

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.**

Arrears (Hospital)

Location: All Locations

Doctor: All Doctors

Fund: All Funds (1)

Period: All Debt (2)

Report Types: Detail (3)

As at: 13/01/2021

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.

Invoice for Admission: 10628 | Admission Date: 02/10/2020

Episode Total 714.00 Balance Due 64.00 Invoice Options

Show voided transactions

Inv #	To	DOS From	Acc Period	T Code	Description	Qty	B	Charge inc	GST	GST	T	Audit Date	User
749	HCF	02/10/2020	02/10/2020	D	DEPOS Deposit Applied: Cash	-		\$-650.00	0.00		H	12/11/2020 4:49PM	JK
749	HCF	02/10/2020	12/11/2020	A	ACCOM	1	3	\$0.00	0.00		H	12/11/2020 4:50PM	JK
749	HCF	02/10/2020	12/11/2020	C	32222 Episodic Case Payment - Colonoscopy	-		\$714.00	0.00		H	12/11/2020 4:50PM	JK

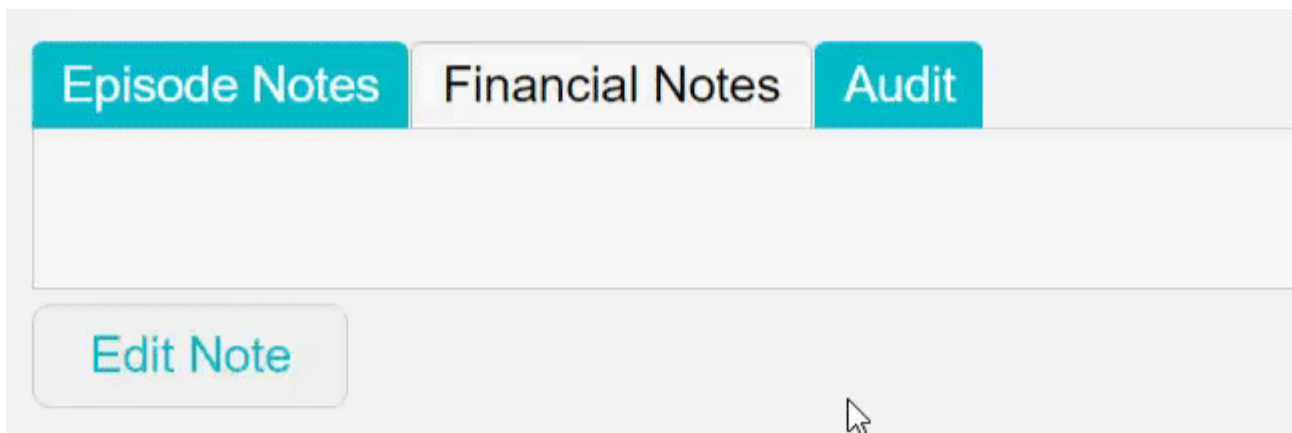
Episode Form Document 12/11/2020

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

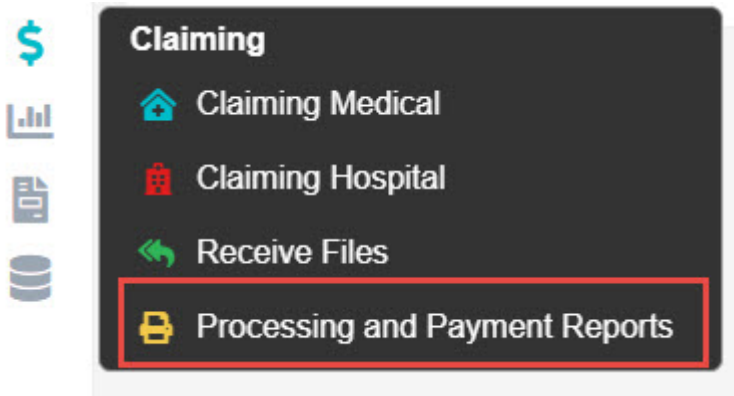
In all of the above cases, if a batch is old enough to be in the 45+ days Debtors and has an above status, it is time to call or email the **Health Fund** regarding its issue. They will be able to help with either resubmitting or amending the invoice, depending what is needed.

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.

