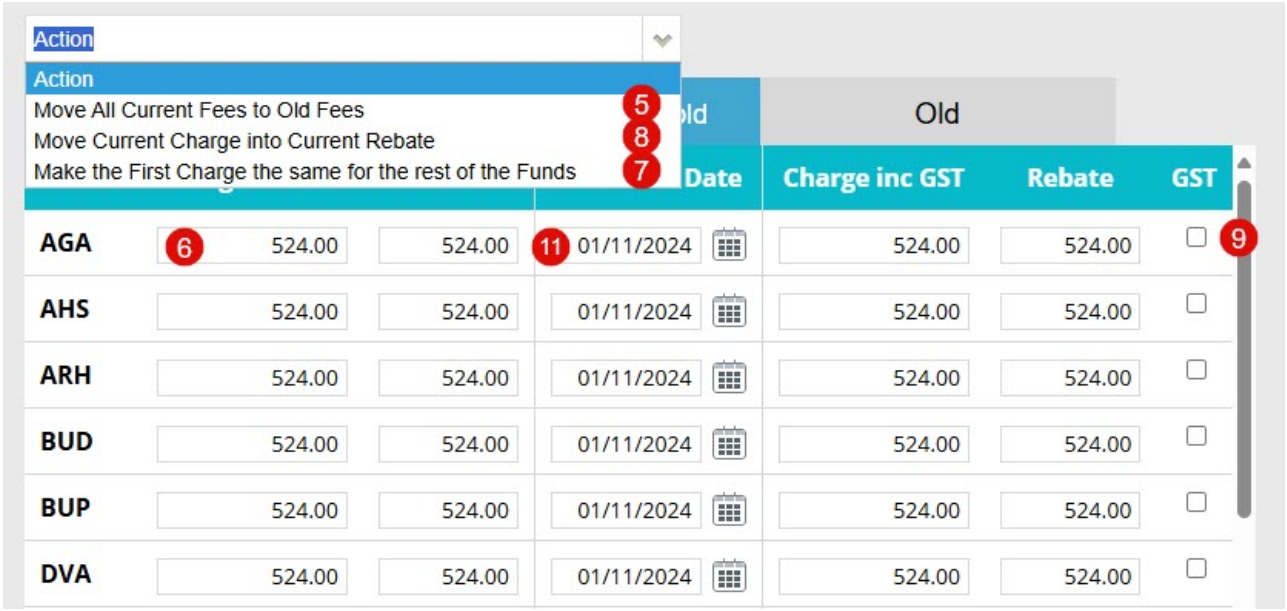
Adding Fees to Other Services Codes (Hospital)

These instructions will assist users in adding or amending the fees associated with Other Service Codes / Prosthesis Codes.
Prostheses list updates will be automatically loaded into FYDO and any new items will be added with all new fees will be imported. However descriptions will not be updated, as some facilities prefer their own descriptions & do not what them overridden.
After following the instructions for Adding Other Services Codes the user will be able to add the correlating fees by following the steps below.

1. Go to **Settings**
2. Scroll down to **Hospital > Fees Management** & select **Other Services**
3. Use the **Search** field to find the desired code / other service
4. Double click on the item to display the information that has been entered, along with the table to enter the **relevant fees**



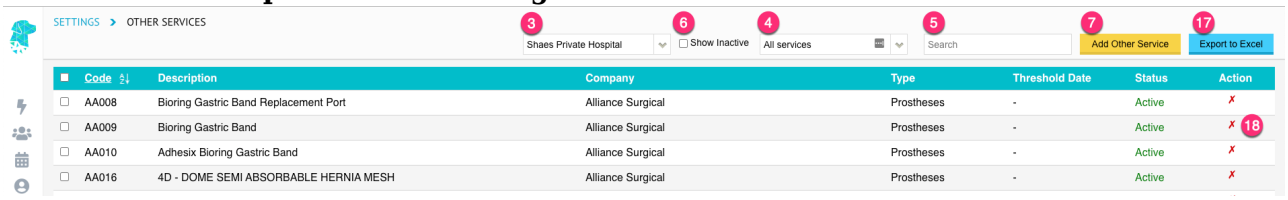
5. If replacing fees that have already been entered, use the **Action** dropdown & select **Move all Current Fees to Old Fees.** This will copy the Current fees to the Old fees to allow the new fees to be entered, without losing the previous fee schedule or needing to type them in again
6. **If the cost of the item will be the same for each health fund**, enter the charge for the first fund under the **Charge inc GST** column
7. Then use the **Action** dropdown & select **Make the First Charge the same for the rest of the Funds.** This will replicate the fee added for the rest of the funds
8. Then use the **Action** dropdown & select **Move Current Charge into Current Rebate.** This will replicate all the Charge inc GST fees in the **Rebate** column. *You may then need to **remove** some of the fees listed in the Rebate column (or override them to $0) if the 'fund' doesn't attract a rebate (e.g., Uninsured)*
9. Use the **GST** tick box column if the fee entered is **inclusive of GST**
10. **If the cost of the item is for a particular 'fund'** (e.g., a gap fee for an uninsured patient), add the fee to the desired fund, instead of following the above steps to add to all funds
11. Lastly enter the **Threshold Date** (start date)

12. Once all desired information has been entered click **SAVE**

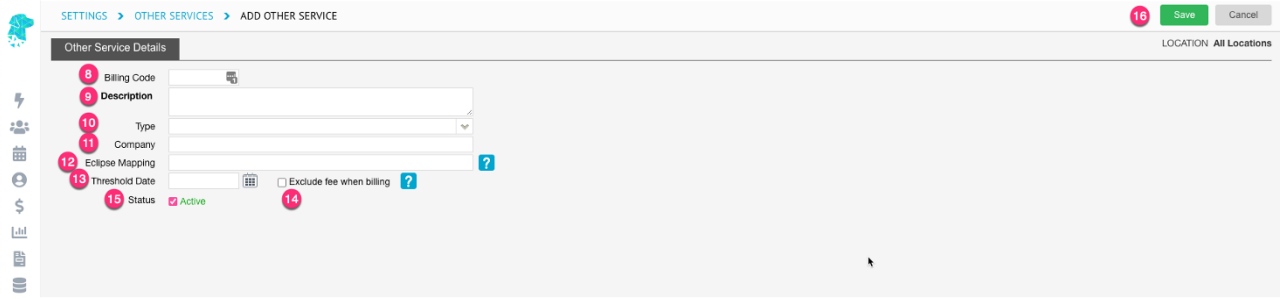
Adding Other Services Codes (Hospital)

These instructions will assist users in Adding or amending an Other Service Code / Prosthesis Code for the purpose of updating the description or information related to the item.
Prostheses list updates will be automatically loaded into FYDO. Any new items will be added & all new fees will be imported. Descriptions will not be updated, as some facilities prefer their own descriptions & do not what them overridden.

