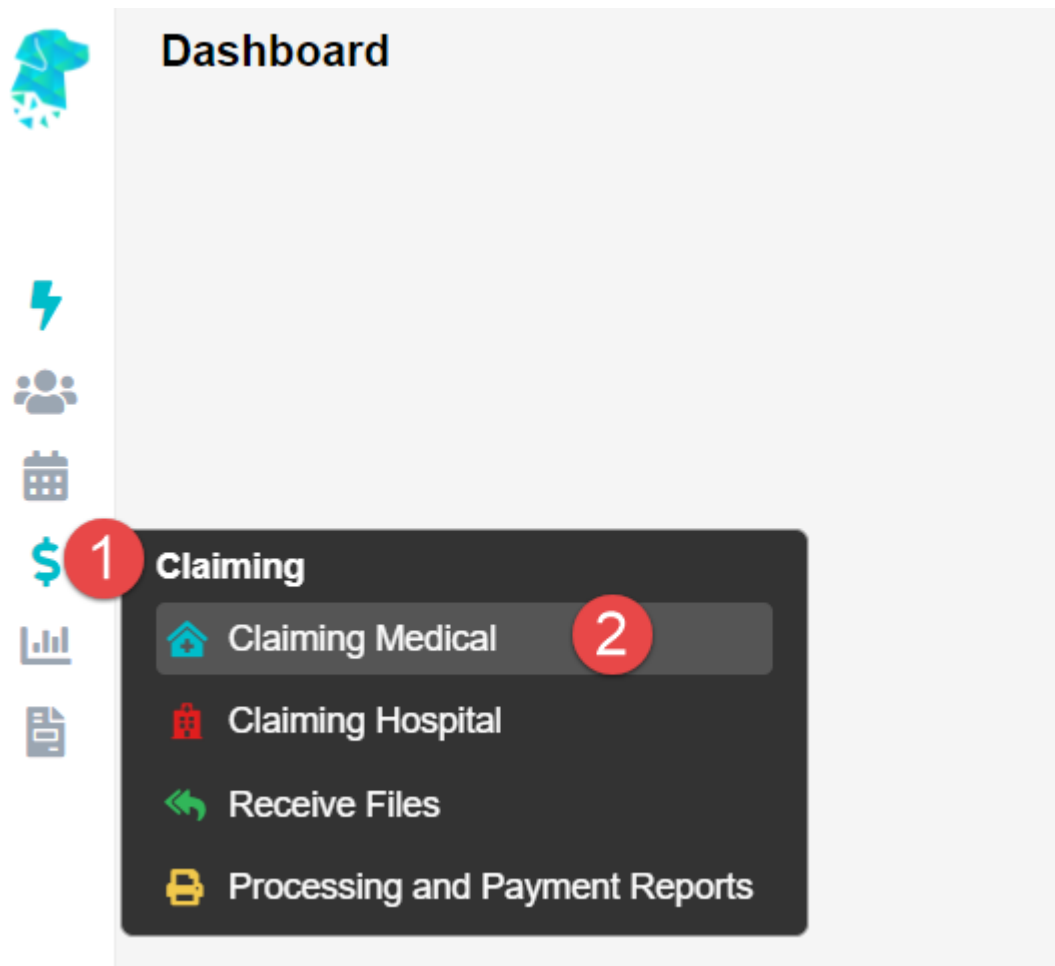# Sending Batches – Claiming Medical

All done billing? Great! The next step is to send these batches off. To get started head to **Claiming**, then select **Claiming Medical.**

There are a few different **Types** that a batch can have, depending on what has been billed.


- **Medicare**
- **Veterans**
- **IMC (Inpatient Medical Claims) – Scheme or Agreement**
- **PC (Patient Claims) – Store and Forward or Real Time**

No matter the type of batch, they all follow the same simple process to be sent off.

Actions Menu

Before we get started on sending the batch, here is a handy guide to accessing the options for a batch. This will be used at all stages of the batches life cycle, from **Open** to **Payment Received.**
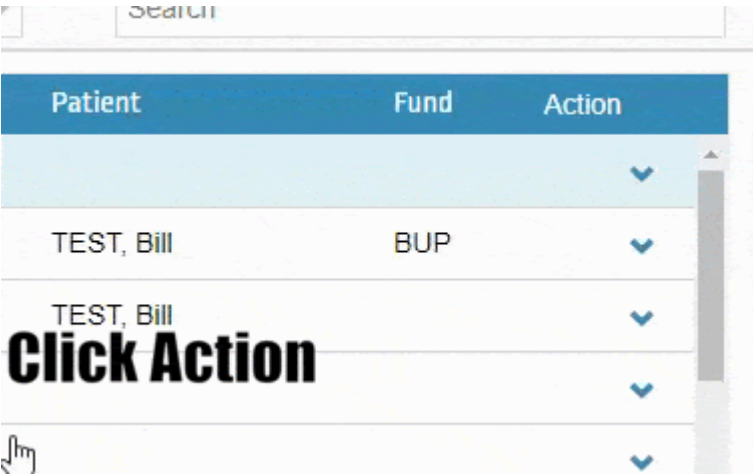
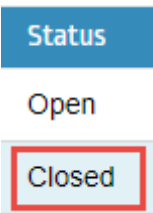As shown above, there are two ways to access this menu:

1. Left click on the downward arrow in the **Action** column.
2. Right click **anywhere** on the batch line itself.

Both of these methods will display the same menu.

Sending a Batch

To send a batch; first the batch must have the status of **Closed**, this can be seen in the **Status** column**.**


In the case of a **Medicare** or **Veterans** batch, the status may be **Open.** An **Open** batch means that if you bill any more invoices of the same type, they will be added to this batch.
A **Medicare** or **Veterans** batch can hold up to 80 invoices before it will automatically **Close.**

In a case like this, you will have to access the **Actions Menu** as seen above, and select **Close.**
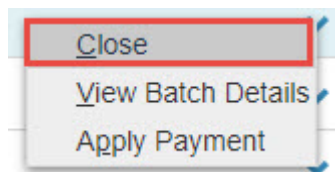
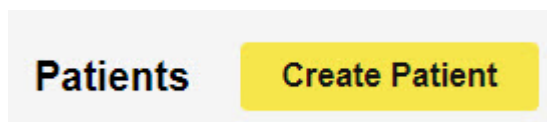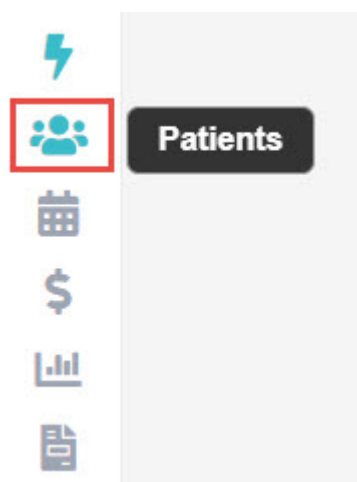Once a batch is **Closed**, simply access the **Actions Menu** once more and select **Send Batch**.
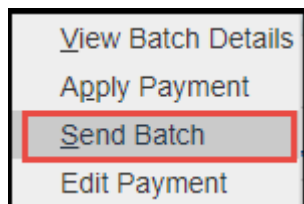
All done! You will notice the status of your batch will first change to **Queued** as it is getting ready to go. Then it will become **Sent** should you refresh the page or come back to it a bit later.

How to Create a Patient

To get started, head to the **Patient** menu, and click **'Create Patient'**

You will see the **Patient Details** screen, here we can enter relevant information such as: **Name**, **Gender**, **Date of Birth**, **Address**, **Contact details**, **Medicare/DVA Numbers** and **Health Fund Membership**.

Referring Details

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

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

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

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

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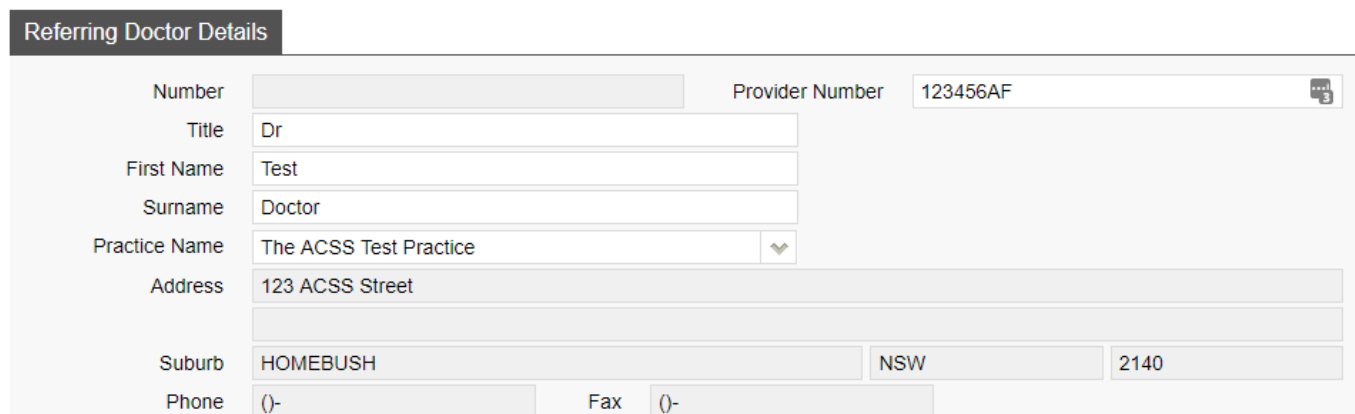
Adding a Referring Doctor

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

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

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

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

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

All done! We have created our first patient.

