

# 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).

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## 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

<b>Charge inc GST</b>	<b>GST</b>	<b>Payable</b>
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.

Edit

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	<input type="text"/>
Referring Doctor	<input type="text" value="Search for a Referring Doctor"/>
	<b>ADD REFERRING DOCTOR</b>
Referral Date	<input type="text"/>  Period <input type="text"/> First Consult <input type="text"/> 
Referral To	<input type="text" value="Search for a Referral To"/>
	<input type="checkbox"/> Site Referral (global) <input checked="" type="checkbox"/> <b>Active</b>
	<a href="#">ADD ANOTHER REFERRAL</a> <a href="#">EDIT REFERRAL</a>

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	<input type="text"/>
Title	<input type="text"/>
First Name	<input type="text"/>
Surname	<input type="text"/>
Practice Name	<input type="text"/>
Address	<input type="text"/>
Suburb	<input type="text"/>
Phone	<input type="text"/>
Fax	<input type="text"/>
Provider Number	<input type="text"/>
Type	<input type="text"/>
Speciality	<input type="text"/>
Email	<input type="text"/>
Mobile	<input type="text"/>
Created On	<input type="text" value="29/12/2020"/>
Birthdate	<input type="text"/>
Status	<input checked="" type="checkbox"/> <b>Active</b>

Miscellaneous Details	
External ID	<input type="text"/>
Location ID	<input type="text"/>
Comm Type	<input type="text"/>
Notes	<input type="text"/>

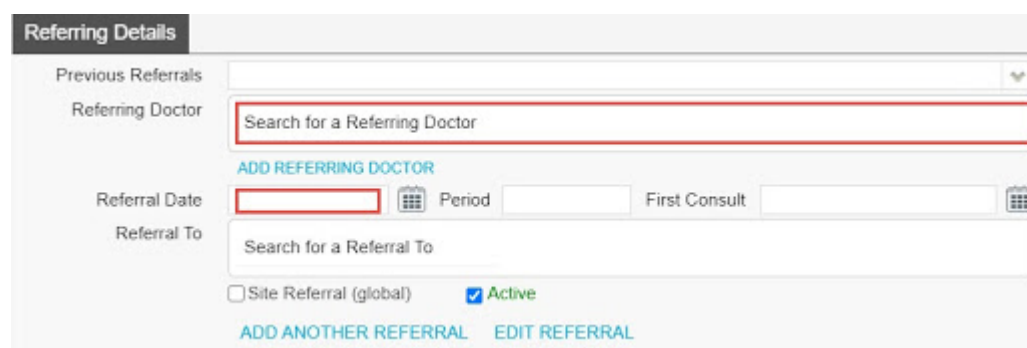
**Note:** this only needs to be done **once** per referring doctor.

## 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 'Previous Referrals' dropdown. The 'Referring Doctor' field has a search box with the placeholder 'Search for a Referring Doctor'. Below it is a blue button 'ADD REFERRING DOCTOR'. The 'Referral Date' field has a calendar icon. The 'Period' field is a text input. The 'First Consult' field has a calendar icon. The 'Referral To' field has a search box with the placeholder 'Search for a Referral To'. Below these are checkboxes for 'Site Referral (global)' and 'Active' (which is checked). At the bottom are blue buttons '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 **SMITH, JOHN**

Referral Date **30/12/2020**  Period **12** First Consult

Referral To

☐ Site Referral (global) ☒ **Active**

**ADD ANOTHER REFERRAL** **EDIT REFERRAL** **DELETE THIS REFERRAL**

- **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.

**Patient Details** **Other** **Appointments** **Recalls** **Accounts** **Episodes** **Communication** **Documents** **Clinical**

You will see a list of all the recorded documents for this patient. The **OEC's** that were returned will have the **Name** and **Type** of **OEC**. 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.

