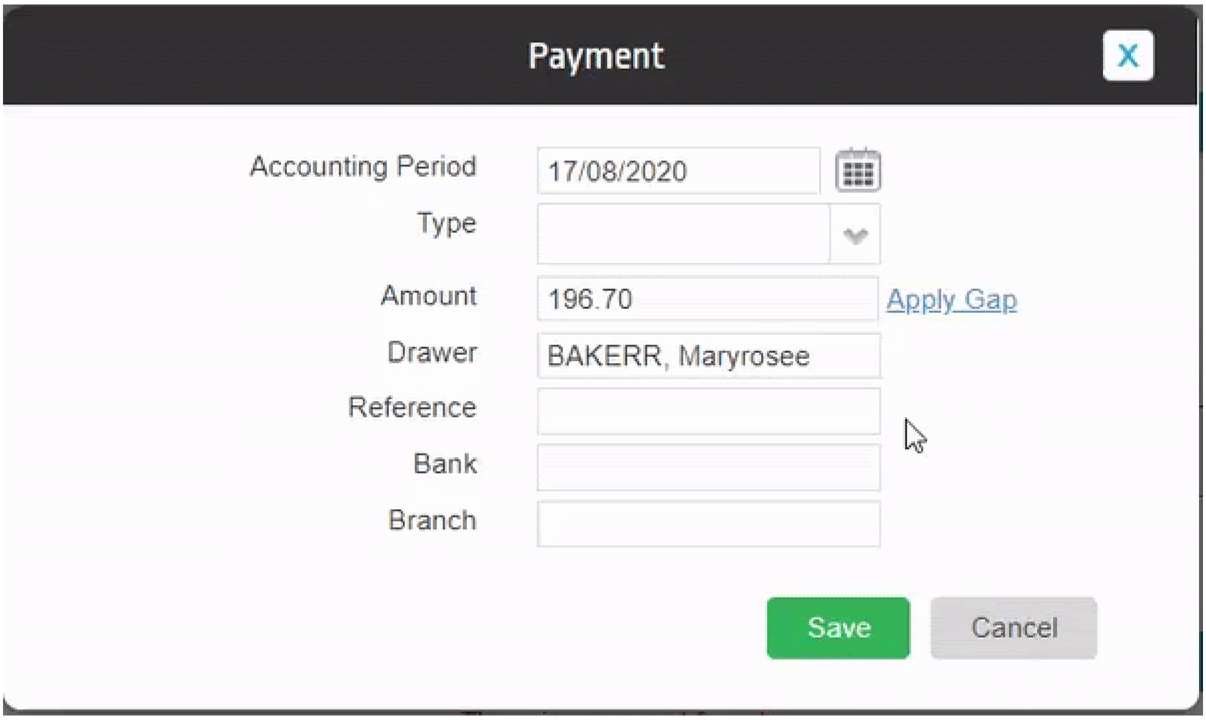


From here, **right click** on the manual invoice to be paid off manually and click on **Apply Payment**.



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**

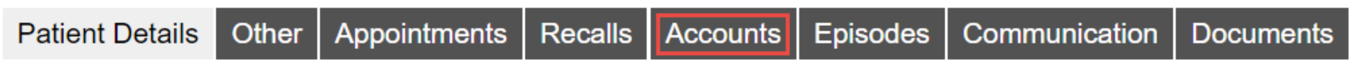
Additionally, there are two use cases for deleting invoices:

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

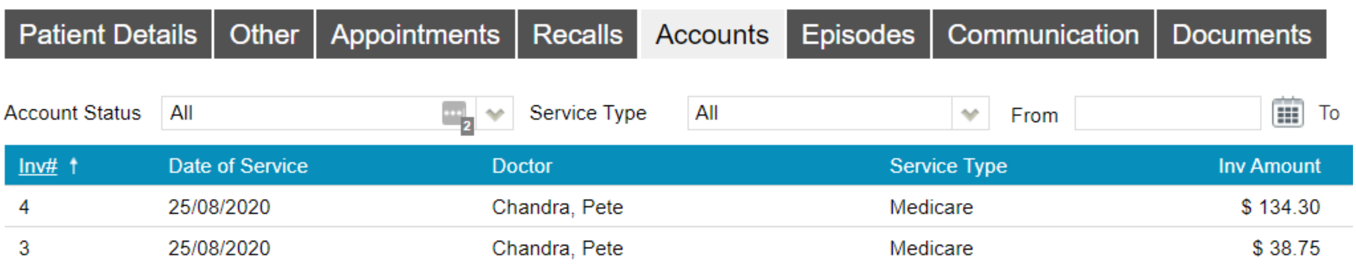
Let's take a closer look at both options and use cases.

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**:



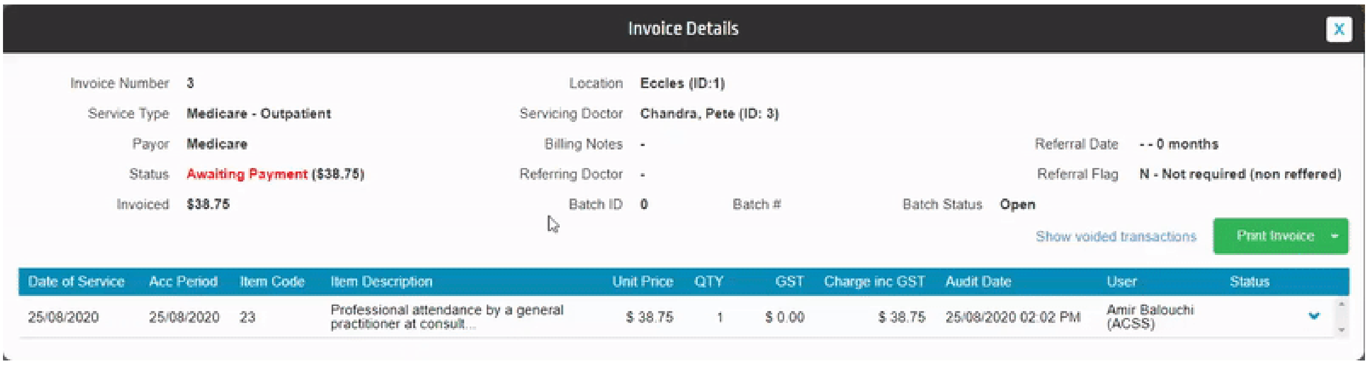
So from here, simply double click on the invoice you wish to delete.

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.