1. Go to **Settings**
2. Scroll down to **Hospital > Fees Management** & select **Other Services**



3. Use the **Hospital Drop Down** box to select the facility if it is a multi-location database
4. Use the **All Services Drop Down** box to select a specific service type, if necessary
5. Use the **Search** field to determine if the code is already in the system. *The search fields can be used to search codes, descriptions or companies etc to allow the user to search any part of the other service information*
6. If the code appears, double click to display the information. If it doesn't appear, use the **Show Inactive** tick box to be sure that the code isn't in the system as Inactive
7. If the code needs to be added, click **Add Other Service**



8. Enter the **Billing Code**. *(This is the only information that **will not be editable** once the item is saved)*
9. Enter the **Description** *(Mandatory Field)*
10. Use the **Type** dropdown to categories the item:
    a. Allied Health Services
    b. Disposables
    c. Labour Ward
    d. Nursing Fee
    e. Other
    f. Pharmaceuticals
    g. Prostheses
    h. Theatre Fee
11. Enter the **Company** that supplies the product. *(This can assist with reporting on prosthesis etc, as the other services reports can be run by suppliers)*

12. Enter **Eclipse Mapping** if the Other Services code that is being entered requires a prefix before the code itself. *(Only add the prefix to this field, not the prefix & the code)*
13. Enter the **Threshold Date** as the date the **Current fees** for this item will commence *(Mandatory Field)*
14. Use the **Exclude fee when billing** tick box if this Other Service is excluded from certain casebase contracts. For example, if the contract lists an all-inclusive fee for a procedure, that also includes prosthesis, this tick box would ensure there is no fee raised for this particular prosthesis when billed in conjunction with the particular casebase item. **For this feature to work** the tick box in the Casebase Fee Set up called **Exclude Other Services** also needs to be ticked. When these two tick boxes marry up there will be no charge raised for the other serviced when billed with that item. For any other Casebase or per diem fee, without this Exclude Other Services tick box marked, there will still be a fee raised for the other service.
15. Use the **Status** to mark a code as **Active** or **Inactive**
16. Once all desired information has been entered click **Save**
17. The **Export to Excel** option allows for the other services, along with the fees for each fund, to be exported to an excel spreadsheet. Use the **Search** field to filter down to a particular company or description etc to export more specific data (e.g., Search Alcon to export a list of all prosthesis in the system with the company listed as Alcon)
18. To **Delete** an item, use the cross ✗ in the Action column to delete. You will then be asked to confirm that you are sure you want to delete the other service.

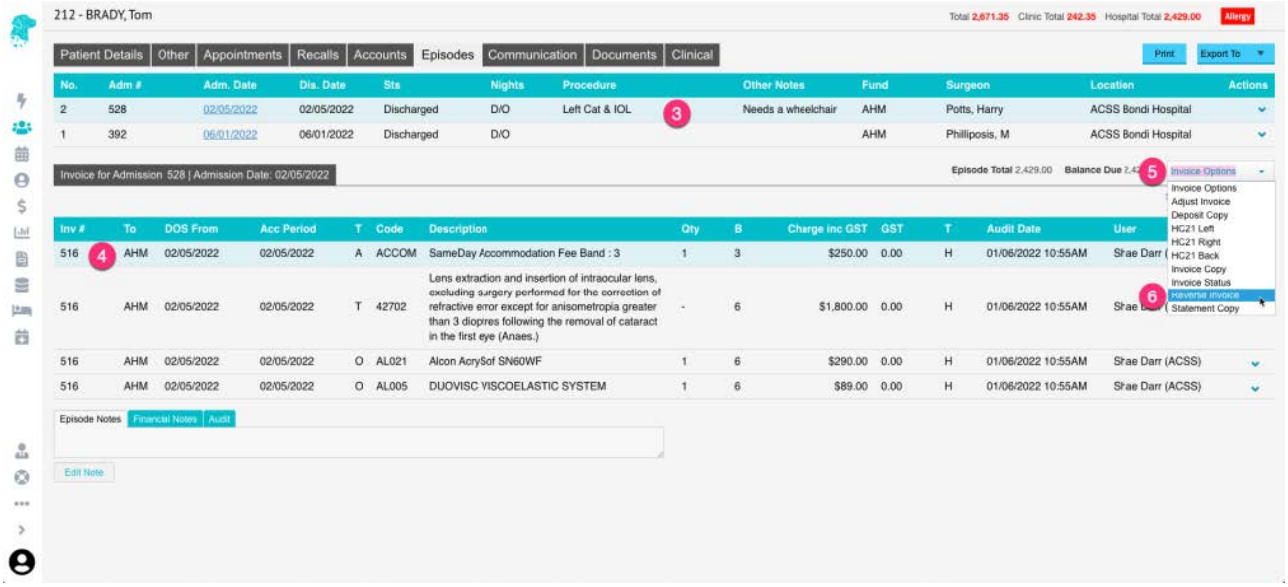
The Other Service / Prosthesis Code has now been added to your FYDO database.

For information on how to add the associated fees to this new item please see instructions **Adding Fees to Other Services Codes (Hospital).**

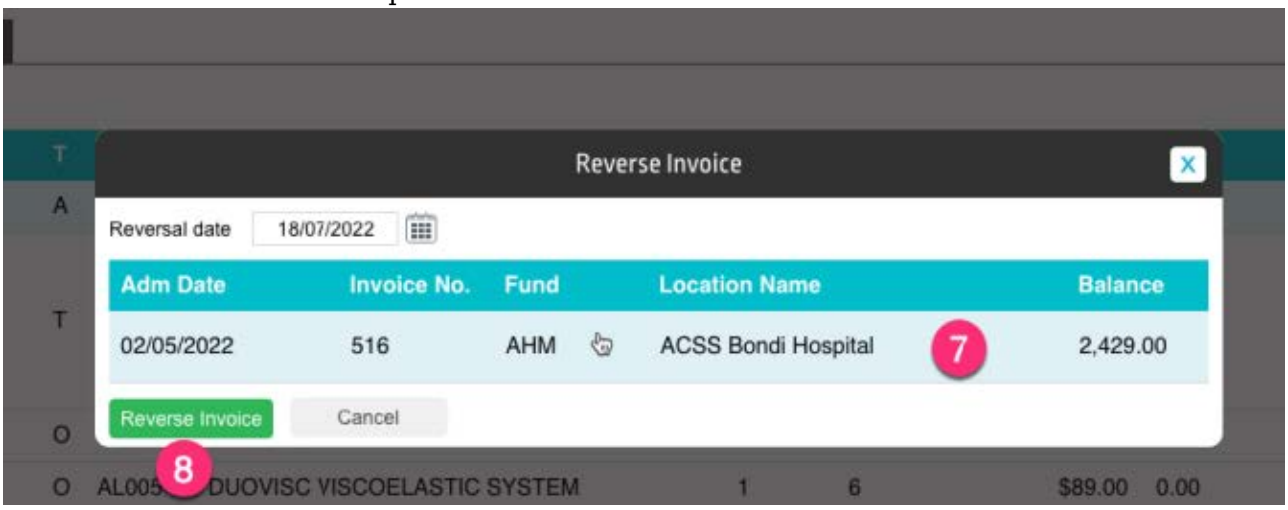
Reversing a Hospital Invoice

For an invoice that has been incorrectly billed or needs to be reversed by way of a journal entry. Navigate to the required patient using number 1 or 2 below