Document Name	Type	Created ↑	
OEC	OEC	13/05/2021 9:05:01 AM	Q ▼
OEC	OEC	13/05/2021 9:04:49 AM	Q ▼
IFC 2021-05-05	IFC	05/05/2021 1:14:26 PM	Q ▼
IFC 2021-04-29	IFC	29/04/2021 4:38:59 PM	Q ▼
OEC	OEC	29/04/2021 1:23:38 PM	Q ▼
OEC	OEC	29/04/2021 1:23:19 PM	Q ▼

100 ▼ Records/Page Records 1-6 of 6 (Page 1 of 1)

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:

### FYDO - ECLIPSE Online Eligibility Check

<b>Patient Name</b>		<b>MRN</b>	09261
<b>Fund / UPI</b>	BUP	<b>DOB</b>	27/09/1963
<b>Transaction ID</b>	ADV02011b87b5f4739b8bc00	<b>Gender</b>	Male
<b>Requested</b>	27/08/2020 02:42 PM	<b>OEC Type/ID</b>	ECF / 12

**Medicare Status** - Successful

**Fund Status** 0 - Successful

**Assessment** W

**Process** COMPLETE

**Explanation** 1102 ELIGIBLE 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.*



### Health Fund Assessment

Excess

\$ 500.00

Description

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

Bonus

\$ 0.00

Co Payment

\$ 0.00

Description

0

Remaining Days

Co-payment not  
Applicable

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

Health Fund Ref

8122672

Table Name

Mid Hospital \$500 Excess - Silver Plus with Budget Extras 60

Table Description

SILVER PLUS \*\*All hospitals\*\*: Excluded Services: Pregnancy and birth; Assisted reproductive services; Joint replacements (hip, knee other); Cataracts; Laser eye correction; Weight loss surgery; Dialysis for chronic kidney failure; Cosmetic surgery receive no benefits. Minimum Benefit (Restricted cover) services are not eligible for private room benefits. Minimum Benefit services: Hospital psychiatric services; Podiatric surgery. If Minimum Benefits shared room rate is paid, excess is not deducted. \*\*Members First Network Hospitals\*\*: Cover for hospital accommodation theatre fees for services that are not Excluded or Minimum Benefit services. \*\*Public Hospitals\*\*: Minimum Benefits for shared room accommodation as set by the Australian Government plus fixed benefit per day for private overnight room accommodation.

Table Scale

SINGLE

Benefit Limitations

Exclusions

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

#### Items and Other Services

Type	Code	Charge	Fund Assess	Fund Amt	Med Assess	Med Amt
		0.00				

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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

Location  
Eccles

Practitioner  
CHANDRA, Pete

DOS  
17/08/2020 ☐ In Hospital

Hospital

Bill Type  
Patient Claims

Fee Level  
Level 1 - MBS

Type  
Real Time RT  
Store & Forward SF

Required

## 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

TESTER, Marko x

TESTER, Dr Bill x

Referral Date

Period

First Consult

☐ Site Referral (global)

19/05/2020

12

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!**



Payment

Accounting Period

17/08/2020

Type

Amount

196.70

Apply Gap

Drawer

BAKERR, Maryrose

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	\$173.05	Out of Pocket	\$23.65

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

Eligible health professionals	Lodge claims manually	Need to register for scheme
GP	Yes	Yes
Specialist or consultant physician	Not eligible	No

Eligible health professionals	Lodge claims electronically	Automatically eligible for scheme
GP	Yes	Yes
Specialist, consultant physician, pathologist	Yes	Yes

### 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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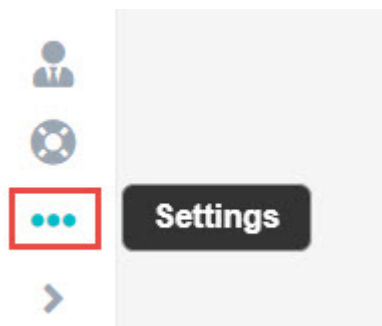
## Health Fund Fees (Clinic)

**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.

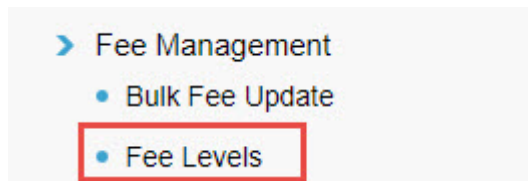
Tired of updating your Health Fund Fees every time a change occurs?