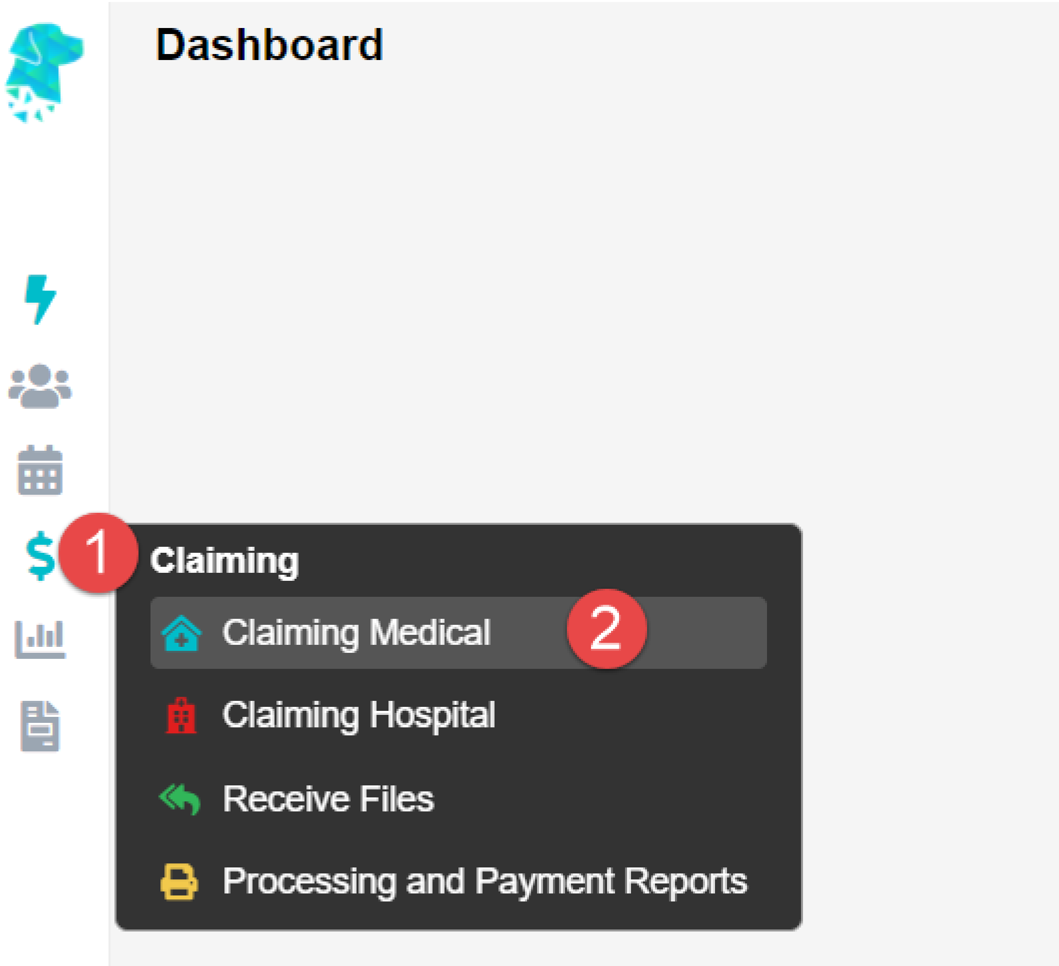


Alternatively, you can delete invoices from the **Claiming Medical** section of FYDO, found under the **Claiming** tab.

Deleting through the Claiming Medical

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

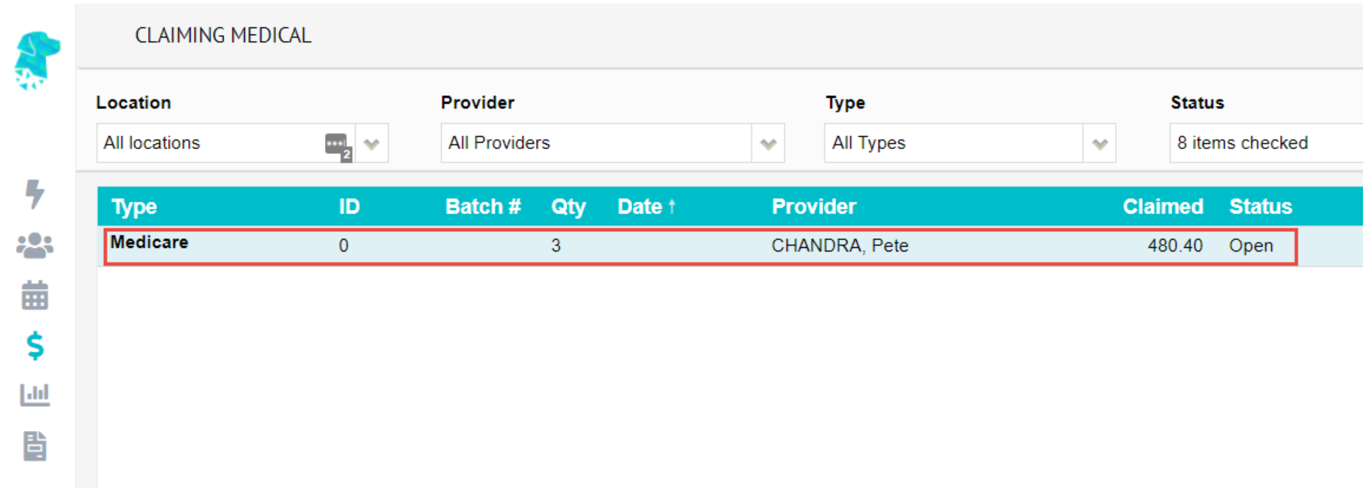
You will now see all your batches. So select the batch holding the invoice(s) you wish to delete.



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.

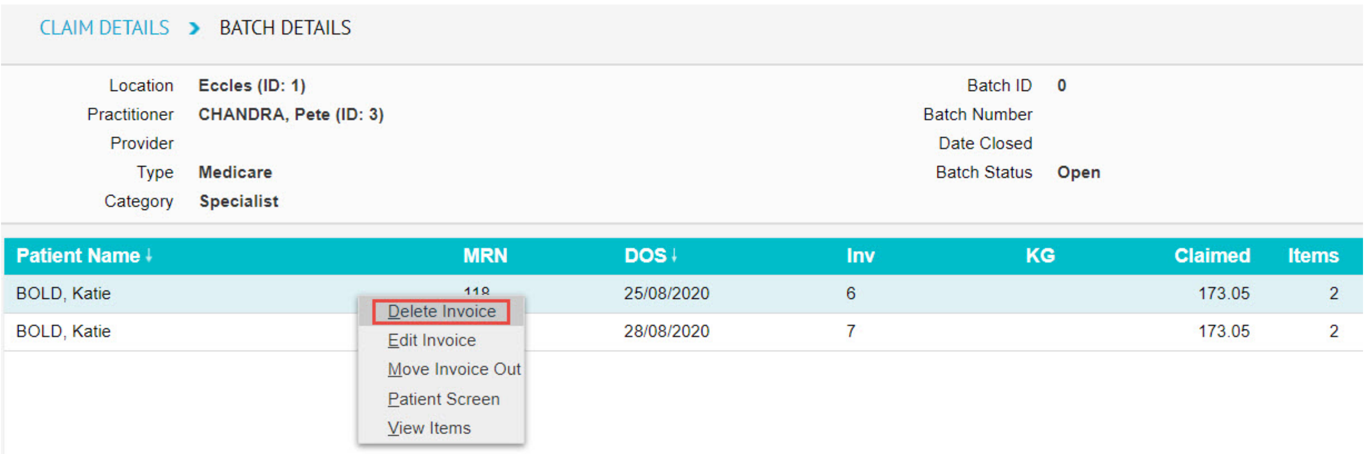
So you may double click on the batch holding the desired invoice to be deleted.