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

Clinic Bulk Billing

Set up your patient and ready to bill? Read ahead to find out how to submit claims to **Medicare** via **Bulk Billing.**

Important Note: *If you have not submitted an **Online Patient Verification (OPV)** yet for your patient, or you do not know how, see our wiki page **[here!](#)***

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

While you notice that there are more fields than shown above, for **Bulk Billing** we will only be focusing on a few.

Please note that most of these fields are drop down menus.

- **Location:** The Location the service took place. If you only have one it will be defaulted.
- **Practitioner:** The Practitioner who performed the service.
- **DOS:** The Date of Service.
- **In Hospital:** A tick-box to indicate if this service was performed in a Hospital. If you select this the **Hospital** drop down menu becomes active, allowing you to select the Hospital.

The last step before we can begin our billing is to enter any needed referral information. If this does not apply to you, skip to the next section: **Adding Items**

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

right hand corner of your screen.
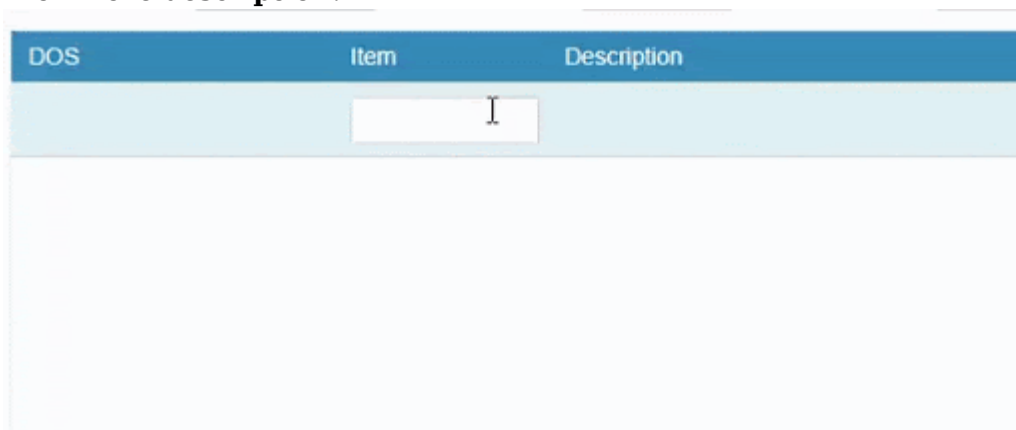
Clinic Billing

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.

Billing 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!**

*Remember for **Bulk Billing** the **Date of Service (DOS)** cannot be changed in an invoice.*

Once you have entered all your items 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:

| Total Charges | $94.75 | Total GST | $0.00 |
| Total Rebate | $94.75 | Out of Pocket | $0.00 |

There are a few different 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.

All done! The invoice has now been saved within a **Batch** and is now ready to be sent.
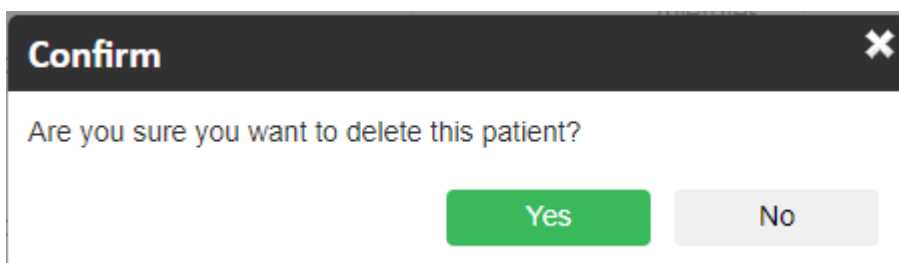
Deleting a Patient

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

Edit   Bill Patient   More Actions

UPI   0

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

Confirm   ✖

Are you sure you want to delete this patient?

Yes   No

Done! The patient has now been deleted.

You might also run into the following message when trying to delete a patient:
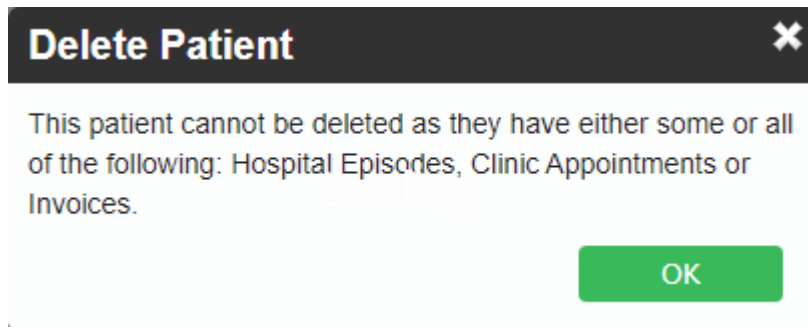
As the message states the patient may have one or more things stopping the deletion; things such as:

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

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

The Audit Log

The **Audit Log**, is a log that Fydo stores to keep track of which user has performed which action. In the case of a patient being deleted, we will be able to see which user has deleted the patient, as well as the patient's details.