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.



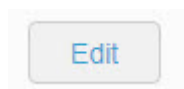
Then select **Fee Levels**, found underneath **Fee Management**



## Fee Levels

You will now arrive at the **Fee Levels** settings. This page displays all of the current Fee Levels within Fydo, and lets you edit them as needed.

Now, lets select **Edit** from the top right hand corner of the page.



To setup automatic fee updates, we just need to change a few settings for each health fund.

- **Fund**
- **State (If Applicable)**
- **Fee Type (If Applicable)**

Level ↓	Description	Gap Amount	Threshold	Fund	State	Fee Type	Status
0	DVA In-hospital	0.00	01/11/2019				<input checked="" type="checkbox"/>
1	MBS 100%	0.00	01/11/2019				<input checked="" type="checkbox"/>
2	Workers Comp	0.00	01/11/2019				<input checked="" type="checkbox"/>
3	hcf no gap	0.00	01/07/2020	HCF		No Gap	<input checked="" type="checkbox"/>
4	hcf with gap	0.00	01/07/2020	HCF		Gap / Known Gap	<input checked="" type="checkbox"/>
5	ahsa nsw	0.00	01/07/2020	AHS	NSW		<input checked="" type="checkbox"/>
6	medibank	0.00	01/07/2020	MPL			<input checked="" type="checkbox"/>

**Fund** - This is a simple one, simply select the corresponding fund from the list. In the above case, I selected **HCF** for both of my HCF fee levels, **AHS** for my Alliance (AHSA) fee level and **MPL** for my Medibank Private level.

**State** - This will only apply to **Alliance (AHSA), BUPA and GU Health**. Select the state you require fees for. In the above case, I opted for the **NSW** fees.

**Fee Type** - This will only apply to **HCF and HBF**. Simply select if you need the **No Gap** or the **Known Gap** fees. In the above case, I have a fee level for both, though you may only have one.

Once you have completed the above, click the **Save** button.

Save

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](#).

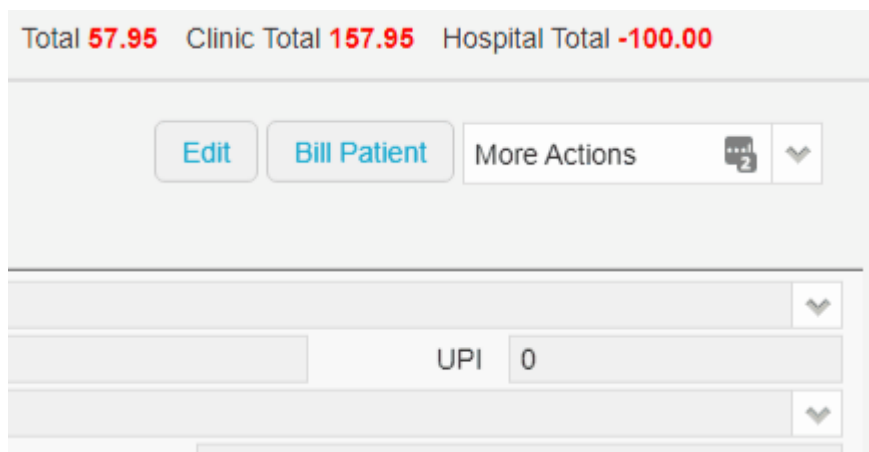
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## [How to run a Clinic OEC - Online Eligibility Check](#)

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, there are three buttons: 'Edit', 'Bill Patient', and 'More Actions'. The 'More Actions' button has a dropdown arrow and a small icon showing '2' items. Below the buttons, there are several input fields. One field is labeled 'UPI' and contains the value '0'. There are also two dropdown menus, one above and one below the 'UPI' field.