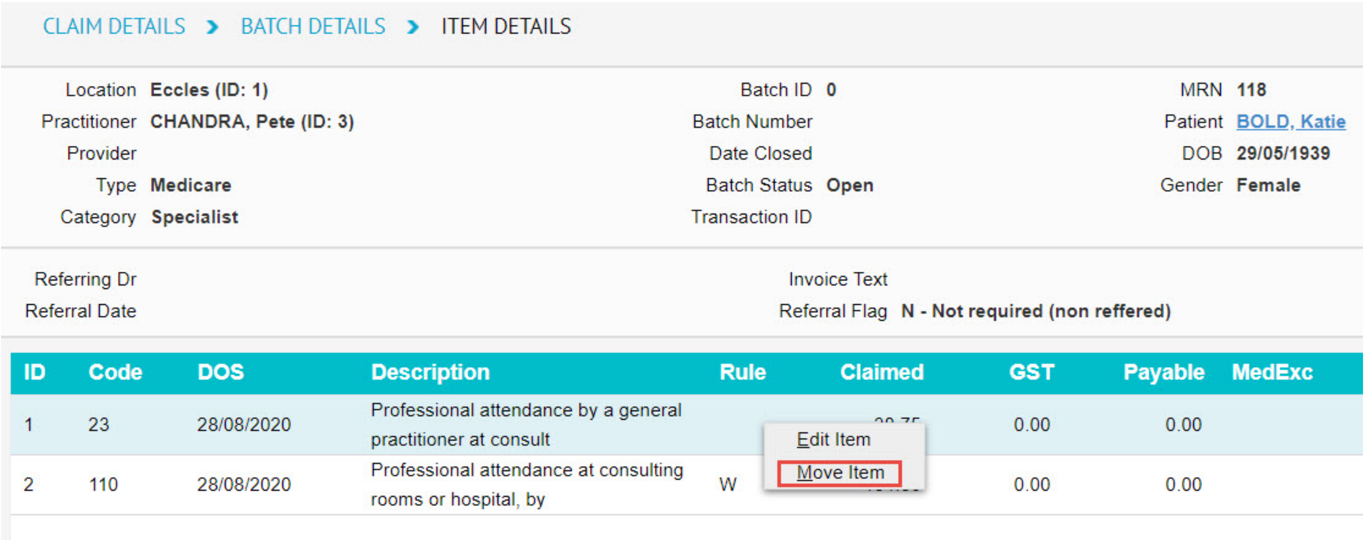
You will now see the invoice(s) inside the batch.

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**



[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.

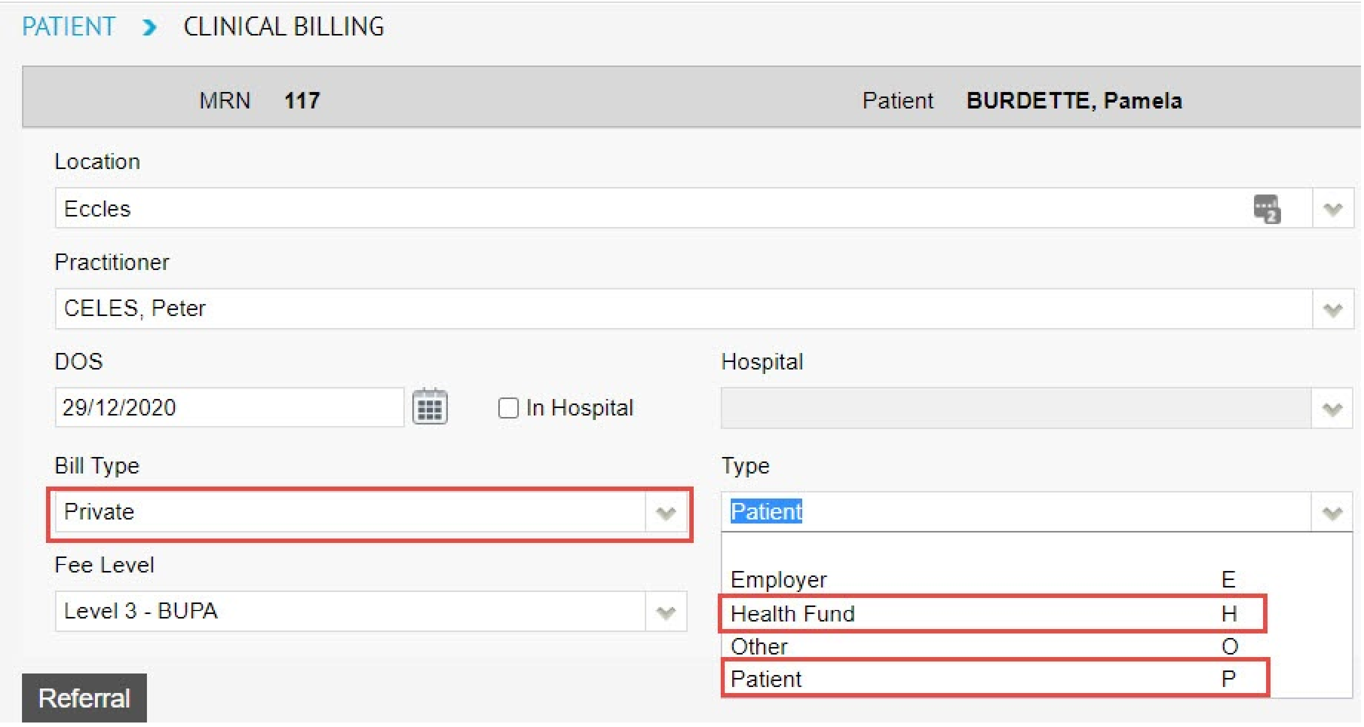
Start off by opening the patient's record and click on the blue **"Bill Patient"** button.