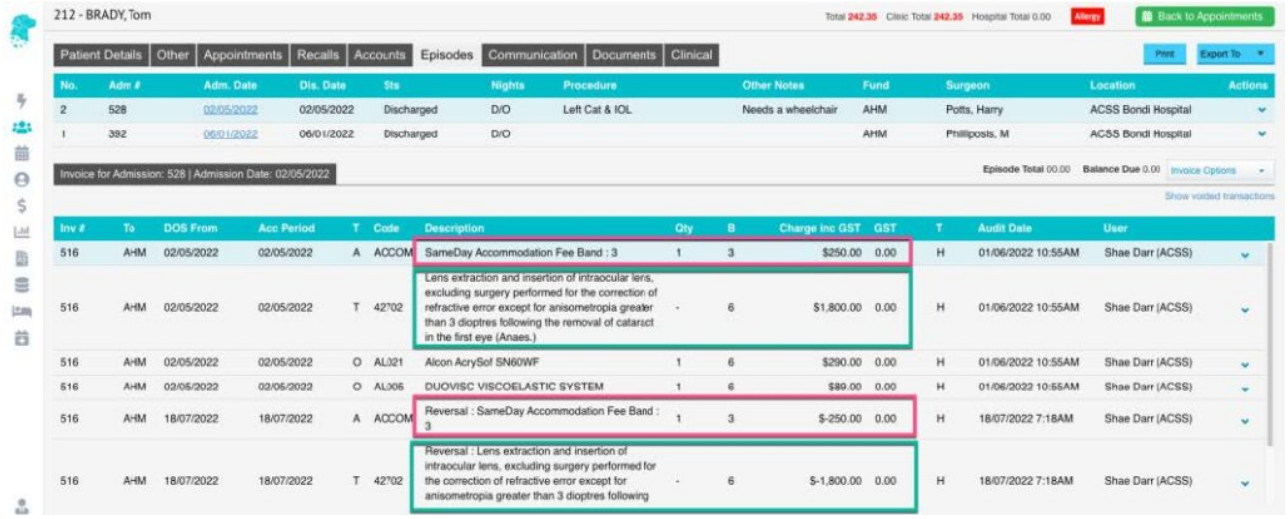
1. Select **Patient** tab in the left-hand menu
    a. Search for the required patient using the field in the top right
    b. Double click on required patient
    c. Navigate to the **Episodes** tab across the top of the patient record
2. Select **Appointments** tab in the left-hand menu
    a. Search for the required patient using the field in the centre at the top or
    b. Use the calendar to navigate to the episode date
    c. Once the patient has been located, right-click on their appointment & select **History**
3. Ensure that the correct episode is selected from the list at the top
4. Ensure that the correct invoice is selected from the information for that admission ***(NB this is important if there are multiple invoices for the one episode)***
5. Use the **Invoice Options** drop-down on the left of the screen
6. Select **Reverse Invoice**



7. The **Reverse Invoice** window will appear. Click on the invoice that you wish to reverse & it will turn a light shade of blue
8. Click the **Reverse Invoice** option



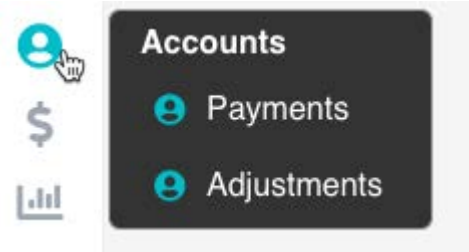
9. The invoice will continue to show in the episode; however it will now be followed by the journal adjustments that have just been performed to revers it & zero it out



Receipting a Manually Received Hospital Remittance

If a remittance is received in paper form, or any form other than eclipse. These steps are also to be followed when an uninsured patient makes an additional payment towards an invoice that has already been raised.

1. Hover over the **Accounts** icon in the main menu & select **Payments**



2. Select the **Location** (*for a multi-location database, single location systems will automatically populate*)
3. The **Payment Date** will automatically be set to the current date. Depending on access levels you may be able to back date if required
4. Select the **Payment Type**
5. Enter the total **Amount** of the payment being receipted
6. Type the name of the company that the payment is being received from in the **Drawer** field
7. Click on **Click to Search for an individual Account** to display the Patient Lookup box to search for a patient name, MRN, DOB, Invoice Number etc
8. Double click on the patient or episode or invoice that you wish to apply the payment towards
9. The account will display on the screen with the **Outstanding** amount & the **Allocated** amount
10. If the Allocated amount is different than the system has pre-populated, you can simply click in the field & over-ride the price.
11. Repeat steps 7 >10 for subsequent invoices included in that payment
12. You will be unable to allocate the payment until the Total Amount & the Allocated Amounts match
13. Once the **Out of Balance** field is zero you can click **Save**

14. If there is a discrepancy between the **Outstanding** amount & the **Allocated** amount you will be prompted to print out a report showing the **Outstanding Balances**. Click **Yes** to enable these amounts to be chased up

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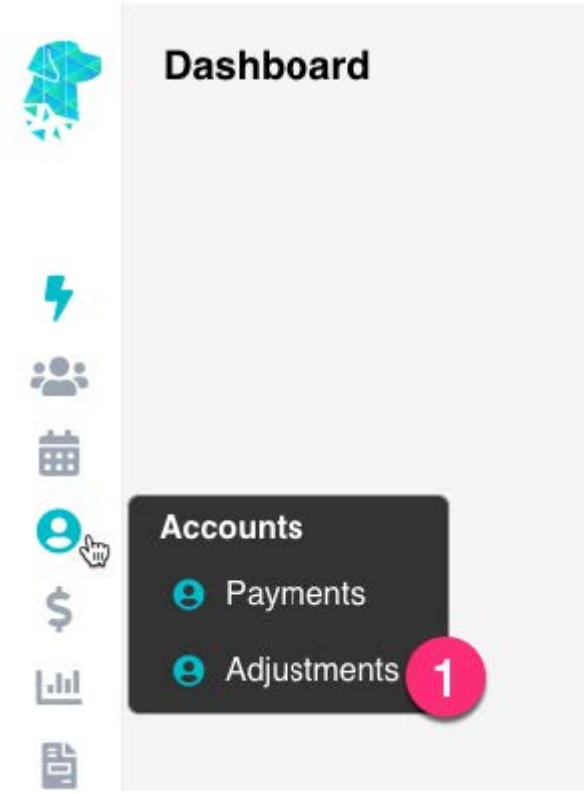
Refund Journal via the Adjustments Screen (Hospital)