To access the **Audit Log,** first select **Settings** then **Logs**
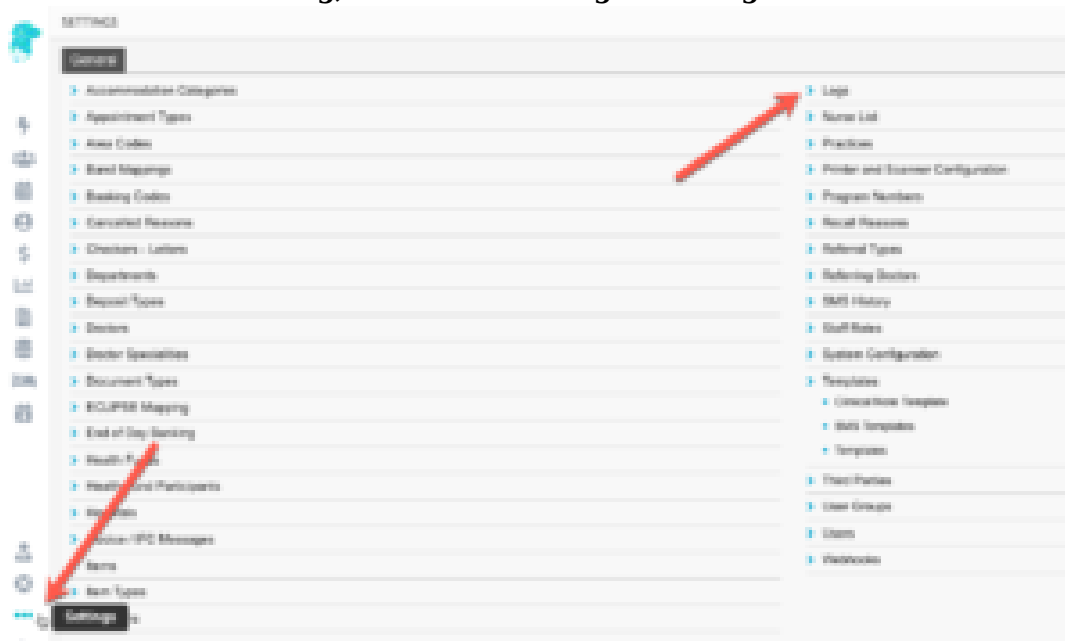
This will take us to the **Audit Log.**

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

Username	Message	Date Created
Michelle Romero	Patient Delete - Test TESTER - MRN: 3446 has been deleted	11/05/2020 3:09:07 PM

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

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

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

Online Patient Verification – OPV

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

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

How to perform an OPV

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

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

Eligibility Screen				
Type	Medicare and Health Fund		As at	21/04/2020
Last Medicare Check	30/12/2019	Last Health Fund Check	30/12/2019	
	Check			

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

Simply select the following:

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

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

Now simply click the green **Check** button, and you have started the verification.

*Alternatively, you may also use a shortcut on your keyboard: **V***

Outcomes of an Online Patient Verification

There are three main outcomes of an OPV.

1. Successful

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

2. Successful with a Verification Issue

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

If you notice this button, Fydo has run into an issue during the verification. Simply hover your mouse over it to see the results.
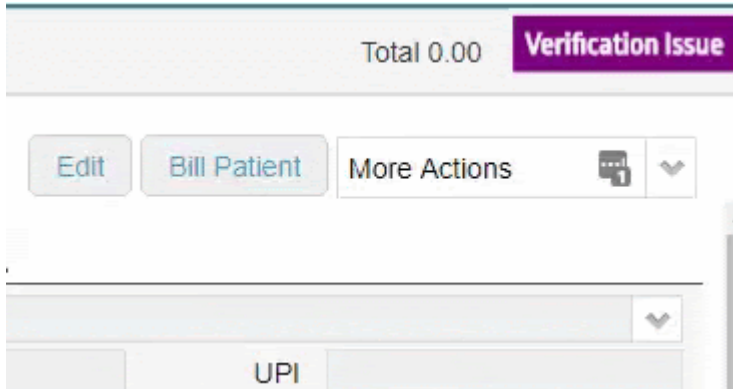
An issue like this means that the data Fydo has submitted to medicare was close enough to the correct details, that Medicare has gone ahead and provided us with the correct information.