### **Appointments**

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



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

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

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

Patient Details					
First Name Test	Surname TEST	Middle Initial	DOB 01/01/1990	Gender Male	Medicare 2111-11111-1
Fund ACA - ACA Health Benefits Fund	Membership 344	UPI 0	Claim Type		

## 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**.*

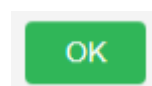
Eligibility Check					
Type ECF - Fund only	Adm Date 14/04/2021	Dis Date 14/04/2021	Same day	Provider Number 0	
Hospital Test Hospital	Provider Number 002700Y	Surgeon/Admitting Dr CITIZEN, John			
<input type="checkbox"/> Accident	<input type="checkbox"/> Emergency Admission	<input type="checkbox"/> Pre-existing Ailment	<input type="checkbox"/> Compensation Claim	<a href="#">Read Disclaimer</a>	

## 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.

Hospital Items										
Illness Code										
MBS Items										
Item	Description	Action	Type	DOS	Code	Description	Unit Charge	Quantity	Total Charge	Action
			Protheses	17/05/2021			1.00	1	1.00	

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](#)

# Medicare and Fund Contacts - Dealing with Rejections

## Medicare & DVA

Organisation	Phone/ Email
Medicare	P: 1800 700 199F: 02 9895 3190
MBS Interpretation	P: 13 21 50E: askMBS@health.gov.au
DVA	P: 1300 550 017

## Health Funds

Fund name	Contact for clinics	Contact for hospitals
<b>ACA</b> <b>HealthECLIPSE</b> <i>code: ACA</i> <i>HCP code: ACA</i>	P: 1300 368 390 acahealthit@acahealth.com.au	P: 1300 368 390 <a href="mailto:acahealthit@acahealth.com.au">acahealthit@acahealth.com.au</a>
<b>Alliance (AHSa)</b>	P: 03 9813 4088 access@ahsa.com.au	
<b>AHM</b> <i>ECLIPSE code:</i> <i>AHM</i> <i>HCP code: AHM</i>	P: 1300 524 456 <a href="mailto:Eclipse@medibank.com.au">Eclipse@medibank.com.au</a>	P: 1300 560 680 <a href="mailto:Eclipse@medibank.com.au">Eclipse@medibank.com.au</a> <i>AHM and Medibank have the same support team</i>
<b>Australian Unity</b> <i>ECLIPSE code:</i> <i>AUH</i> <i>HCP code: AUF</i>	P: 1800 035 360	<a href="mailto:dgilder@australianunity.com.au">dgilder@australianunity.com.au</a>

**BUPA***ECLIPSE code:**BUP**HCP code: BUP**P: 134 135F: 1300 130 623 for**sending claims manually**dr.billing@bupa.com.au***Only** *for sending claims with  
Problems / Rejections*[gapscheme@bupa.com.au](mailto:gapscheme@bupa.com.au)**Only** *for if you are unable to fax**P: 134 135*[gordon.barrett@bupa.com.au](mailto:gordon.barrett@bupa.com.au)**CBHS****Corporate****Health &CBHS****Health Fund***ECLIPSE**code: CBC &**CBH**HCP code: CBC**& CBH**P: 1300 654 123*[providers@cbhs.com.au](mailto:providers@cbhs.com.au)*P: 1300 654 123*[access@cbhs.com.au](mailto:access@cbhs.com.au)*Alternatively*[julie.mckinnon@cbhs.com.au](mailto:julie.mckinnon@cbhs.com.au)**Hunter Health****Insurance***(Formally**known as**'Cessnock' or**'CDHBF**Health')**ECLIPSE**code: CDH**HCP code: CDH**P: 02 4990 1385*[enquiries@hunterhi.com.au](mailto:enquiries@hunterhi.com.au)*P: 02 4990 1385*[CDH.BenefitsFund@Hunterhi.com.au](mailto:CDH.BenefitsFund@Hunterhi.com.au)

