

Training Sessions for Clients

Below is a list of training sessions included as part of the initial onboarding with FYDO. Should you require additional training, beyond the allocated hours, these can be arranged for an additional fee.



- Creating a patient
- How to search for an episode and the different search options. E.g. MRN, name, dob etc.
- How to make a Theatre Booking
- How to make a Patient Booking
- Key fields to be completed
- How to edit patient demographics
- OPV checks (Green around Medicare and Health Fund details. Blue Tick on Appointments Screen)
- How to add patient Allergies and Alerts and where flags will show
- How to do an Online Eligibility Check (OEC)
- How to create an Informed Financial Consent (IFC)
- Where OECs and IFCs save in the patient Document section
- Where you can view past Episodes
- How to print HC21 Left and Labels
- How to admit, add Theatre Information and Discharge a patient
- How to receipt a patient Excess/Deposit
- How to reprint a copy of the Excess/Deposit
- How to print a Theatre List
- How to mark Appointment as confirmed
- How to copy, cut and paste appointments if needed
- How to delete an appointment or mark as cancelled
- How to customise Appointment views
- Where to print Quick Forms
- How to send Bulk SMSs and Individually SMSs
- End of Day Banking



- How to create Theatre Roster
- How to create ad hoc Theatre Session
- How to add Doctors
- How to add Staff
- How to add Procedures
- How to add Users and User groups
- Where to edit Templates and SMS Templates
- How to view Logs and Audits

- How to do Adjustments for refunds and write offs etc.

- Billing Status Report > Show Not Billed Only
- Where to edit Theatre Times
- Where to add Prostheses
- Ticking the Theatre Complete tick box
- How to raise an Invoice
- Where to send a claim - Hospital Claiming > Not Yet Sent
- What to do if a claim is "Not Ready"
- Go through the different status of invoices
- Where to view the status of your claims
- Incomplete Report > Admitted but not yet Discharged
- Receipting payments - both Eclipse and Manual
- How to do Adjustments for refunds and write offs etc.

- Episodes Screen > Invoice Information
- Claiming Hospital > Claims Tab > Resending a Batch
- Processing IHC Screen - Checking for Rejected Claims
- Checking for Payments
- Arrears Report

These sessions can be conducted separately, depending on which staff are required to perform each task.

- How to Code an Episode
- Where to enter Diagnosis codes
- Where to enter the Procedure and Anaesthetic code
- How to run the Grouper
- Incomplete > Uncoded Report
- How to fix any errors (needs to be done prior to the submission process)
- How to send Data Extracts (HCP, PHDB, State Health & Cancer Registry)

- Favourite Reports
- Closing Accounting Period
- Running Financial Reports
- Running Statistical Reports

Second Tier Private Hospital Registration Process

There are a number of different relationships that hospitals can have with health funds.



Minimum Benefits is what all brand-new hospitals are approved for once they are registered with the Department of Health. These rates are paid for [REDACTED], and there is [REDACTED] for each item number. The Minimum Benefit Rates are renewed by the Department of Health. This funding source is only considered temporary and ideally facilities should only require these for a maximum of 3 months, as the goal is to obtain approval for Second Tier Rates.

And that is where these instructions fit in, in order to obtain Second Tier Rates:

1. Obtain a **Provider Number**
2. Apply to become a **second-tier default benefits eligible hospital**. Information can be found

in the link below:

[Become a second-tier default benefits eligible hospital](#)

3. FYDO will initiate the **ECLIPSE registration process** for your facility. This involves contacting the health funds to get approval for your hospital to submit claims electronically via ECLIPSE. [REDACTED]
4. [REDACTED] **contact all health funds (AHSA funds as a group)** to inform them of your Second Tier Approval and request that their Second Tier Rates be provided. Please note that each fund has its own process, so it's important to follow their specific requirements. Contact details for the funds can be found on our wiki page here: [Medicare and Fund Contacts](#)
5. [REDACTED] as some funds will not backdate Second Tier Approval. This means your facility may only be eligible to charge Minimum Benefit Rates until their Second Tier Rates are provided.
6. Send the Second Tier Rates through to us at FYDO as you receive them, so that we can enter them into FYDO for you.
7. Finally, please ensure you only bill each health fund once their Second Tier Rates have been received. This will allow you to bill at the maximum possible benefit.