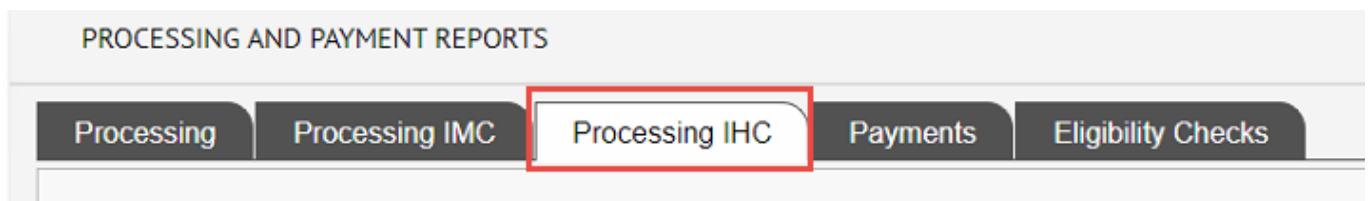


Processing Reports

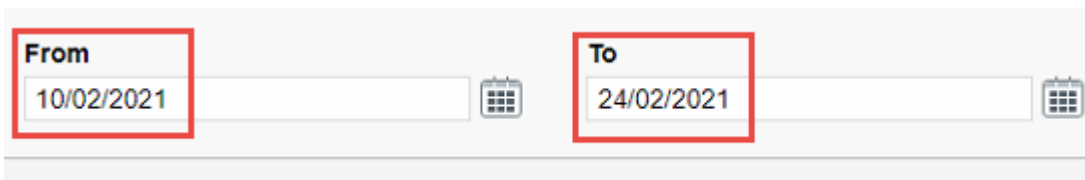
Once you have established that an invoice has an issue, it can be a good idea to check the **Processing Report** for that claim. Generally, these reports will include a rejection if there was one, and can help you figure out the issue. We can access the processing and payment reports section via the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



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

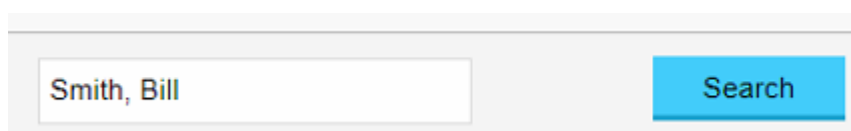


Now we will be able to view and filter processing reports depending what we need to look at. Make sure to select appropriate filters, since we may be looking at some processing reports we will need to use the **From and To** filter.



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](#).

[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

Referring Doctor

ADD REFERRING DOCTOR

Referral Date Period First Consult

Referral To

Site Referral (global) Active

[ADD ANOTHER REFERRAL](#) [EDIT REFERRAL](#)

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 **Provider Number**

Title

First Name

Surname

Practice Name

Address

Suburb

Phone Fax

Type

Speciality

Email

Mobile

Created On

Birthdate

Status Active

Miscellaneous Details

External ID

Location ID

Comm Type

Notes

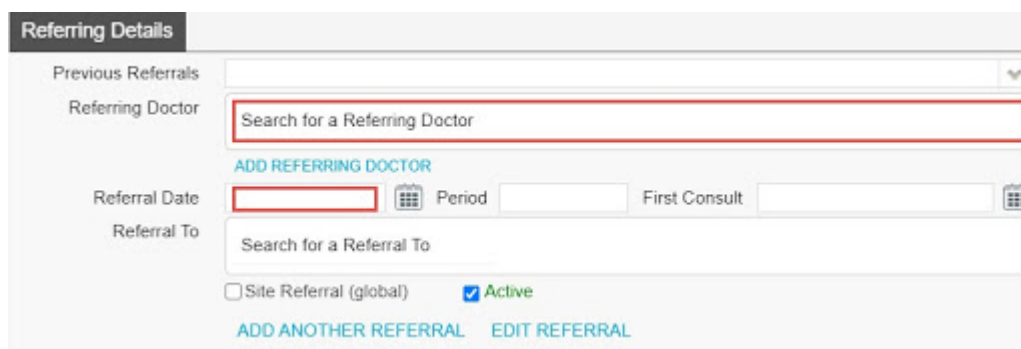
Note: this only needs to be done **once** per referring doctor.