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

3. Failing an OPV

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

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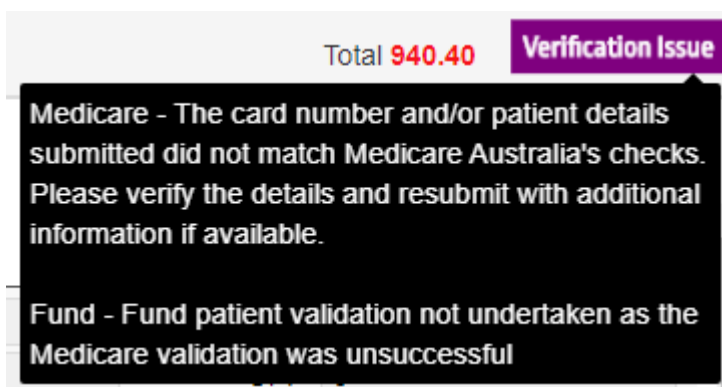
This usually occurs when the details you have do not match what Medicare or the Health Fund have on record. You should double check the details you have, and possibly follow up with the patient.

Tokens – Statements (Clinic)

Location Details

Token Name	Data	Notes
<<StsLocID>>	ID	
<<StsLocName>>	Name	
<<StsLocAdd1>>	Address Line 1	
<<StsLocAdd2>>	Address Line 2	
<<StsLocSuburb>>	Suburb	
<<StsLocPostcode>>	Postcode	
<<StsLocPhone>>	Phone	(99)9999-9999
<<StsLocFax>>	Fax	(99)9999-9999
<<StsLocEmail>>	Email	
<<StsABN>>	ABN	
<<StsACN>>	ACN	
<<StsMinorId>>	Minor Id	
<<StsBankName>>	Bank Name	
<<StsBankAdd>>	Bank Branch	
<<StsAccName>>	Bank Account Name	
<<StsBSB>>	BSB	
<<StsAccno>>	Account Number	

Doctor Details

<<StartDocFirstName Name>>

<<StartDocLastName Name>>

<<StartDocTitle>>

<<SProviderNum>> Payee SPD Voice Payment Number <<StVoidcaAs>> <QSabDfiQations>

<< Stats ABN >> Regis... < Stats Date Reg Num >

< Stats ABN >

<< Stats Batch Run Number >>

Statements Grid

I = Invoice
J = Adjustment Journal
P = Payment Item

If the item is in hospital, the item will be marked with an asterisk after the item e.g. 116*

Item

Description

Date

Service Account

Payment Period

M=Medicare
I=Immunisation
V=Veterans

Affairs

Type

E=ECLIPSE
W=Workers Comp
T=Third Party

<OnlyUseStub... >
<Inherit...>
<< SupplierPrice >>
<< SG GST Amt >>
InHo <Split... Flag> <F
lag
<< SEPD >>
Service <Site exit...>

< < R B b a t e 6 > > < F < S e f L e v l e y l e > [> R < e f S e R r e f n > c e S e r < K S O d h n g D Z E N A j m b e P r a m e S e r < K S u n g D > s I D

Service Listing Name

Service Listing Drawing Name

Previous Service Name

Service Listing Dr has Name

Previous Name

Total Charges/Balances

Amount Charges

<<SumOPayments>>

<<SumOCGST>>

<<StsBalance>>

Tokens – Invoice (Clinic)

Location of Invoice

Token Name	Data	Notes
<<InvLocId>>	Location ID	

<<InvLocName>>	Location Name	
<<InvLocAdd1>>	Location Address Line 1	
<<InvLocAdd2>>	Location Address Line 2	
<<InvLocSuburb>>	Location Suburb	e.g. BONDI
<<InvLocState>>	Location State	e.g. NSW
<<InvLocPostcode>>	Location Postcode	
<<InvLocPhone>>	Location Phone	e.g. 02 1234 5678
<<InvLocFax>>	Location Fax	e.g. 02 1234 5678
<<InvLocEmail>>	Location Email Address	
<<InvLocAbn>>	Location ABN	
<<InvLocACN>>	Location ACN	
<<InvLocBSB>>	Location BSB	
<<InvLocAccNo>>	Location Account Number	
<<InvLocAccName>>	Location Account Name	
<<InvLocProvNo>>	Location Provider Number	
<<InvLocMinorID>>	Location Minor ID	

Invoice Particulars

Token Name	Data	Notes
<<InvLabel>>	Invoice Type	e .g. Tax Invoice, Receipt
<<InvMessage>>	Invoice Message	
<<InvPage>>	Current Page	Shows the current page e.g. if the invoice needs to be a total of 4 pages, it prints which page it is e.g. could be page 2 of 4
<<InvTotPages>>	Total Pages	