**CUA Health  
Limited**

*ECLIPSE*

*code: CHF*

*HCP code: CPS*

P: 1300 499 260

[cuahealth@cuahealth.com.au](mailto:cuahealth@cuahealth.com.au)

P: 1300 499 260

[cuahealth@cuahealth.com.au](mailto:cuahealth@cuahealth.com.au)

*Alternatively*

[karen.coventry@cua.com.au](mailto:karen.coventry@cua.com.au)

**Defence  
Health**

*ECLIPSE*

*code: DHF*

*HCP code: AHB*

P: 1800 656 329

P: 1800 656 329

[providerrelations@defencehealth.com.au](mailto:providerrelations@defencehealth.com.au)

**Doctors  
Health Fund**

*ECLIPSE*

*code: AMA*

*HCP code: AMA*

P: 1800 226 586

P: 1800 226 586

[lesley.rutter@doctorshealthfund.com.au](mailto:lesley.rutter@doctorshealthfund.com.au)

**Emergency  
Services  
Health**

(also managed  
by Police  
Health)

*ECLIPSE*

*code: ESH*

*HCP code: SPE*

P: 1300 703 703

F: 1300 151 152

P: 1300 703 703

[providerenquiries@eshealth.com.au](mailto:providerenquiries@eshealth.com.au)

**GMHBA**

*ECLIPSE*

*code: GMH*

*HCP code: GMH*

P: 1300 446 422

F: (03) 5222 7478

P: 1300 446 422

[Jamie-LeeGardham@gmhba.com.au](mailto:Jamie-LeeGardham@gmhba.com.au)

[joannesheldon@gmhba.com.au](mailto:joannesheldon@gmhba.com.au)



**GU Health  
(FAI)**

*ECLIPSE*

*code: FAI*

*HCP code: FAI*

P: 1800 249 966

[corporate@guhealth.com.au](mailto:corporate@guhealth.com.au)

[providers@honeysucklehealth.com.au](mailto:providers@honeysucklehealth.com.au)

**HBF**

*ECLIPSE*

*code: HBF*

*HCP code: HBF*

P: 1300 810 475

[expresspayqueries@hbf.com.au](mailto:expresspayqueries@hbf.com.au)

P: 1300 810 475

[lorraine.hort@hbf.com.au](mailto:lorraine.hort@hbf.com.au)

**HIF**

(Health

Insurance Fund

of Australia

Limited)

*ECLIPSE*

*code: HIF*

*HCP code: HIF*

P: 1300 134 060

[claims@hif.com.au](mailto:claims@hif.com.au)

P: 1300 134 060

[michelle.peacock@hif.com.au](mailto:michelle.peacock@hif.com.au)

**HCF**

*ECLIPSE*

*code: HCF*

*HCP code: HCF*

P: 1800 670 302

[medicoverenquiry@hcf.com.au](mailto:medicoverenquiry@hcf.com.au)

P: 1800 670 302

[MFarlow@hcf.com.au](mailto:MFarlow@hcf.com.au) (Maria)

Alternatively

[dfernandez@hcf.com.au](mailto:dfernandez@hcf.com.au) (David)

**Health Care  
Insurance**

*ECLIPSE*

*code: HCI*

*HCP code: HCI*

P: 1800 804 950

P: 1800 804 950

[jamie.gillam@hcilt.com.au](mailto:jamie.gillam@hcilt.com.au)

**Health  
Partners**

*ECLIPSE* P: 1300 113 113  
*code: SPS*  
*HCP code: SPS*

P: 1800 465 172  
[hospitalclaims@healthpartners.com.au](mailto:hospitalclaims@healthpartners.com.au)  
[davids@healthpartners.com.au](mailto:davids@healthpartners.com.au)