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

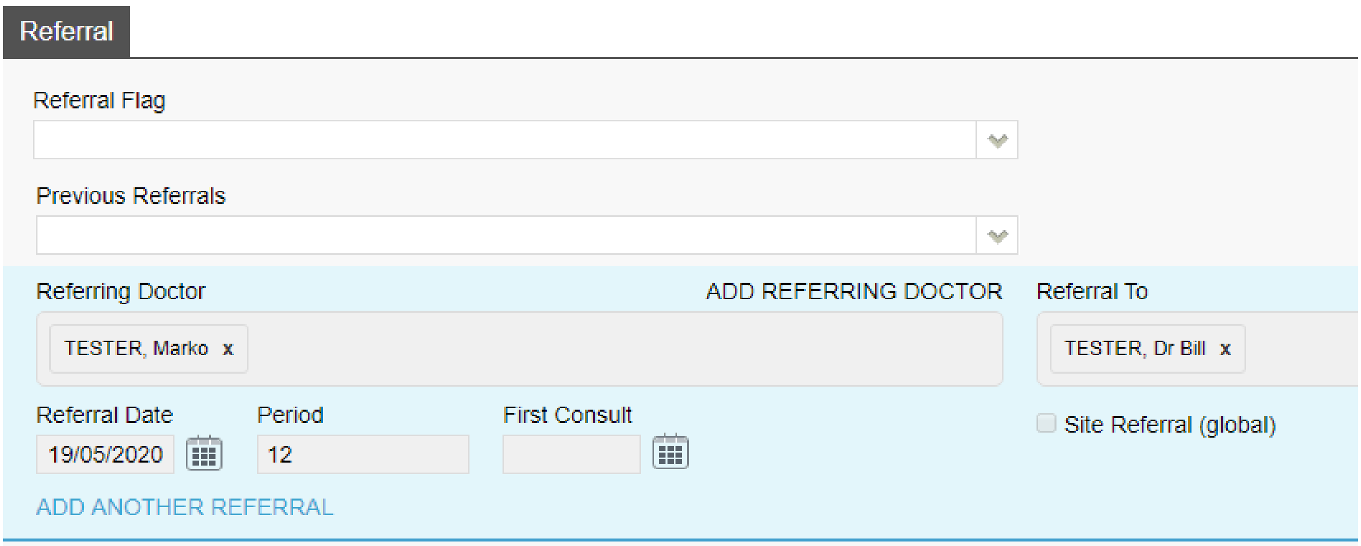
being sent to the patient's Health Fund



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).

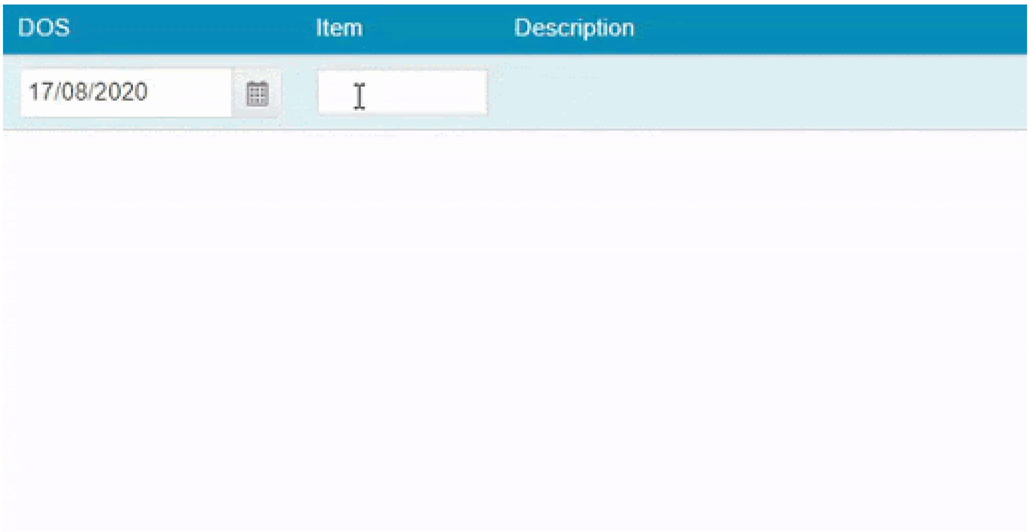


Once you are done with the above segments, click on the green **Add Items** button in the bottom left corner of your screen.

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!



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.

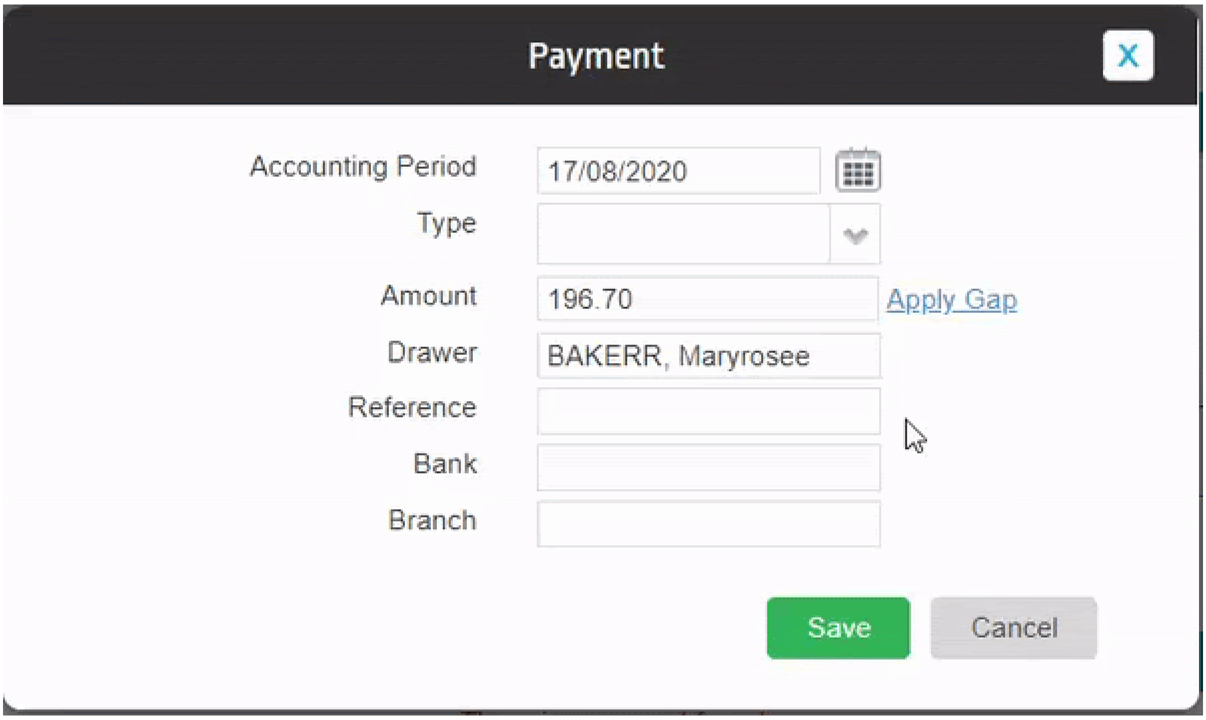
(Conditional) Applying Payment *at* the billing process

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.