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 header 'Referring Details' and a 'Previous Referrals' dropdown. The 'Referring Doctor' field has a search box with the text 'Search for a Referring Doctor'. Below it is a blue button 'ADD REFERRING DOCTOR'. The 'Referral Date' field has a calendar icon and a red box around it. Next to it is a 'Period' field. The 'First Consult' field has a calendar icon. The 'Referral To' field has a search box with the text 'Search for a Referral To'. At the bottom, there are checkboxes for 'Site Referral (global)' and 'Active' (checked). There are also blue buttons for '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

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.

The screenshot shows the 'Referring Details' section of a patient record. At the top right, there are three icons: a yellow plus sign, a green pencil, and a red trash can. Below these is a 'Previous Referrals' dropdown menu. The 'Referring Doctor' field contains 'SMITH, John' with a close icon. To its right is a blue link 'Add Referring Doctor' and a 'Referral To' search box with the placeholder 'Search for a Referral To'. Below these are several input fields: 'Referral Date' (01/12/2025 with a calendar icon), 'Period' (12), 'First Consult' (calendar icon), 'Site Referral (global)' (checkbox), 'Open Access' (checkbox), and 'Status' (Active checkbox). The 'Status' field is highlighted with a red box.

- **Add another referral:** FYDO allows you to have multiple referrals for a given patient. Use this button to add another referral
- **Edit referral:** this button allows you to make changes to any of the data fields of a given referral
- **Delete this referral:** this button will remove the referral
- **Active:** untick this checkbox to make the referral inactive

Results of an OEC

If you have not submitted an OEC yet, please see our guide found [here](#)

To find your **OEC**, first access the **Documents** from the patients record.

The screenshot shows a navigation bar with the following tabs: Patient Details, Appointments, Recalls, Accounts, Episodes, Communication, Chart Tracking, Documents, and Clinical. The 'Documents' tab is highlighted with a red box.

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**. The MBS item number the OEC was ran on will also be included in the OEC name, eg; OEC-39323. Select one to view. These documents can be printed or downloaded as needed but will always be kept here, within the patient record.

Admission Form_001	Admission Form	08/01/2026	05/01/2026	Q ...
IFC 2026-01-05	IFC	08/01/2026	05/01/2026	Q ...
OEC-39323	OEC	08/01/2026	05/01/2026	Q ...
OEC-39323	OEC	08/01/2026	05/01/2026	Q ...
OEC-39323	OEC	08/01/2026	05/01/2026	Q ...
OEC-61109	OEC	08/01/2026	05/01/2026	Q ...
IFC 2025-12-22	IFC	08/01/2026	22/12/2025	Q ...

The first part of your **OEC** contains some patient information, as well as the **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. The conditions will need to be confirmed with the fund:

Patient Name	[REDACTED]	MRN	674
Fund / UPI	TFH [REDACTED]	DOB	[REDACTED]
Transaction ID	ADV021982e4cb6df24fb43c1	Gender	[REDACTED]
Requested	12/11/2025 09:48 AM	OEC Type/ID	ECF / 1272
Medicare Status	-	Fund Status	0 - Patient is known to the Health Fund specified in the request.
Assessment	WARNING	Process	COMPLETE
Explanation	1102 Eligible Subject to Conditions		

Health Fund Assessment

The next part of the **OEC** details the patients financial eligibility. We can see any **Excess** or **Co Payments** that are applicable, as well as a description 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 private and public hospitals. The excess does not apply to any child dependant covered on the membership.	Bonus	\$ 0
Co Payment \$	Description	Co-payment not Applicable	Remaining Days	

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 1501371
Table Name Silver Plus Hospital \$500 Excess
Table Description SILVER PLUS ****All hospitals****: Excluded Services: Pregnancy and birth; Assisted reproductive services; Weight loss surgery; Laser eye correction; Cosmetic surgery receive no benefits. Minimum Benefit (Restricted cover) shared room rate for Podiatric surgery for accommodation. 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. Special Benefits that help pay for certain in-hospital parent/partner accommodation and meals are included. Minimum Benefit services are not eligible for private room benefits. Excess does not apply for children.