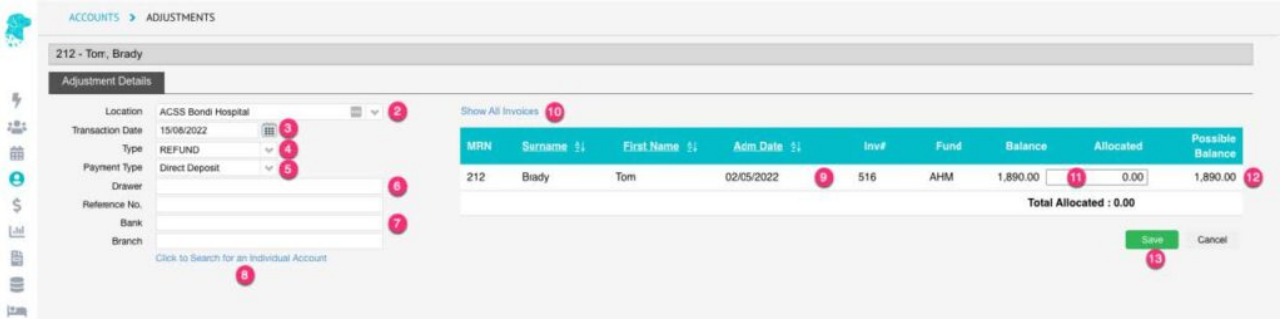
If a patient or health fund is required to be refunded the system will reflect this transaction by following these steps.

1. Go to **Accounts** in the main menu & select **Adjustments**



2. For multi-location systems, use the drop down to select the relevant **Location**
3. Enter the required **Transaction Date** if it differs from the current date
4. Use the **Type** dropdown to select **Refund**
5. Once Refund is selected for the Type, the **Payment Type** field will be displayed so the method of the transaction can be documented
6. Type the required information in the **Drawer** field
7. Use the **Reference No.**, **Bank** & **Branch** fields, if the facility work instructions require, to document additional information regarding a bank cheque etc

8. Click "**Click to Search for an individual Account**" and the search box will be displayed to find the required patient
9. Once a patient is selected, the invoices with an outstanding amount will be displayed
10. Use the **Show All Invoices** option to display invoices that don't currently have an outstanding balance
11. Type the amount to be refunded in the **Allocated** column
12. Once you have moved from the Allocated field the system will show you the **Possible Balance** of the invoice, following the adjustment
13. Once all details have been confirmed & are correct click **Save**



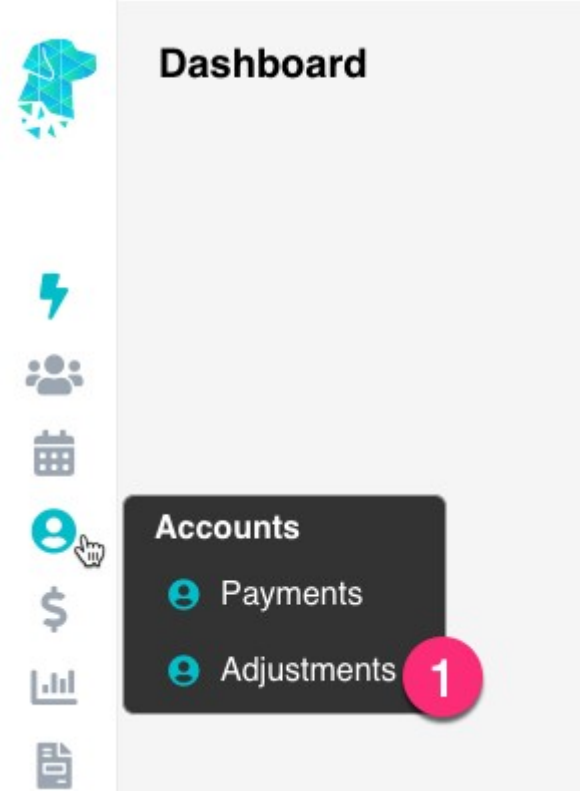
Hospital Adjustments

Adjustments via the Adjustments Screen

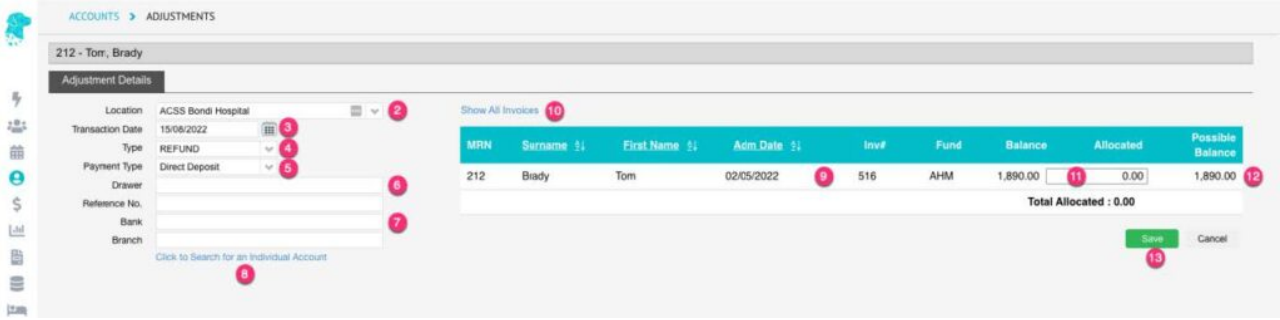
If an adjustment is required for refund, write off, incorrect billing purposes etc it can be done using the Adjustments Screen or from the patient History / Episode screen. Both options are explained below.