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.

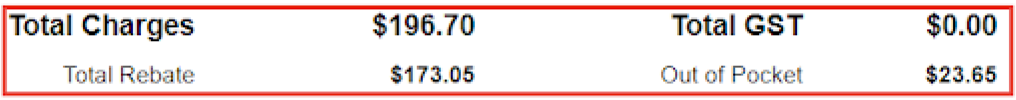
So, you may simply allocate the payment type and hit save as below:



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:



Lets go over the options on this screen:

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.

Resubmitting and Deleting Clinic Batches

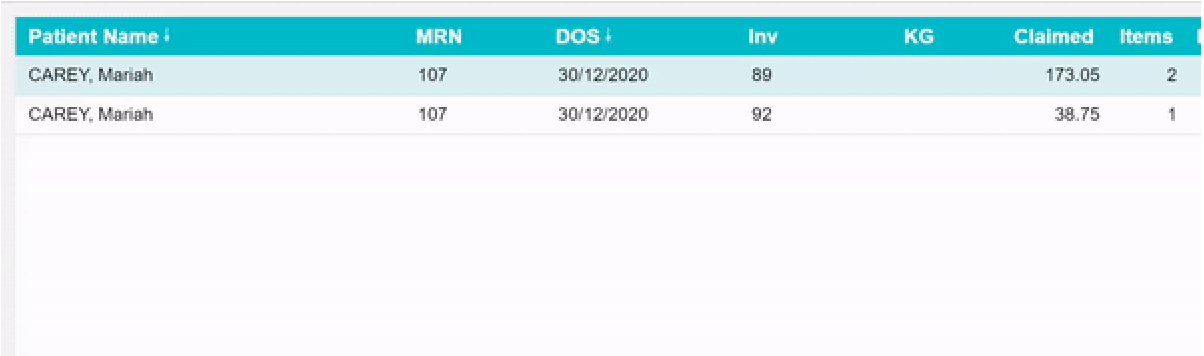
Sometimes you may need to **Resubmit** or **Delete** a batch depending on rejections.

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.

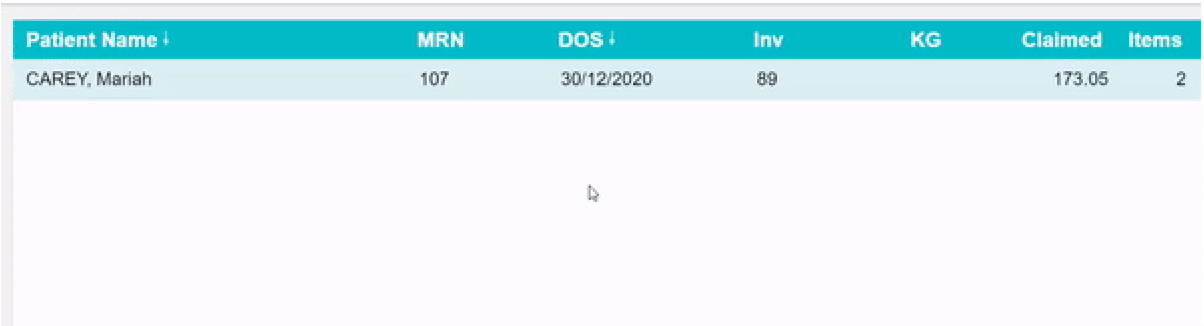
For Eclipse claims, you will still only be able to have one patient per batch.

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.*

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	

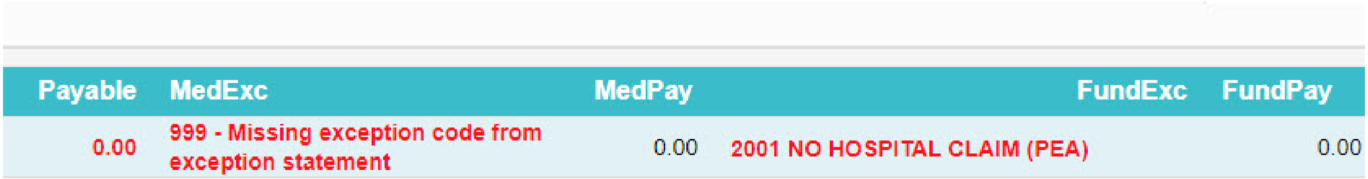
You may have one, or multiple patients with an issue. Any patient with a **Rejection** or **Partial**

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

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.

Contacts

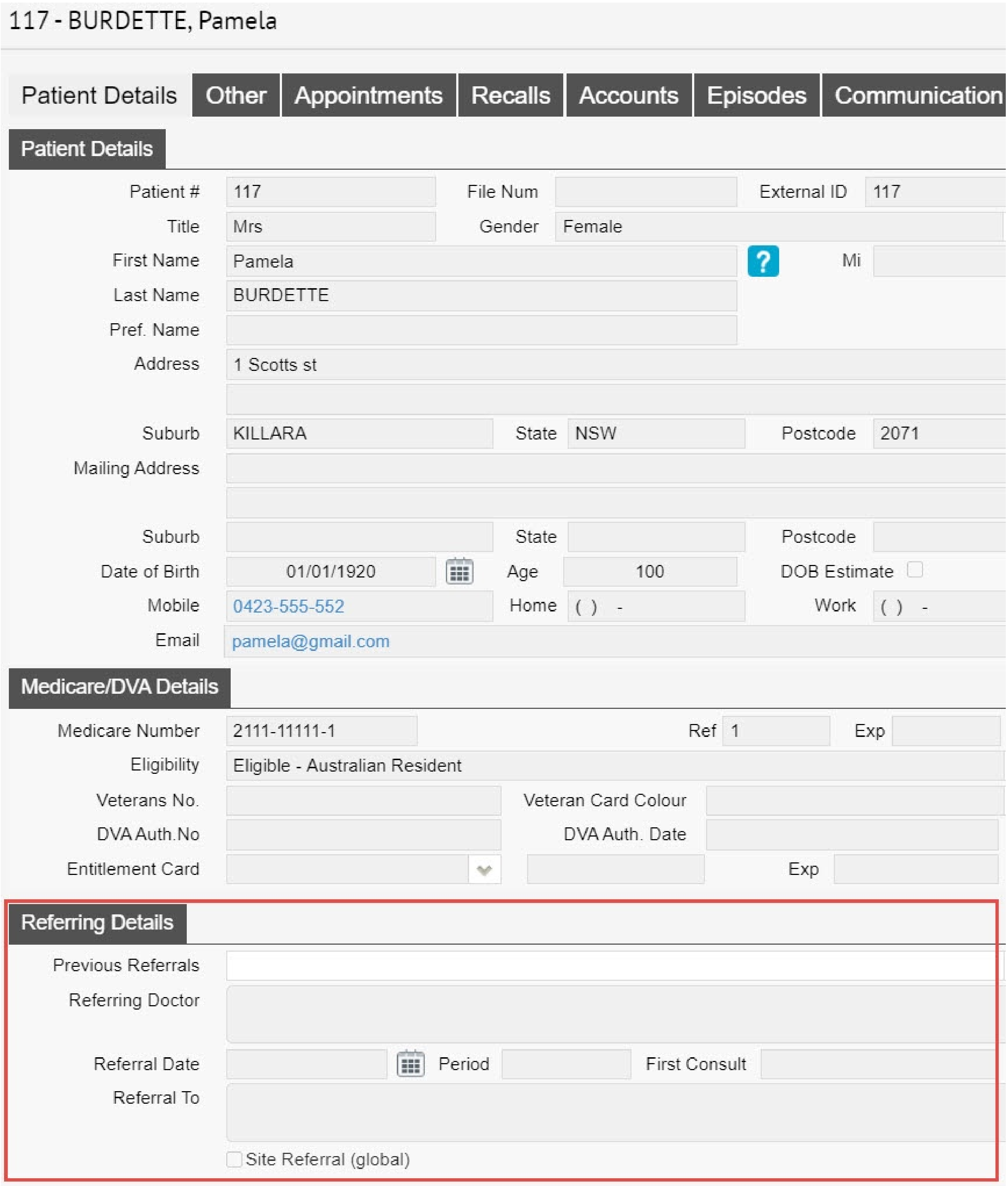
Not all rejections will be as simple as the ones above. In a case where you are not sure what a rejection reason means, or why something has not been paid, it is best to contact the organisation who rejected it.