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

[Hospital Data Extracts Setup](#)

Each month you will be required to submit data of patient discharges to various agencies. This data submission is mandatory and is required approximately two weeks into the following month. Hospitals are required to submit data to:

- PHDB [Private Hospital Data Bureau]
- HCP [Hospital Casemix Protocol]
- State health departments also require data - you only need to submit data to the state the facility is located in

PHDB - Private Hospital Data Bureau

This data is collected by the Commonwealth. FYDO easily collects this information during the admission and discharge process, and at the end of month you can run a report to export this data to a file in the format PHDB requires.

Once FYDO produces the file, you will need to upload this file to the Data Submission Portal (DSP). To arrange access to the DSP please email hcp@health.gov.au with the following details:

- Facility Provider Number
- Facility Name
- Facility Address
- Facility Phone
- Name of data submitter (an individual)
- Email where verification reports can be sent to

For more information, please contact PHDB on:

Phone: [02 6289 8058](tel:0262898058)

Email: hcp@health.gov.au

Visit the PHDB website [click here](#).

HCP - Hospital Casemix Protocol

This monthly data submission is in a similar format to the PHDB file, however this data is sent to the patient's health fund. FYDO can produce a file at the end of each month for each health fund. If in the month of March there were no discharges for Medibank, then FYDO will not produce a file for Medibank.

You will need to contact each health fund and request access to their portal so that you can submit this data at the end of each month. *There is only one portal for the entire Australian Health Service Alliance (AHSa) group. For a list of health funds that are part of AHSa, [click here](#).*

Below are some of the funds you may need to report to, and how to request access:

- AHSa portal [click here](#)
- BUPA portal, send an email to hcp@bupa.com.au
- HCF portal [click here](#)
- Medibank portal [click here](#)
- NIB portal [click here](#)
- Mildura Health, send an email to hcp@mdhf.com.au
- Hunter Health Insurance (formerly Cessnock Districts Health), send an email to enquiries@cdhbf.com.au
- Latrobe Health, send an email to hcp@lhs.com.au
- St Lukes Health, send an email to hcpdata@stlukes.com.au

State Health Departments

The state your facility resides in also requires data at the end of each month. Like PHDB and HCP data, FYDO makes this easy each month. FYDO is able to create a file in the format your state

requires. Each state has a different file format.

You will need to contact the representative in your state and request access, and instructions on where to submit your file each month.

NSW Health - Phisco data

Contact: Roman Leszczynski

Phone: [02 9391 9995](tel:0293919995)

Email: iscos@doh.health.nsw.gov.au

Email: Roman.Leszczynski@health.nsw.gov.au

VIC Health - VAED

Phone: [03 9096 8595](tel:0390968595)

Email: hdss.helpdesk@dhhs.vic.gov.au

Website for more information [click here](#).

QLD Health - QHAPDC

Phone: [07 3708 5679](tel:0737085679)

Email: QHIPSMAIL@health.qld.gov.au

For more information [click here](#).

WA Health - HMDS

Phone: [08 9222 4362](tel:0892224362) (Inpatient Data Collections)

Email: DoH.AdmittedDataCollection@health.wa.gov.au

ACT Health

Phone: [02 6205 5249](tel:0262055249)

Email: dsd.informationmanagementhub@act.gov.au

Email: Prathima.Karri@act.gov.au

For more information [click here](#).

TAS Health

Contact: Cynthia Rogers

Phone: [03 6166 1081](tel:0361661081)

For more information [click here](#).

SA Health - ISAAC

Email: Health.ISAACSubmissions@sa.gov.au

For more information [click here](#).

Cancer Registers

NSW & ACT

Email: information@cancerinstitute.org.au

Phone: [02 8374 5600](tel:0283745600)

For more information [click here](#).

VIC

Email: vcr@cancervic.org.au

For more information [click here](#).