**Health.com.au**

*ECLIPSE* P: 1300 199 802  
*code: HEA*  
*HCP code: HEA*

P: 1300 199 802  
[hospitalteam@health.com.au](mailto:hospitalteam@health.com.au)  
*Alternatively*  
[Catherine.Ngo@health.com.au](mailto:Catherine.Ngo@health.com.au)  
[Gemma.Oliver@health.com.au](mailto:Gemma.Oliver@health.com.au)

**Latrobe**

*ECLIPSE* P: 1300 362 144  
*code: LHS* E: [info@lhs.com.au](mailto:info@lhs.com.au)  
*HCP code: LHS*

P: 1300 362 144  
[tan@lhs.com.au](mailto:tan@lhs.com.au)

**Medibank**

*ECLIPSE* P: 1300 130 460  
*code: MPL*  
*HCP code: MPL*

P: 1300 130 460  
[eclipse@medibank.com.au](mailto:eclipse@medibank.com.au)

**Mildura**

*ECLIPSE* P: 03 5023 0269  
*code: MDH* [providers@mildurahealthfund.com.au](mailto:providers@mildurahealthfund.com.au) P: 03 5023 0269  
*HCP code: MDH* [eclipse@mildurahealthfund.com.au](mailto:eclipse@mildurahealthfund.com.au)

**MO Health***ECLIPSE**code: MYO**HCP code: MYO*

P: 1800 333 004

P: 1800 333 004

[Vaibhav.Makin@aia.com](mailto:Vaibhav.Makin@aia.com)**Navy Health***ECLIPSE**code: NHB**HCP code: NHB*

P: 1300 217 736

[query@navyhealth.com.au](mailto:query@navyhealth.com.au)[query@navyhealth.com.au](mailto:query@navyhealth.com.au)**NIB***ECLIPSE**code: NIB**HCP code: NIB*

P: 1300 853 530

[medigap@nib.com.au](mailto:medigap@nib.com.au)[internationalclaims@nib.com.au](mailto:internationalclaims@nib.com.au) (For overseas claims)

P: 1300 853 530

[hospitaleclipse@nib.com.au](mailto:hospitaleclipse@nib.com.au)[provrel@nib.com.au](mailto:provrel@nib.com.au)**Nurse and  
Midwives***ECLIPSE**code: NMW**HCP**code: NMW*

P: 1300 344 000

[submit.claim@nmhealth.com.au](mailto:submit.claim@nmhealth.com.au)

P: 1300 344 000

[EclipseClaims@nmhealth.com.au](mailto:EclipseClaims@nmhealth.com.au)

Alternatively

[George.Drakakis@nmhealth.com.au](mailto:George.Drakakis@nmhealth.com.au)[dianne.roe@teachershealth.com.au](mailto:dianne.roe@teachershealth.com.au)**OneMediFund***ECLIPSE**code: OMF**HCP code: OMF*

P: 1800 148 626F: 1300 673 406

P: 1800 148 626

[info@onemedifund.com.au](mailto:info@onemedifund.com.au)

**Peoplecare  
Health**

**Insurance**

*ECLIPSE*

*code: LHM*

*HCP code: LHM*

P: 1800 808 690

P: 1800 808 690

[info@peoplecare.com.au](mailto:info@peoplecare.com.au)

**Phoenix  
Health**

*ECLIPSE*

*code: PHF*

*HCP code: PWA*

P: 1800 028 817

P: 1800 028 817

[enquiries@phoenixhealthfund.com.au](mailto:enquiries@phoenixhealthfund.com.au)

[info@peoplecare.com.au](mailto:info@peoplecare.com.au)

**Police Health**

(also managed

by Emergency

Services Health) P: 1800 603 603F: 1800 008 554

*ECLIPSE*

*code: POL*

*HCP code: SPE*

P: 1800 603 603

[providerenquiries@policehealth.com.au](mailto:providerenquiries@policehealth.com.au)

**Queensland  
Country**

*ECLIPSE*

*code: QCH*

*HCP code: QCH*

P: 1800 813 415

P: 1800 813 415

[rharding@qccu.com.au](mailto:rharding@qccu.com.au)