Bill To

Token	Data	Notes
<<InvBillTo>>	Biller Name	
<<InvBillToAdd1>>	Biller Address Line 1	
<<InvBillToAdd2>>	Biller Address Line 2	
<<InvBillToAdd3>>	Biller Address Line 3	

Patient ID and Invoice Number

Token	Data	Notes
<<InvMRN>>	MRN	
<<InvNo>>	Invoice Number	

Invoice Grid

Token	Data	Notes
<<ICT>>	Transaction Type	e.g. I – Invoice J – Adjustment P – Payment
<<ICode>>	Item	*the item will have an * after this code if inhospital*
<<IDesc>>	Item Description	
<<IDescShort>>	Item Description Short	First 50 characters
<<Iid>>	Item Id/Sequence	
<<IDOS>>	Date of Service	dd/mm/yyyy
<<IDOT>>	Accounting Period Date	dd/mm/yyyy
<<IQty>>	Quantity	
<<Itype>>	Invoice Type	e.g. M – Medicare V – Veterans I – Immunisation H – Health Fund P – Patient
<<IUnit>>	Unit Price	
<<ITotal>>	Charge	
<<IGSTAmt>>	Gst Amount	
<<IIH>>	In hospital flag	Shows False if not inhospital Show True is in hospital *Generally not required on the invoice, since the item will have an * after the item code if inhospital*
<<TEID>>		
<<iStext>>	Service Text	
<<IBenef>>	Benefit Amount	
<<IFLvl>>	Fee Level	
<<IRef>>	Reference	

Doctor Invoiced

Token	Data	Notes
<<InvDocID>>	Doctor ID	
<<InvDocFullname>>	Doctor Full Name	e.g. CITIZEN, John
<<InvDocFirstname>>	Doctor First Name	
<<InvDocSurname>>	Doctor Surname	e.g. CITIZEN
<<InvDocTitle>>	Doctor Title	
<<InvDocProv>>	Doctor Provider Number	
<<InvDocPayee>>	Doctor Payee Id	
<<InvDocInvAs>>	Doctor Invoice As	
<<InvDocQualif>>	Doctor Qualifications	
<<InvDocABN>>	Doctor ABN	

<<InvDocAdd1>>	Doctor Address 1	
<<InvDocAdd2>>	Doctor Address 2	
<<InvDocSuburb>>	Doctor Suburb	e.g. BONDI
<<InvDocState>>	Doctor State	e.g. NSW
<<InvDocPostcode>>	Doctor Postcode	
<<InvDocPhone>>	Doctor Phone	e.g. 02 1234 5678
<<InvDocFax>>	Doctor Fax	e.g. 02 1234 5678
<<InvDocEmail>>	Doctor Email	
<<InvDocRegNo>>	Doctor Registration No	

Other Information

Token	Data	Notes
<<InvHospital>>	Hospital where procedure occurred	
<<InvLSPN>>	LSPN	
<<InvAccountingPer>>	Accounting Period Date	dd/mm/yyyy
<<InvDueDate>>	Due Date	Invoice accounting period date + xxx number of days

Referral Details

Token	Data	Notes
<<InvRefId>>	Referring Dr Id	
<<InvRefFullName>>	Referring Dr Full Name	
<<InvRefFirstname>>	Referring Dr First Name	
<<InvRefSurname>>	Referring Dr Surname	
<<InvRefProv>>	Referring Dr Provider Number	
<<InvRefDate>>	Referral Date	
<<InvRefPer>>	Referral Period	
<<InvRefSD>>	Referral Self Determined Flag	

Referring Doctor other details

Token	Data	Notes
<<InvRefPId>>	Practice Id	
<<InvRPName>>	Practice Name	
<<InvRPAdd1>>	Practice Address 1	
<<InvRPAdd2>>	Practice Address 2	
<<InvRPSuburb>>	Practice Suburb	e.g. BONDI
<<InvRPState>>	Practice State	e.g. NSW
<<InvRPPostcode>>	Practice Postcode	

Token Name	Data	Notes
<<InvRPPhone>>	Practice Phone	e.g. 02 1234 5678
<<InvRPFax>>	Practice Fax	e.g. 02 1234 5678

Health Fund Invoiced

Token Name	Data	Notes
<<InvFundID>>	Health Fund ID	This is the unique ID for the health fund in the database
<<InvFund>>	Health Fund Code	e.g. HBF
<<InvFundName>>	Health Fund Name	e.g Health Benefits Fund
<<InvFundNo>>	Health Fund Membership Number	