For instructions on how to **Extract Hospital Data from FYDO** visit our wiki page:
[Hospital Data Extraction](#)

For instructions on how to **Re-Extract Hospital Data from FYDO** visit our wiki page:
[Re-Submitting a Hospital Data Extraction](#)

[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 <i>ECLIPSE code:</i> ACA <i>HCP code:</i> 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 <i>ECLIPSE code:</i> AHM <i>HCP code:</i> 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 <i>ECLIPSE code:</i> AUH <i>HCP code:</i> AUF	P: 1800 035 360	P: 1800 035 360 dgilder@australianunity.com.au

BUPAE
CLIPSE code: manuallydr.billing@bupa.com.au
BUP **Only** for sending claims with
HCP code: BUP *Problems / Rejections*
gapscheme@bupa.com.au
Only for if you are unable to fax

CBHS
Corporate Health & CBHS Health Fund
ECLIPSE P: 1300 654 123
code: CBC & providers@cbhs.com.au
CBH
HCP code: CBC
 & CBH
 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 P: 02 4990 1385
code: CDH enquiries@hunterhi.com.au
HCP code: CDH
 P: 02 4990 1385
CDH.BenefitsFund@Hunterhi.com.au

CUA Health Limited
ECLIPSE P: 1300 499 260
code: CHF cuahealth@cuahealth.com.au
HCP code: CPS
 P: 1300 499 260
cuahealth@cuahealth.com.au
 Alternatively
karen.coventry@cua.com.au

Defence Health
ECLIPSE P: 1800 656 329
code: DHF
HCP code: AHB
 P: 1800 656 329
providerrelations@defencehealth.com.au

Doctors Health Fund
ECLIPSE P: 1800 226 586
code: AMA
HCP code: AMA
 P: 1800 226 586
lesley.rutter@doctorshealthfund.com.au

Emergency Services Health
 (also managed by Police Health)
ECLIPSE P: 1300 703 703
code: ESH F: 1300 151 152
HCP code: SPE
 P: 1300 703 703
providerenquiries@eshealth.com.au

GMHBA
ECLIPSE P: 1300 446 422
code: GMH F: (03) 5222 7478
HCP code: GMH
 P: 1300 446 422
Jamie-LeeGardham@gmhba.com.au
joannesheldon@gmhba.com.au

GU Health (FAI)
ECLIPSE P: 1800 249 966
code: FAI corporate@guhealth.com.au
HCP code: FAI
 providers@honeysucklehealth.com.au

HBF
ECLIPSE P: 1300 810 475
code: HBF expresspayqueries@hbf.com.au
HCP code: HBF
 P: 1300 810 475
lorraine.hort@hbf.com.au

HIF(Health Insurance Fund of Australia Limited)
ECLIPSE P: 1300 134 060
code: HIF claims@hif.com.au
HCP code: HIF
 P: 1300 134 060
michelle.peacock@hif.com.au

HCF
ECLIPSE P: 1800 670 302
code: HCF medicoverenquiry@hcf.com.au
HCP code: HCF
 P: 1800 670 302
MFarlow@hcf.com.au (Maria)
 Alternatively
dfernandez@hcf.com.au (David)

Health Care**Insurance**

ECLIPSE P: 1800 804 950
code: HCI
HCP code: HCI

P: 1800 804 950
jamie.gillam@hcilt.com.au

Health**Partners**

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

P: 1300 113 113
hospitalclaims@healthpartners.com.au
dauids@healthpartners.com.au

Health.com.au

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

P: 1300 199 802
hospitalteam@health.com.au
Alternatively
Catherine.Ngo@health.com.au
Gemma.Oliver@health.com.au

Latrobe

ECLIPSE P: 1300 362 144
code: LHS E: info@lhs.com.au
HCP code: LHS

P: 1300 362 144
tan@lhs.com.au

Medibank

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

P: 1300 130 460
medibankhospital.network@medibank.com.au

Mildura

ECLIPSE P: 03 5023 0269
code: MDH providers@mildurahealthfund.com.au
HCP code: MDH

P: 03 5023 0269
eclipse@mildurahealthfund.com.au

MO Health

ECLIPSE P: 1800 333 004
code: MYO
HCP code: MYO

P: 1800 333 004
Vaibhav.Makin@aia.com

Navy Health

ECLIPSE P: 1300 217 736
code: NHB query@navyhealth.com.au
HCP code: NHB

query@navyhealth.com.au

NIB

ECLIPSE P: 1300 853 530
code: NIB medigap@nib.com.au
HCP code: NIB Overseas Claims:
internationalclaims@nib.com.au