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

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.

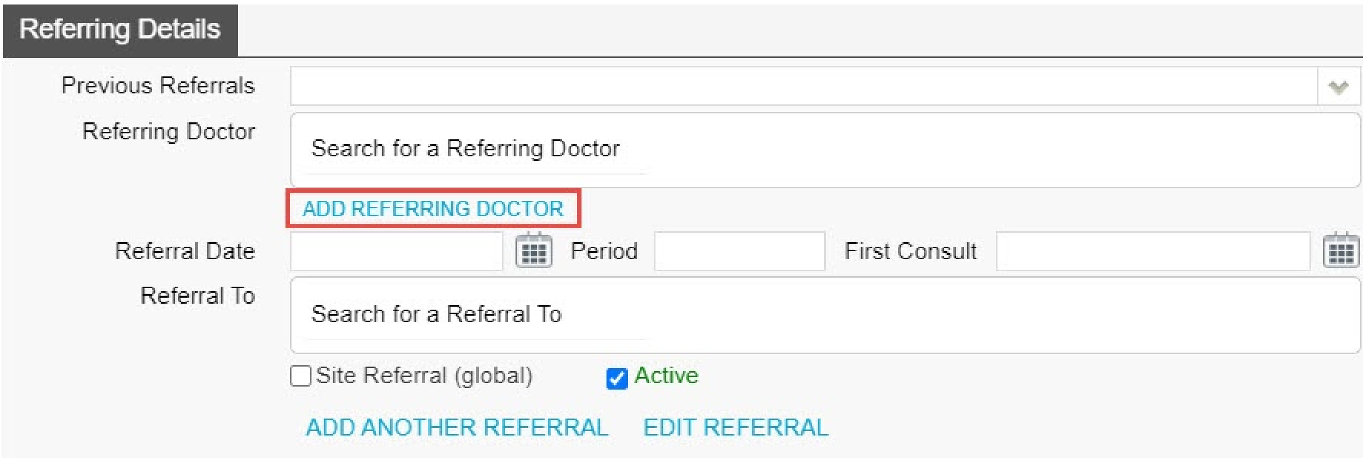


Notice that the data fields on the record are greyed out and you cannot commit any changes. This is because you are not in *edit mode* and therefore cannot make any edits.

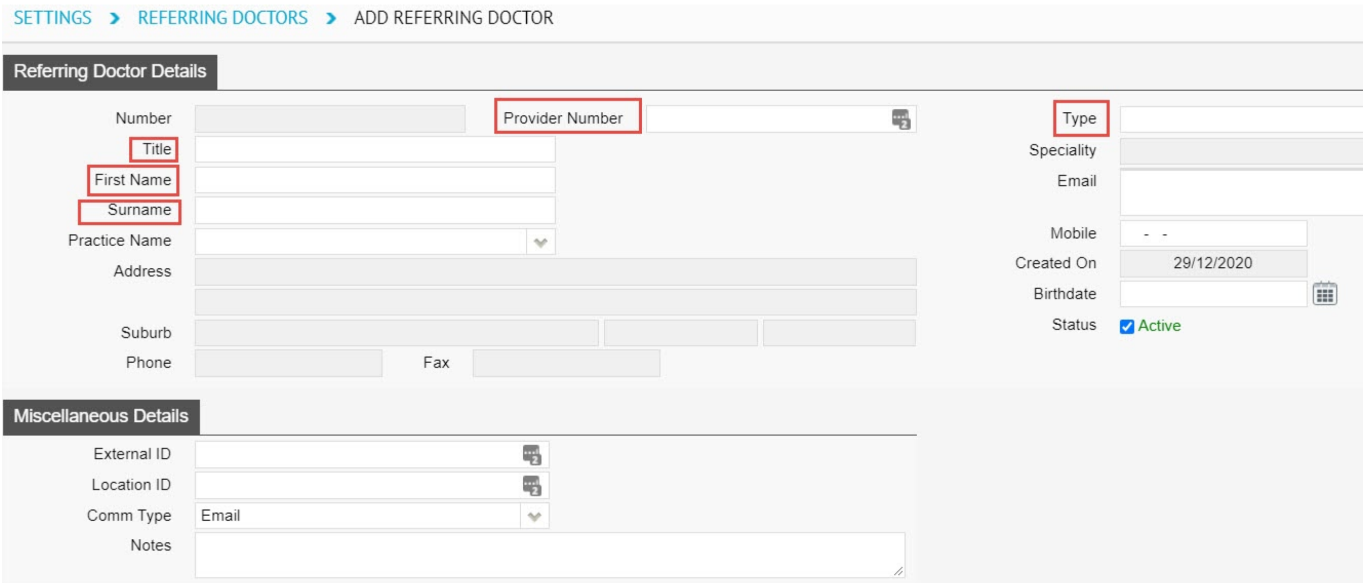
So click on the **Edit** button to continue.

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.



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.