Making the entry from the Adjustments Screen

1. Go to **Accounts** in the main menu & select **Adjustments**



2. For multi-location systems, use the drop down to select the relevant **Location**
3. Enter the required **Transaction Date** if it differs from the current date
4. Use the **Type** dropdown to select the required transaction type e.g., write off, incorrect billing, discount, refund etc.
5. If **Refund** is selected as the Type, the **Payment Type** field will be displayed so the method of the transaction can be documented. For all other journal / adjustment Types this field will not be necessary & won't be displayed
6. Type the required information in the **Drawer** field
7. Use the **Reference No., Bank & Branch** fields, if the facility work instructions require, to document additional information regarding a bank cheque for refunds etc
8. Click "**Click to Search for an individual Account**" and the search box will be displayed to find the required patient. *(If processing this adjustment from the **Episodes Screen** any outstanding invoices will automatically be displayed)*
9. Once a patient is selected, the invoices with an outstanding amount will be displayed
10. Use the **Show All Invoices** option to display invoices that don't currently have an outstanding balance
11. Type the amount to be refunded in the **Allocated** column
12. Once you have moved from the Allocated field the system will show you the **Possible Balance** of the invoice, following the adjustment
13. Once all details have been confirmed & are correct click **Save**



Making the entry from the Episode Screen:

1. **Search** for the patient using the Search field or by selecting the required admission date & theatre
2. Right-click on the appointment & select **Episodes**
3. Once in the Episodes screen ensure that the correct date of admission is selected
4. Then use the **Invoice Options** drop down on the right of the screen to select **Adjust Invoice**
5. You will be redirected to the **Adjustments** screen where you can follow the instructions above from **step 2**.

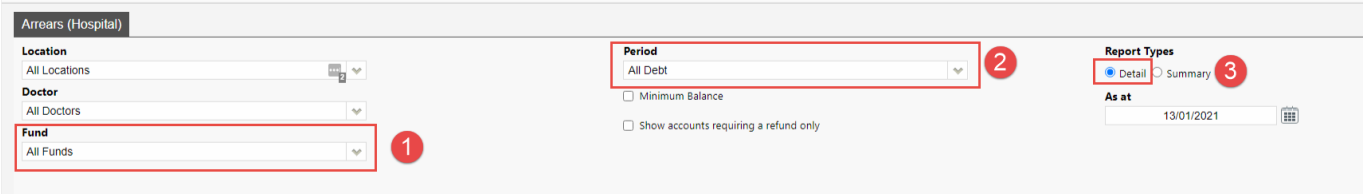
Dealing with Overdue Hospital Debtors

PLEASE READ FIRST

This guide is intended for users who have too many or out of control debtors. This wiki page does not cover the basics, it is an in depth look at how to work through the debtors.

First, lets run the report so we can identify patients that need to be investigated. There are 3 Filters we will want to use.

1. **Fund –** It may be best to look at one **fund** at a time, and action those together
2. **Period –** We can filter the report to only show us debtors that are **45 days** and older, if your debtors is really bad you may wish to start at **60 days.**
3. **Details –** Offers a detailed view of the report, showing patient information, **make sure this is always on.**



ACSS Hospital

Arrears (Hospital) Detail as at 13/01/2021

For All Locations and All Funds and All Doctors and All Debt

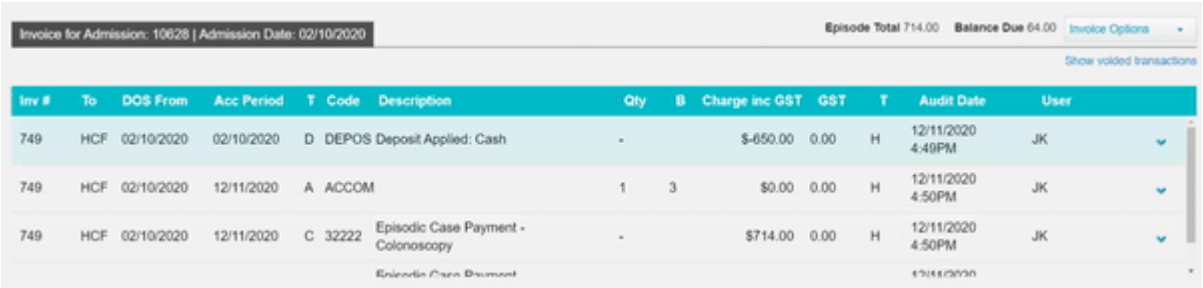
Patient Name	DOS	Doctor	Inv Num	Inv Date	Balance Outstanding	Current	30 Days	45 days	60 days	90 Days	120+ Days
AHM - Australian Health Management											
ROGAN, Joe	30/12/2020	CAREY, Mariah	742	12/11/2020	125.00	0.00	0.00	0.00	575.00	-450.00	0.00
ROGAN, Joe	29/12/2020	CITIZEN, John	553	27/11/2020	288.90	0.00	0.00	788.90	0.00	0.00	-500.00
ROGAN, Joe	30/12/2020	CAREY, Mariah	145	17/08/2020	-0.01	0.00	0.00	0.00	0.00	-787.25	787.24
ROGAN, Joe	30/12/2020	CAREY, Mariah	750	12/11/2020	633.90	0.00	0.00	0.00	633.90	0.00	0.00
ROGAN, Joe	30/12/2020	CAREY, Mariah	735	12/11/2020	650.24	0.00	0.00	0.00	650.24	0.00	0.00
ROGAN, Joe	30/12/2020	CAREY, Mariah	1276	17/12/2020	446.00	446.00	0.00	0.00	0.00	0.00	0.00
					2,144.03	**446.00**	**0.00**	**788.90**	**1,859.14**	**-1,237.25**	**287.24**

In the above example, I can see that there are some patients with outstanding debtors, ranging from 45 to 120+ days. The **Balance Outstanding** column shows me how much each outstanding patient has. The next step is to select one of these patients to follow up on, and we can go through the steps of what has to occur next.

Checking Invoice Status

The next thing we want to do, is head to the patients **Episodes** so we can see the details of the invoice, the outstanding amount and check the invoice status, so we know what part of the process the invoice had issues on.

To see the **Invoice Status,** simply select it from the **Invoice Options** drop down menu, found near the balance for that episode. As you can see below, the status will show us which batch the invoice is currently in, as well as what the **Status** of the batch currently is. The batch we have investigated below is sitting as **Sent**. As this episode was from 02/10/2020, this is probably not a good sign, so it is worth taking a further look into it.

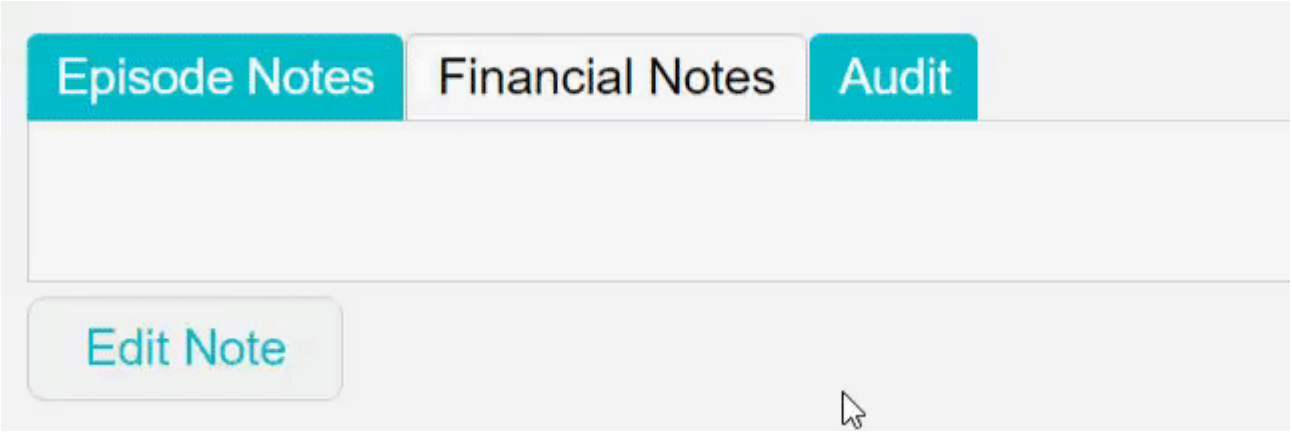


There are three main **Status's** you may run into:

- **Sent –** Invoice received no response
- **Processed –** Invoice has an exception file but no payment
- **Rejected –** Invoice was just flat out rejected

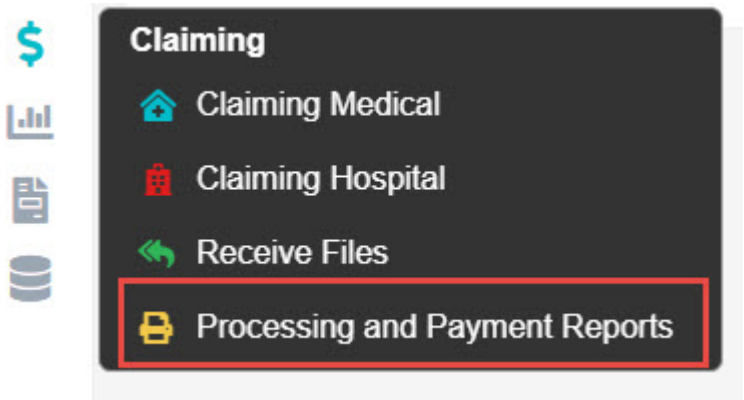
In all of the above cases, if a batch is old enough to be in the 45+ days Debtors and has an above status, it is time to call or email the **Health Fund** regarding its issue. They will be able to help with either resubmitting or amending the invoice, depending what is needed.

We also suggest making use of the **Financial Notes,** also found on the **episodes** tab. This will let you keep up to date notes, as well as allow all users to see the same notes, so you can track right on the patient record what you have done as a follow up.



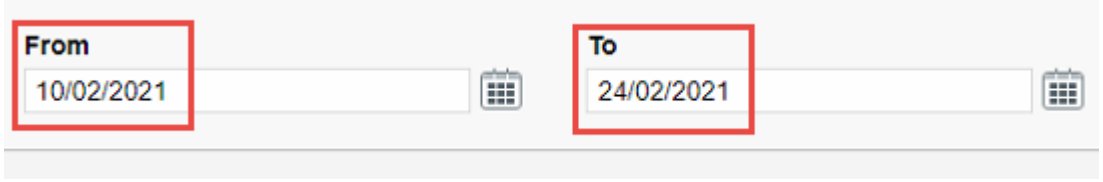
Processing Reports

Once you have established that an invoice has an issue, it can be a good idea to check the **Processing Report** for that claim. Generally, these reports will include a rejection if there was one, and can help you figure out the issue. We can access the processing and payment reports section via the **$** and selecting the appropriate option.



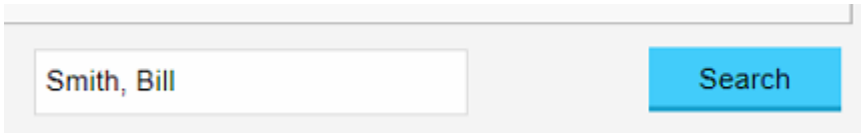
Once here, we need to select the **Processing IHC** tab at the top.

Now we will be able to view and filter processing reports depending what we need to look at. Make sure to select appropriate filters, since we may be looking at some processing reports we will need to use the **From and To** filter.



The important date to change is the **From** date. Since if you have this set to a recent date, Fydo will not display older processing reports. I suggest setting it to the date you sent your claim, so you know the processing report will be in range.

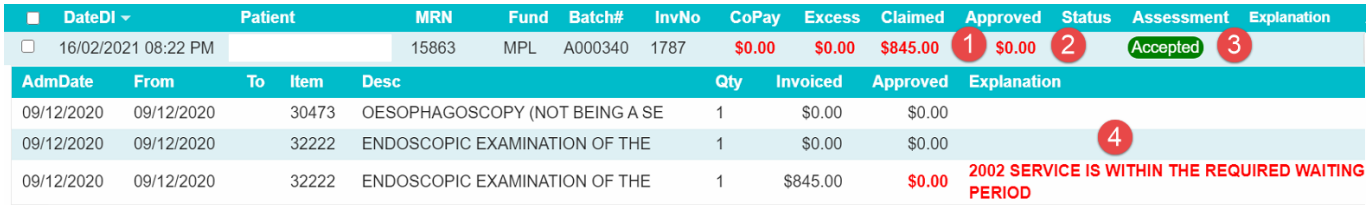
Since we are looking for a specific patient, you should then go ahead and search for that patient.



The can simply search by doing **Lastname, Firstname.** Now its time to look at the processing report, and try to assess why we were rejected.

Assessing the Processing Report

There are a few main things to look at in the processing report, covered below.



DateDI	Patient	MRN	Fund	Batch#	InvNo	CoPay	Excess	Claimed	Approved	Status	Assessment	Explanation
16/02/2021 08:22 PM		15863	MPL	A000340	1787	$0.00	$0.00	$845.00 (1)	$0.00 (2)		Accepted (3)	

AdmDate	From	To	Item	Desc	Qty	Invoiced	Approved	Explanation
09/12/2020	09/12/2020		30473	OESOPHAGOSCOPY (NOT BEING A SE	1	$0.00	$0.00	
09/12/2020	09/12/2020		32222	ENDOSCOPIC EXAMINATION OF THE	1	$0.00	$0.00	(4)
09/12/2020	09/12/2020		32222	ENDOSCOPIC EXAMINATION OF THE	1	$845.00	$0.00	2002 SERVICE IS WITHIN THE REQUIRED WAITING PERIOD

1. **Claimed –** This is how much you claimed for the invoice
2. **Approved –** This is how much the fund approved. $0 means a rejection, but you may also receive short payments as well.
3. **Assessment –** It is important not to just look at this field, as the fund has marked it **Accepted**, even though we clearly have a rejection. Make sure to look at all appropriate data.
4. **Explanation –** This is the important one, here you will see a brief description of why something has been rejected.