P: 1300 853 530
hospitaleclipse@nib.com.au
provrel@nib.com.au

Nurse and**Midwives**

ECLIPSE P: 1300 344 000
code: NMW submit.claim@nmhealth.com.au
HCP code: NMW

P: 1300 344 000
EclipseClaims@nmhealth.com.au
Alternatively
George.Drakakis@nmhealth.com.au dianne.roe@teachershealth.com.au

OneMediFund

ECLIPSE P: 1800 148 626
code: OMF F: 1300 673 406
HCP code: OMF

P: 1800 148 626
info@onemedifund.com.au

Peoplecare**Health****Insurance**

ECLIPSE P: 1800 808 690
code: LHM
HCP code: LHM

P: 1800 808 690
info@peoplecare.com.au

Phoenix Health

ECLIPSE P: 1800 028 817
code: PHF
HCP code: PWA

P: 1800 028 817
enquiries@phoenixhealthfund.com.au
info@peoplecare.com.au

Police Health

(also managed by

Emergency
Services Health)
ECLIPSE P: 1800 603 603
code: POL F: 1800 008 554
HCP code: SPE

P: 1800 603 603
providerenquiries@policehealth.com.au

Queensland

Country

ECLIPSE P: 1800 813 415

code: QCH

HCP code: QCH

P: 1800 813 415

rharding@qccu.com.au

TUH(Queensland Teachers)

ECLIPSE P: 1300 360 701

code: QTU

HCP code: QTU

P: 1300 360 701

alice.caldwell@tuh.com.au

Reserve Bank health

ECLIPSE P: 1800 027 299

code: RBH F: 1300 309 704

HCP code: RBH

P: 1800 027 299

info@myrbhs.com.au

RT Health

ECLIPSE P: 1300 886 123 (option 5)

code: RTH

HCP code: RTE

P: 1300 886 123

hospitals@rthealthfund.com.au

access@rthealthfund.com.au

St Lukes

ECLIPSE P: 1300 651 988

code: SLM

HCP code: SLM

P: 1300 651 988

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

Alternatively, try:

EclipseClaims@teachershealth.com.au

George.Drakakis@nmhealth.com.au

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

Westfund

ECLIPSE P: 1300 937 838

code: WFD

HCP code: WFD

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**.

SETTINGS

General

- > Accommodation Categories
- > Appointment Types
- > Area Codes
- > Band Mappings
- > Booking Codes
- > Cancelled Reasons (Appointments)
- > Cancelled Reasons (Theatre Rosters)
- > Certificates
- > Chart Location
- > Coding Hold Reasons
- > Checkers - Letters
- > Departments
- > Deposit Types
- > Doctors
- > Doctor Specialities
- > Document Types
- > ECLIPSE Mapping (Items)
- > ECLIPSE Mapping (Other Services)
- > Health Funds
- > Health Fund Participants
- > Hospitals
- > Invoice / IFC Messages
- > Items
- > Item Types
- > Locations
- > Logs
- > Nurse List
- > Pathology Providers
- > Practices
- > Printer and Scanner Configuration
- > Program Numbers
- > Recall Reasons
- > Referral Types
- > Referring Doctors
- > Security
- > SMS Automation
- > SMS History
- > SMS - Order Credits
- > Staff Roles
- > Survey
- > System Configuration
- > Templates
 - Clinical Note Template
 - SMS Templates
 - Templates
- > Theatre Hold Reasons
- > Third Parties
- > Theatre Reason for Delayed Finish
- > Theatre Reason for Delayed Start
- > User Groups
- > Users
- > Webhooks
 - Webhooks
 - View Failed Logs
 - View Logs

Hospital

- > Adjustments
- > Clinical Indicators
- > Close Accounting Period **2**
- > Fees Management
 - Fees Setup
 - Minimum Benefits
 - Other Services
- > Invoice Hold Reasons
- > Procedures
- > Theatre Management
 - Theatre Data
 - Theatre Rosters
- > Ward Management
 - Bed Tracker

AG

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

Close Accounting Period ×

By locking the account period, transactions with an accounting period on or prior to the date below, will not be able to be modified nor deleted.

Location

Accounting Period Locked to **3**

4

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**.