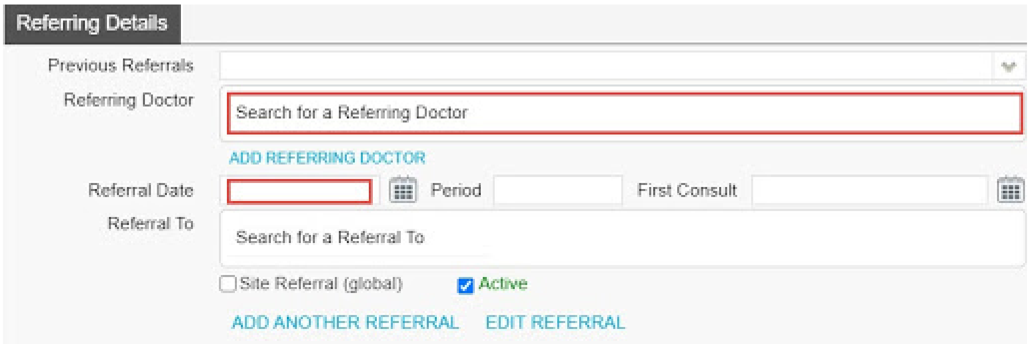
Note: this only needs to be done **once** per referring doctor.

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.



Notes on other data fields in 'Referring Details'

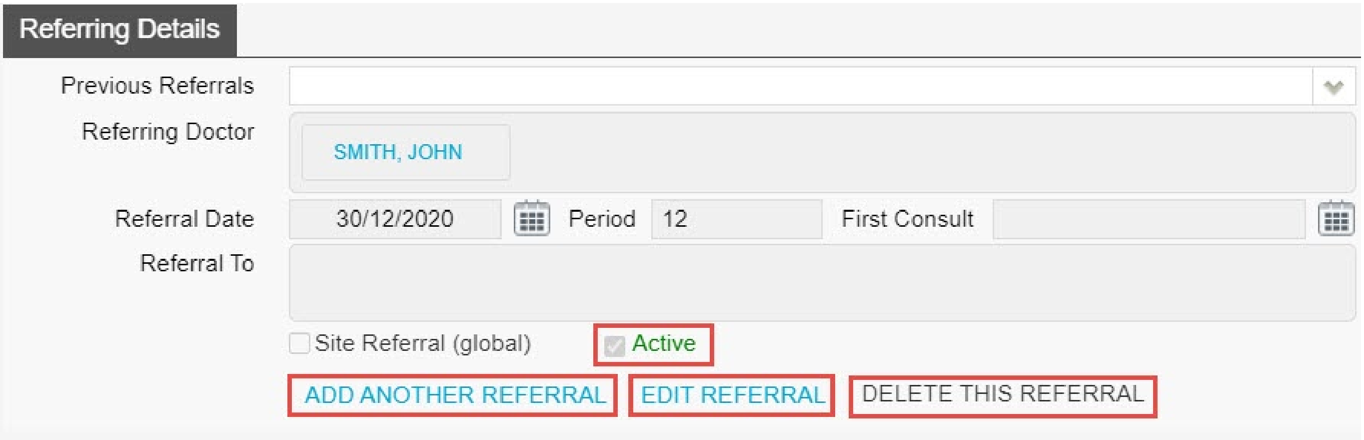
- **Period**: this is how many months the referral is valid for. It may be overwritten by the user, at their discretion
- **First consult**: if the first *Date of Service* is after the *Referral Date*, you may enter the date of service into this field so that the *Referral Period* is calculated from 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.

[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

[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.

How to Bill Patient Clinic Claims

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

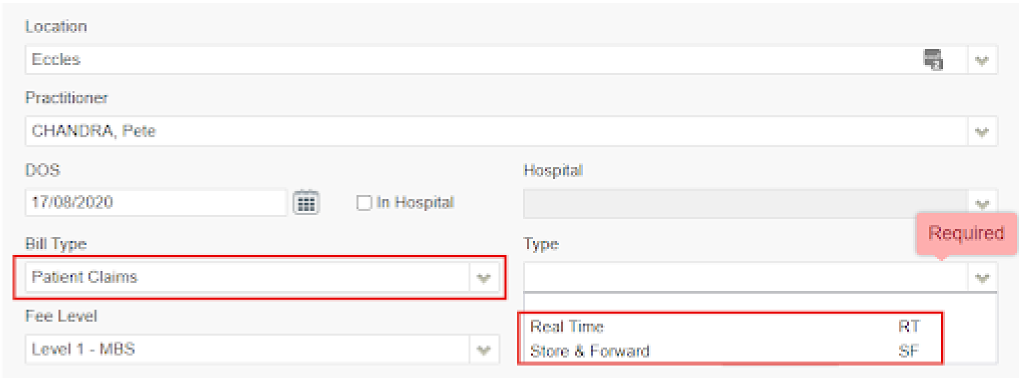
Need to learn more about Patient Claims first? Click here for more.

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

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



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.

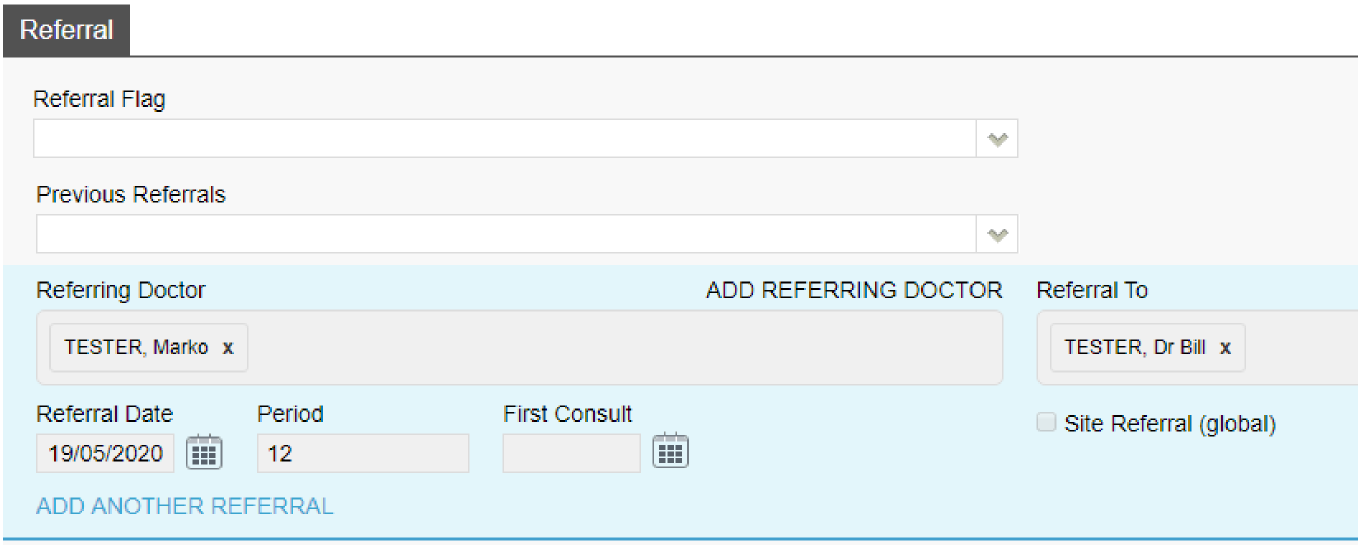
Some things to note about Real Time

- 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).