In the above case, I can see that for this patient, the service for 09/12/2020 was within the waiting period. My best bet would be to give MPL a call, and see if we are able to get it paid at all, since while we do know the rejection reason, there is no supporting information for how to get it paid.

In the cases of short payments, it is a good idea to compare the invoice you submitted to your **Contract** with the fund, and make sure you have charged the appropriate amount. If you have charged the correct amount, again contacting the fund is vital.

In almost all cases, it will end up best to contact the health fund, since many **Explanations** they provide can be unhelpful, or too short to convey the real reason for a rejection, as such they are the main contact for help, and can assist to get it paid.

Contacting Funds

See our health fund contacts page.

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
ACA Health *ECLIPSE code: ACA* *HCP code: ACA*	P: 1300 368 390 acahealthit@acahealth.com.au	P: 1300 368 390 acahealthit@acahealth.com.au
Alliance (AHSA)	P: 03 9813 4088 access@ahsa.com.au	
AHM *ECLIPSE code: AHM* *HCP code: AHM*	P: 1300 524 456 Eclipse@medibank.com.au	P: 1300 560 680 Eclipse@medibank.com.au *AHM and Medibank have the same support team*
Australian Unity *ECLIPSE code: AUH* *HCP code: AUF*	P: 1800 035 360	P: 1800 035 360 dgilder@australianunity.com.au
BUPA*E* *CLIPSE 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 ***Only*** *for if you are unable to* ***fax***	P: 134 135 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	P: 1300 654 123 access@cbhs.com.au Alternatively 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	P: 02 4990 1385 CDH.BenefitsFund@Hunterhi.com.au
CUA Health Limited *ECLIPSE code: CHF* *HCP code: CPS*	P: 1300 499 260 cuahealth@cuahealth.com.au	P: 1300 499 260 cuahealth@cuahealth.com.au *Alternatively* 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

Doctors Health Fund *ECLIPSE code: AMA* *HCP code: AMA*	P: 1800 226 586	P: 1800 226 586 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
GMHBA *ECLIPSE code: GMH* *HCP code: GMH*	P: 1300 446 422 F: (03) 5222 7478	P: 1300 446 422 Jamie-LeeGardham@gmhba.com.au joannesheldon@gmhba.com.au
GU Health (FAI) *ECLIPSE code: FAI* *HCP code: FAI*	P: 1800 249 966 corporate@guhealth.com.au	providers@honeysucklehealth.com.au
HBF *ECLIPSE code: HBF* *HCP code: HBF*	P: 1300 810 475 expresspayqueries@hbf.com.au	P: 1300 810 475 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	P: 1300 134 060 michelle.peacock@hif.com.au
HCF *ECLIPSE code: HCF* *HCP code: HCF*	P: 1800 670 302 medicoverenquiry@hcf.com.au	P: 1800 670 302 MFarlow@hcf.com.au (Maria) Alternatively dfernandez@hcf.com.au (David)
Health Care Insurance *ECLIPSE code: HCI* *HCP code: HCI*	P: 1800 804 950	P: 1800 804 950 jamie.gillam@hciltd.com.au
Health Partners *ECLIPSE code: SPS* *HCP code: SPS*	P: 1300 113 113	P: 1300 113 113 hospitalclaims@healthpartners.com.au davids@healthpartners.com.au
Health.com.au *ECLIPSE code: HEA* *HCP code: HEA*	P: 1300 199 802	P: 1300 199 802 hospitalteam@health.com.au *Alternatively* Catherine.Ngo@health.com.au Gemma.Oliver@health.com.au
Latrobe *ECLIPSE code: LHS* *HCP code: LHS*	P: 1300 362 144 E: info@lhs.com.au	P: 1300 362 144 tan@lhs.com.au
Medibank *ECLIPSE code: MPL* *HCP code: MPL*	P: 1300 130 460	P: 1300 130 460 medibankhospital.network@medibank.com.au
Mildura *ECLIPSE code: MDH* *HCP code: MDH*	P: 03 5023 0269 providers@milduraheathfund.com.au	P: 03 5023 0269 eclipse@milduraheathfund.com.au
MO Health *ECLIPSE code: MYO* *HCP code: MYO*	P: 1800 333 004	P: 1800 333 004 Vaibhav.Makin@aia.com

Navy Health *ECLIPSE code: NHB* *HCP code: NHB*	P: 1300 217 736 query@navyhealth.com.au	query@navyhealth.com.au
NIB *ECLIPSE code: NIB* *HCP code: NIB*	P: 1300 853 530 medigap@nib.com.au Overseas Claims: internationalclaims@nib.com.au	P: 1300 853 530 hospitaleclipse@nib.com.au provrel@nib.com.au
Nurse and Midwives *ECLIPSE code: NMW* *HCP code: NMW*	P: 1300 344 000 submit.claim@nmhealth.com.au	P: 1300 344 000 EclipseClaims@nmhealth.com.au Alternatively George.Drakakis@nmhealth.com.au dianne.roe@teachershealth.com.au
OneMediFund *ECLIPSE code: OMF* *HCP code: OMF*	P: 1800 148 626 F: 1300 673 406	P: 1800 148 626 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
Phoenix Health *ECLIPSE code: PHF* *HCP code: PWA*	P: 1800 028 817	P: 1800 028 817 enquiries@phoenixhealthfund.com.au info@peoplecare.com.au
Police Health (also managed by Emergency Services Health) *ECLIPSE code: POL* *HCP code: SPE*	P: 1800 603 603 F: 1800 008 554	P: 1800 603 603 providerenquiries@policehealth.com.au
Queensland Country *ECLIPSE code: QCH* *HCP code: QCH*	P: 1800 813 415	P: 1800 813 415 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
Reserve Bank health *ECLIPSE code: RBH* *HCP code: RBH*	P: 1800 027 299 F: 1300 309 704	P: 1800 027 299 info@myrbhs.com.au
RT Health *ECLIPSE code: RTH* *HCP code: RTE*	P: 1300 886 123 (option 5) access@rthealthfund.com.au	P: 1300 886 123 hospitals@rthealthfund.com.au
St Lukes *ECLIPSE code: SLM* *HCP code: SLM*	P: 1300 651 988	P: 1300 651 988 general@stlukes.com.au
Teachers Federation *ECLIPSE code: TFH* *HCP code: NTF*	P: 1300 728 188	P: 1300 728 188 elizabeth.cashman@teachershealth.com.au Alternatively, try: EclipseClaims@teachershealth.com.au George.Drakakis@nmhealth.com.au dianne.roe@teachershealth.com.au
Transport Health *ECLIPSE code: TFS* *HCP code: TFS*	P: 1300 806 808	P: 1300 806 808 hospitals@transporthealth.com.au

Westfund
ECLIPSE code: WFD
HCP code: WFD

P: 1300 937 838
medicalbenefits@westfund.com.au

P: 1300 937 838
sharpg@westfund.com.au

Closing the Accounting Period

Closing the '**Accounting Period**' refers to **locking down your financial figures** up to a **given date** (usually the end of the month) so that they **cannot be changed**.