SETTINGS

General

- > Accommodation Categories
- > Appointment Types
- > Area Codes
- > Band Mappings
- > Booking Codes
- > Cancelled Reasons (Appointments)
- > Cancelled Reasons (Theatre Rosters)
- > Certificates
- > Chart Location
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- > Locations
- > Logs **2**
- > Nurse List
- > Pathology Providers
- > Practices
- > Printer and Scanner Configuration
- > Program Numbers
- > Recall Reasons
- > Referral Types
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- > Theatre Reason for Delayed Start
- > User Groups
- > Users
- > Webhooks
 - Webhooks
 - View Failed Logs
 - View Logs

Hospital

- > Adjustments
- > Clinical Indicators
- > Close Accounting Period
- > Fees Management **1**
 - Fees Setup
 - Minimum Benefits
 - Other Services
- > Invoice Hold Reasons
- > Procedures
- > Theatre Management
 - Theatre Data
 - Theatre Rosters
- > Ward Management
 - Bed Tracker

You will see the log showing when the accounting period was closed.

Username	Message	Date Created	Action
Alina (Altura) (Backend)	Accounting period closed for Alinas Private Hospital (ID - 1) - changed from 01/01/2000 to 01/01/2025	17/04/2026 2:45:27 PM	

Making a Referring Doctor Inactive

Need to delete or remove an existing referring doctor? Read ahead to find out how we can make them **Inactive**.

1. Click on **Settings**



2. Then, **Referring Doctors**

> Referring Doctors

This will display a list of all the referring doctors you currently have.

3. Select the doctor you wish to make **Inactive** by clicking anywhere on their row in the list of doctors.

4. You will now see the details for this doctor, click on **Edit** on the top right-hand corner of the page. Simply untick the **Active** box next to **Status** as shown below.

SETTINGS > REFERRING DOCTORS > ADD REFERRING DOCTOR

Referring Doctor Details

Number: [] Provider Number: [] Type: GP [?]
Title: Dr Speciality: []
First Name: Gregory Email: []
Surname: House Mobile: [-]
Practice Name: [] Alternate Phone1: [() -] Alternate Phone2: [() -]
Address: [] Created On: 05/02/2026
Suburb: [] Birthdate: []
Mailing Address: [] Status: Inactive
Mailing Suburb: []
Practice Phone: [] Practice Fax: []
Practice Email: []

Now the doctor has been made **Inactive**; they will not appear when searching for them, and they will not be shown on the list of **Referring Doctors**.

If you wish to view the doctor, or make them **Active** again, simply tick the **Show Inactive** box from the **Referring Doctors** screen.

Show Inactive

You will now be able to see the doctor, and you can edit them as per normal, including making them **Active** again.

Referring Doctors

To access a list of the referring doctors you have added into Fydo simply follow the below steps:

1. Click on **Settings**



2. Then, **Referring Doctors**

> Referring Doctors

This will display a list of all the referring doctors you currently have.

To **add** a referring doctor, click the yellow **Add Referring Doctor** button on the top right hand corner of your screen:

Add Referring Doctor

To **Edit** the details of an existing doctor, simply click **anywhere** along the row for that doctor, and you will be taken to the edit screen:

To get started editing, click on the **Edit** button on the top right hand corner of the page.

Edit

Whether you decided to **Add** a new Referring Doctor, or **Edit** an existing one, you will be met with the same screen:

Referring Doctor Details

Number		Provider Number	123456AA
Title	Dr		
First Name	Clark		
Surname	Griswold		
Practice Name	Dr Griswold's Medical Centre		
Address	1 Long Street		
Suburb	LEEDERVILLE	WA	6007
Mailing Address			
Mailing Suburb			
Practice Phone	(00)5555-6666	Practice Fax	()-
Practice Email			

Type	GP		
Speciality			
Email	drgriswold@mypractise.com.au		
Mobile	0400-111-222		
Alternate Phone1	() -	Alternate Phone2	() -
Created On	11/11/2025		
Birthdate	01/01/1990		
Status	<input checked="" type="checkbox"/> Active		

Simply fill out, or change the fields as needed.

Remember, the required fields for a referring doctor are:

- **Provider Number - You can put a 0 if you do not have the number. Please note that you will need to enter it before submitting your claims, or you will run into rejections.**
- **First Name and Surname**
- **Type (GP or Specialist) - This affects the length of the referral, GP: 12 months, Specialist: 3 months.**
- **Speciality (If Specialist is selected)**

While there are a few other fields, they are optional. You can also upload any Doctors files that may be applicable such as APHRA, Drivers Licence, etc.