**TUH**

(Queensland

Teachers)

*ECLIPSE*

*code: QTU*

*HCP code: QTU*

P: 1300 360 701

P: 1300 360 701

[alice.caldwell@tuh.com.au](mailto:alice.caldwell@tuh.com.au)

**Reserve Bank  
health**

*ECLIPSE* P: 1800 027 299 F: 1300 309 704  
*code: RBH*  
*HCP code: RBH*

P: 1800 027 299  
[info@myrbhs.com.au](mailto:info@myrbhs.com.au)

**RT Health**

*ECLIPSE* P: 1300 886 123 (option 5)  
*code: RTH* [access@rthealthfund.com.au](mailto:access@rthealthfund.com.au)  
*HCP code: RTE*

P: 1300 886 123  
[hospitals@rthealthfund.com.au](mailto:hospitals@rthealthfund.com.au)

**St Lukes**

*ECLIPSE*  
*code: SLM* P: 1300 651 988  
*HCP code: SLM*

P: 1300 651 988  
[general@stlukes.com.au](mailto:general@stlukes.com.au)

**Teachers  
Federation**

*ECLIPSE* P: 1300 728 188  
*code: TFH*  
*HCP code: NTF*

P: 1300 728 188  
[elizabeth.cashman@teachershealth.com.au](mailto:elizabeth.cashman@teachershealth.com.au)  
Alternatively, try:  
[EclipseClaims@teachershealth.com.au](mailto:EclipseClaims@teachershealth.com.au)  
[George.Drakakis@nmhealth.com.au](mailto:George.Drakakis@nmhealth.com.au)  
[dianne.roe@teachershealth.com.au](mailto:dianne.roe@teachershealth.com.au)

**Transport  
Health**

*ECLIPSE* P: 1300 806 808  
*code: TFS*  
*HCP code: TFS*

P: 1300 806 808  
[hospitals@transporthealth.com.au](mailto:hospitals@transporthealth.com.au)

**Westfund***ECLIPSE**code: WFD**HCP code: WFD*

P: 1300 937 838

medicalbenefits@westfund.com.au

P: 1300 937 838

[sharp@westfund.com.au](mailto:sharp@westfund.com.au)

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## Printing Clinic Invoices Through Patient Records

Start off by opening the patient in question's record and hit the **Accounts** button.

Patient Details	Other	Appointments	Recalls	Accounts	Episodes	Communication	Documents
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This button reveals a patient's billing/ treatment history where **each line is an invoice**:

Patient Details

Other

Appointments

Recalls

Accounts

Episodes

Communication

Documents

Account Status

All

2

Service Type

All

From

To

Inv# ↑	Date of Service	Doctor	Service Type	Inv Amount
7	28/08/2020	Chandra, Pete	Medicare	\$ 173.05
6	25/08/2020	Chandra, Pete	Medicare	\$ 173.05

So from here, simply right click on the desired invoice to be printed and select **Print Invoice**. This will produce a **PDF** file of the invoice, which you may print or store/ send electronically.

118 - BOLD, Katie

The following has expired : Entitlement Card

Patient Details Other Appointments Recalls Accounts Episodes Communication Documents

Account Status All Service Type All From To Search

Inv# ↑	Date of Service	Doctor	Service Type	Inv Amount	GST	Paid Amount	Status
7	28/08/2020	Chandra, Pete	Medicare	\$ 173.05	\$ 0.00	\$ 0.00	Awaiting Payment
6	25/08/2020	Chandra, Pete	Medicare	\$ 173.05	\$ 0.00	\$ 0.00	Awaiting Payment

If selecting **Print Invoice** presents you with the below message, this means you do not have an **invoice template** for the *type of invoice* you are attempting to print,

So, [click here to view our guide on how to upload an invoice template](#).

**Invoice**
✕

No default template set for Medicare invoices. Set the default invoice template in [Settings > Templates](#)

OK