We **do not** recommend closing the accounting period for the last month, on the first day of the current month. Rather, give yourself seven to ten days to get your figures to a point where you are happy. That is, after all rejections and adjustments are made.

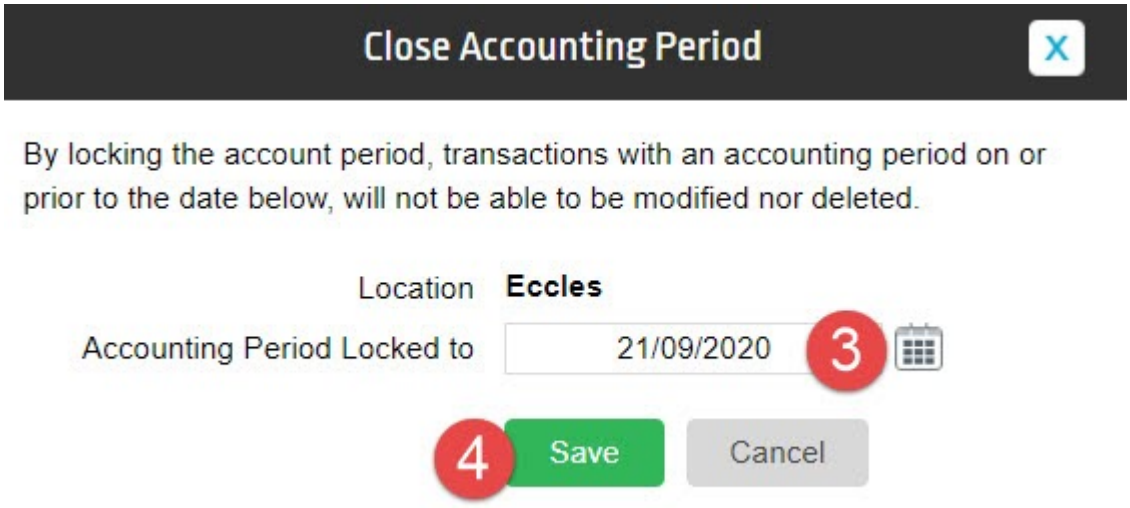
In other words, it ensures that the figures seen on your revenue report run out of FYDO match the figures seen on your bank account, to the cent. And that those figures then cannot be amended in FYDO.

So let's see where the accounting period is closed.

Start off by going over to settings.

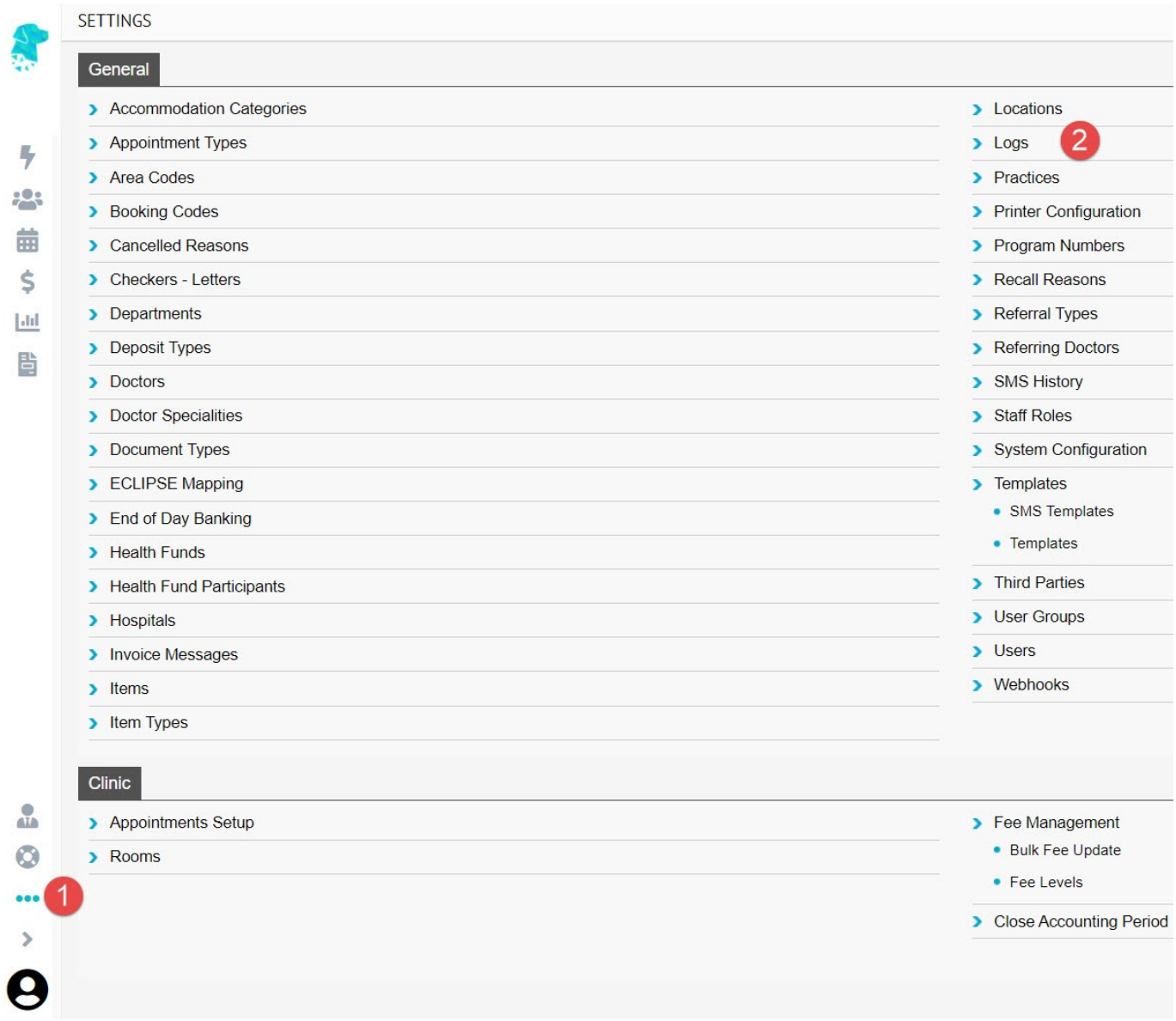
Then, click **Close Accounting Period**.

Enter the date you wish to **lock your figures** to and hit **Save**.



I should also mention that this action is recorded in FYDO's audit log, so you can see who closed the accounting period and when.

To view the audit log, go to **Settings**, then click on **Logs**.



You will see a log similar to this when the accounting period is closed.