Once you are happy with your changes, click the green **Save** button to lock them in.

Save

You are also able to **Create** and **Edit** referrals from within the **Patient Details**, should you wish to



do so, please see our [Creating a Patient](#) wiki page.

Searching for a Patient

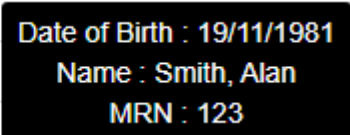

In Fydo, there are a few different ways we can search a patient.

Patient Other Show Deceased 

Depending on if we have **Patient** or **Other** selected, there are different filters available. An easy way to see this, is to hover your mouse over the blue question mark.

Patient Other Show Deceased  


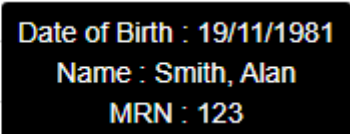
This will bring up a helpful menu like so:

Patient Other  

Date of Birth : 19/11/1981
Name : Smith, Alan
MRN : 123

Lets go over the two ways to search, and the filters associated with them.

Patient:

 Patient Other  

Date of Birth : 19/11/1981
Name : Smith, Alan
MRN : 123

Date of Birth: Search by Date of Birth

Name: A search by **Last Name,First Name**

There are a few different ways to use this filter, here are some examples of how I can search for the patient Alan Smith.

- **Last Name Only:** Smith,
- **First Name Only:** ,Alan
- **Partial Search:** Sm,Al
- **Full Name:** Smith,Alan

While there are a few different ways to search for a patient, some searches will narrow the results greatly compared to others, try out a few to see what works best for you.

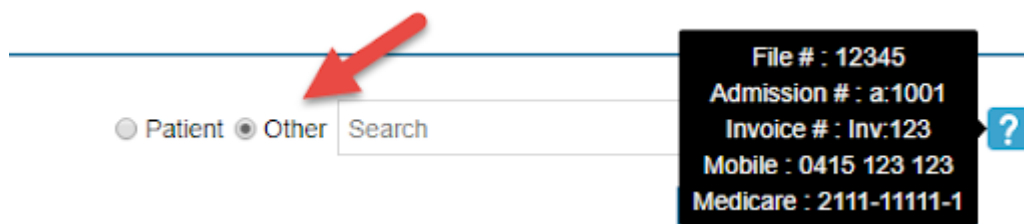
MRN: A search by the patient’s **Medical Record Number**

Please note that you can search for a **partial** number. In the case of Alan Smith and his **MRN** of **123**; we can search a few different ways.

- **Full Number:** 123
- **Partial Number:** 23 or 12

Searching for the full number will narrow your results down compared to a partial search.

Other:



File #: The file number of the patient. Can be set in the **Patient Details**.

Patient Details					
Patient #	3444	File Num	12345	External ID	7210
Title	Mr	Gender	Male		
First Name	Alan			Mi	
Last Name	SMITH				

A red arrow points to the 'File Num' field containing the value '12345'.

Admission #: Admission number for the patient (this is a number for patients that have Hospital episodes). Can be found in **Episodes**, from the **Patient Details** screen.

To search for the below **Admission**, I would have to search: **a:1497**

Patient Details		Other	Appointments	Recalls	Accounts 1	Episodes	Communications
No.	Adm #	Adm. Date	Dis. Date	Sts	Nights		
3 2	1497	23/01/2019	23/01/2019	Discharged			
2	1234	31/05/2018	31/05/2018	Discharged			
1	1004	04/10/2017	04/10/2017	Discharged			

Invoice #: If the patient has been billed, you can search by an **Invoice Number**. This can be found in **Accounts**, from the **Patient Details** screen if you are a **Medical Practice**. For **Hospitals**, this can be found in **Episodes**, similar to the **Admission #**

Patient Details		Other	Appointments	Recalls 1	Accounts
Account Status	All				Service Type All
Inv# ↑ 2	Date of Service	Doctor			
12573	25/08/2014				

To search for the above **Invoice**, I would have to search: **Inv:12573**

Mobile: Mobile number of the patient.

Medicare: Medicare number of the patient.