Third Pary Invoiced

Token Name	Data	Notes
<<InvTPContact>>	Third Party Contact Name	
<<InvTPPhone>>	Third Party Phone No	
<<InvTPFax>>	Third Party Fax No	
<<InvTPEmail>>	Third Party Email	

Total Charges/Balances

Token Name	Data	Notes
<<TotCharges>>	Sum of all Charges	
<<TotPayments>>	Sum of all Payments	
<<TotAdjust>>	Sum of all Adjustments	
<<TotGST>>	Sum of all GST	
<<TotBalance>>	Balance Due	Balance due = InvCharges + InvPayments + InvAdjust

Other Invoice Fields (relevant to Veterans)

Token	Data	Notes
<<InvTL>>	Treatment Location Code	Applicable to Veterans invoices
<<InvTL>>	Treatment Location Description	Applicable to Veterans invoices
<<cncHrs>>	CNC Hours	Applicable to Veterans invoices
<<cncVis>>	CNC Visits	Applicable to Veterans invoices
<<enHrs>>	Enrolled Nurse Hours	Applicable to Veterans invoices
<<enVis>>	Enrolled Nurse Visits	Applicable to Veterans invoices
<<rnHrs>>	Registered Nurse Hours	Applicable to Veterans invoices
<<rnVis>>	Registered Nurse Visits	Applicable to Veterans invoices
<<nssHrs>>	NSS Hours	Applicable to Veterans invoices
<<nssVis>>	NSS Visits	Applicable to Veterans invoices

<<BrkEpi>>	Break in Episode	Applicable to Veterans invoices
<<StartBrk>>	Start of Break	Applicable to Veterans invoices
<<EndBrk>>	End of Break	Applicable to Veterans invoices
<<AdmDate>>	Admission Date	Applicable to Veterans invoices
<<DisDate>>	Discharge Date	Applicable to Veterans invoices
<<DisInd>>	Disability Indicator	Applicable to Veterans invoices
<<DisText>>	Disability Text	Applicable to Veterans invoices

Other Invoice Fields (relevant to Patient Claims)

Token	Data	Notes
<<ciFirstn>>	Claimant First Name	
<<ciLastn>>	Claimant Last Name	
<<ciDOB>>	Claimant Date of Birth	
<<ciMed>>	Claimant Medicare Number	
<<ciRef>>	Claimant Medicare Reference	
<<ciAdd1>>	Claimant Address Line 1	
<<ciAdd2>>	Claimant Address Line 2	
<<ciSuburb>>	Claimant Suburb	
<<ciState>>	Claimant State	
<<ciZip>>	Claimant Postcode	
<<ciPaid>>	Account Paid in Full Indicator	
<<CLBankName>>	Claimant Bank Account	
<<CLBSB>>	Claimant BSB	
<<CLAcc>>	Claimant Account Number	

BPAY

Token	Data	Notes
<<BPAYsb>>	Sub biller	This is something BPAY will give the organisation
<<BPAYISC>>	Internal code	This is something BPAY will give the organisation
<<BPAYref>>	BPAY reference	You can choose between the MRN or the invoice. This can be set from Settings > Locations

Tokens - General

Token Name	Data	Notes
<<CurrentDate>>	Current Date	dd/mm/yyyy
<<LongDate>>	Long Date	dd Month yyyy e.g. 9 February 2021

<<Datename>>	Name of the Current Day	e.g. Monday
<<CurrentTime24h>>	Current Time in 24 hr	e.g. 13:30
<<CurrentTime12h>>	Current Time in 12 hr	e.g 1:15 PM
<<PrintedBy>>	Name of user that printed document	

Tokens – SMS

Token Name	Data	Format
<<Recreason>>	Recall reason	
<<Recdate>>	Recall date	dd/mm/yyyy
<<Recdoc>>	Recall Doctor Full Name	If no doctor set, then will show "Any doctor" Otherwise, it will show the doctors name, e.g. SURNAME, Firstname
<<RecdocfirstN>>	Recall Doctor First Name	If no doctor set, then will show "Any doctor" Otherwise, it will show the doctors first name
<<RecDoclastN>>	Recall Doctor Surname	If no doctor set, then will show "Any doctor" Otherwise, it will show the doctors surname
<<RecdocTitle>>	Recall Doctor Title	If no doctor set, then will show "Any doctor" Otherwise, it will show the doctors title
<<Reclocid>>	Clinic ID	
<<Recloc>>	Clinic Name	

SMS Tokens to use if from: Doctor or Nurse Screen

Token Name	Data	
<<conFirstn>>	First Name	
<<conLastn>>	Surname	
<<ConEmail>>	Email	

Tokens – Clinic

Token Name	Data	Notes
<<ListID>>	Appointment ID	
<<ListLoc>>	Location ID	
<<ListLocName>>	Location Name	
<<ListLocAdd1>>	Location Address Line 1	
<<ListLocAdd2>>	Location Address Line 2	If no address line 2, then this will be the Suburb State and Postcode