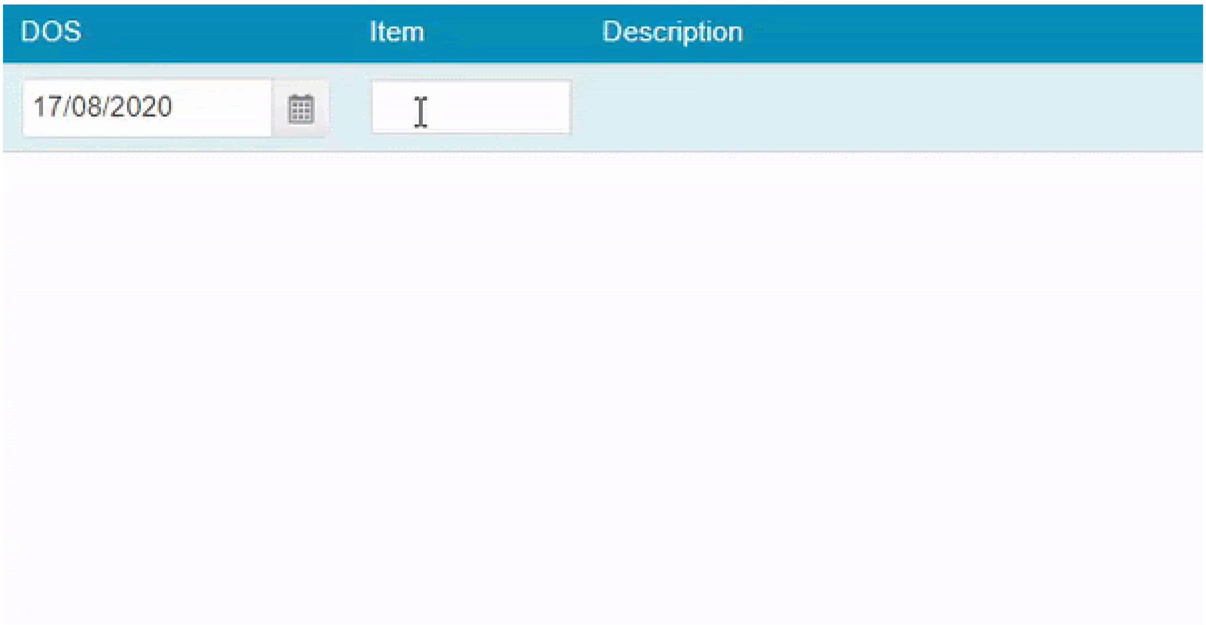


Once you are done with the above segments, click on the green **Add Items** button in the bottom left corner of your screen.

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!**



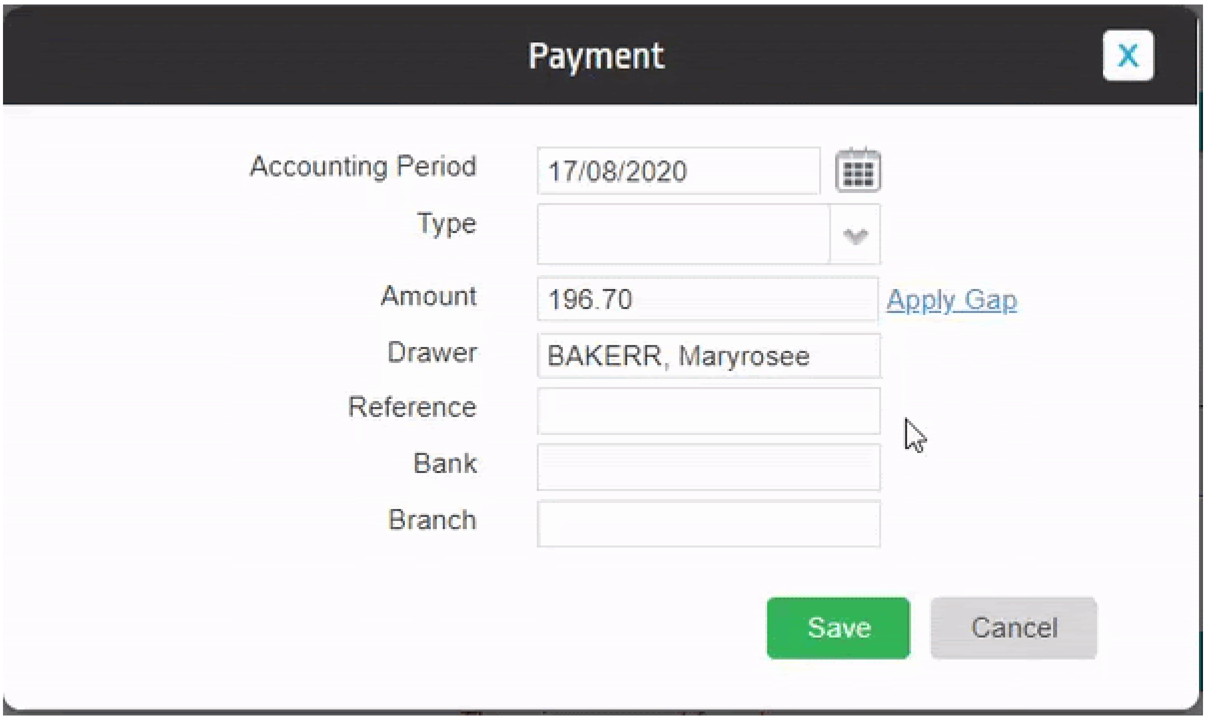
Notice that for **Patient Claims**, the **Date of Service (DOS)** can be changed in an invoice.

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:

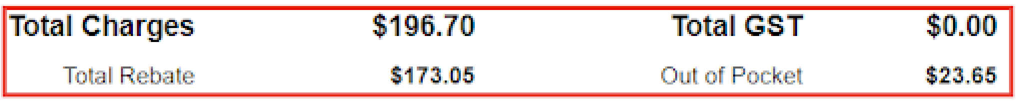


Once you have entered all your items and payments as desired, click on the **Review Charges** button to proceed to the final page of billing.

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:



Lets go over the options on this screen:

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.