Token Name	Data	Notes
<<ListLocAdd3>>	Location Address Line 3	If no address line 2, then this will be the empty
<<ListLocSub>>	Location Suburb	
<<ListLocState>>	Location State	
<<ListLocZip>>	Location Postcode	
<<ListPhone>>	Location Phone	
<<ListFax>>	Location Zip	
<<ListLocAccName>>	Location Account Name	
<<ListLocBSB>>	Location BSB	
<<ListLocAccNum>>	Location Account Number	
<<ListLocBank>>	Location Bank Name	
<<ListLocBankAdd>>	Location Bank Address	
<<ListDocId>>	Doctor ID	
<<ListDocFullName>>	Doctor Name	e.g. CITIZEN, John
<<ListDocTitle>>	Doctor Title	
<<ListDocFirstname>>	Doctor First Name	
<<ListDocSurname>>	Doctor Surname	e.g CITIZEN
<<ListDocProviderNum>>	Doctor Provider Number	
<<ListDocQualif>>	Doctor Qualification	
<<ListDocSpec>>	Doctor Speciality ID	
<<ListDocSpecDesc>>	Doctor Speciality	
<<ListDocFPayee>>	Doctor Fund Payee	
<<ListDate>>	Appointment Date	dd/mm/yyyy
<<ListDayS>>	Appointment Name of Day – Short	e.g. Mon
<<ListDayL>>	Appointment Name of Day	e.g. Monday
<<ListMthS>>	Appointment Name of Month – Short	e.g. Apr
<<ListMthL>>	Appointment Name of Month	e.g. April
<<ListTime>>	Appointment Time	e.g 1315
<<ListTime12h>>	Appointment Time in 12 hr	e.g. 1:15 PM
<<ListTime24h>>	Appointment Time in 24 hr	e.g. 13:15
<<ListAType>>	Appointment Type ID	
<<ListATypeDesc>>	Appointment Type	
<<ListAMins>>	Appointment Length	
<<ListTimeA>>	Calculated Arrival Time	e.g 1315
<<ListTimeA12h>>	Calculated Appointment Time in 12 hr	e.g. 1:15 PM
<<ListTimeA24h>>	Calculated Appointment Time in 24 hr	e.g. 13:15
<<ListTimeP>>	Calculated Pickup Time	e.g 1315
<<ListTimeP12h>>	Calculated Pickup Time in 12 hr	e.g. 1:15 PM
<<ListTimeP24h>>	Calculated Pickup Time in 24 hr	e.g. 13:15
<<ListTimeFF>>	Calculated Fasting Time Food	e.g 1315
<<ListTimeFF12h>>	Calculated Fasting Time Food 12 hr	e.g. 1:15 PM
<<ListTimeFF24h>>	Calculated Fasting Time Food 24 hr	e.g. 13:15
<<ListTimeFW>>	Calculated Fasting Time Water	e.g 1315

Token Name	Data	Notes
<<ListTimeFW12h>>	Calculated Fasting Time Water 12 hr	e.g. 1:15 PM
<<ListTimeFW24h>>	Calculated Fasting Time Water 24 hr	e.g. 13:15
<<ListNotes>>	Appointment Notes	
<<ListBillType>>	Appointment Bill Type	e.g. Medicare, not just the raw value
<<ListFeeLevelId>>	Appointment Fee Level ID	
<<ListFeeLevel>>	Appointment Fee Level	
<<ListArrived>>	Arrived Time	e.g 1315
<<ListArrived12h>>	Arrived Time in 12 hr	e.g. 1:15 PM
<<ListArrived24h>>	Arrived Time in 24 hr	e.g. 13:15
<<ListSeen>>	Seen Time	e.g 1315
<<ListSeen12h>>	Seen Time in 12 hr	e.g. 1:15 PM
<<ListSeen24h>>	Seen Time in 24 hr	e.g. 13:15
<<ListCanId>>	Cancelled Flag Id	
<<ListCan>>	Cancelled Flag	
<<ListConId>>	Confirmed Id	
<<ListCon>>	Confirmed	
<<ListBook1>>	Booking Code 1	
<<ListBook1ID>>	Booking Code 1 ID	
<<ListBook2>>	Booking Code 2	
<<ListBook2ID>>	Booking Code 2 ID	
<<ListI1>>	Item Code	If adding more than one item, the token will need to be added as per the example below: <<ListI1>> <<ListI2>> <<ListI3>>
<<List1Desc>>	Item Description	If adding more than one item, the token will need to be added as per the example below: <<List1Desc>> <<List2Desc>> <<List3Desc>>