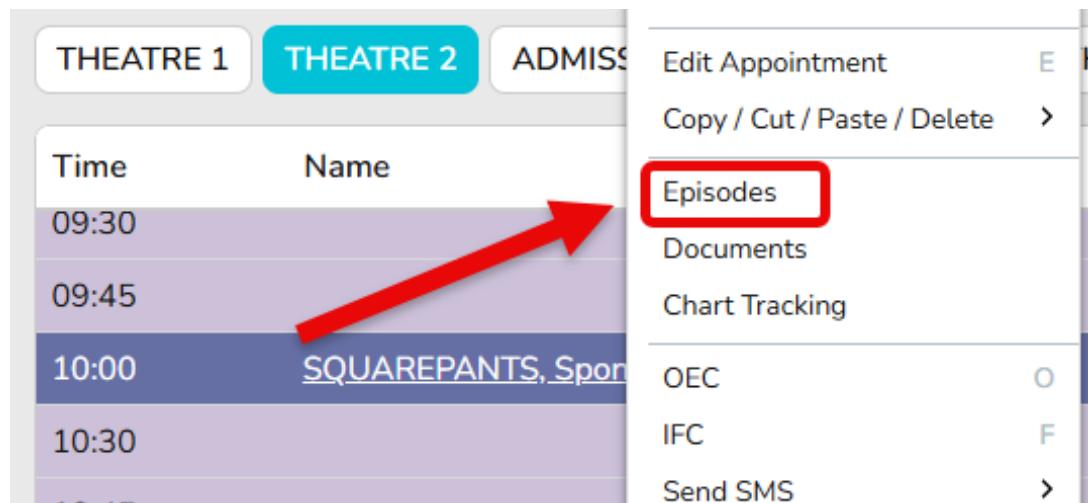


Unadmit or Undischarge a Hospital Episode

If an episode is accidentally admitted or discharged, the user can Un-admit or Un-discharge following the steps below.

1. Navigate to the appointment that needs to be Un-admitted and/or Un-discharged
2. Use the **Right Click Menu** to select **Episodes**



3. If the episode has been admitted, **& discharged**, Right Click on the required Episode and select
Un-discharge



Patient Details Appointments Recalls Accounts **Episodes** Communication Chart Tracking Documents

No.	Adm #	Adm. Date	Dis. Date	Status	Nights	Procedure
58	1100	17/10/2025	17/10/2025	Discharged	D/O	Colonoscopy
56	1026	08/09/2025	08/09/2025	Discharged	D/O	Carpal Tunnel
55	977	06/08/2025	06/08/2025	Discharged	D/O	Colonoscopy
54	954	28/07/2025	28/07/2025	Discharged	D/O	Left Cat & Mouse
48	859	03/06/2025	03/06/2025	Discharged	D/O	Colonoscopy

Admission Date: 17/10/2025 | Invoices for Admission: 1100

Inv #	To	Charge inc GST	Adjustments

Inv #	To	DOS From	Acc Period	T	Code	Description

Right Click Options:

- Admission
- Edit Appointment
- Discharge
- Un Discharge** (highlighted with a red box and arrow)
- Coding
- Theatre
- Certificate
- Leave
- Clinical Indicators
- Create Invoice
- Quick Form
- Other Services Only
- Remove Episode

4. The user will be asked to **Confirm** that they are sure they want to un-discharge the episode.

Confirm

Are you sure you want to un-discharge this episode?

Confirm

Cancel

5. The Right Click process will need to be repeated to then **Un-admit** the episode.

Back to Appointments / 114 - SQUAREPANTS, Spongebob (13/07/2020 - 5)

Patient Details Appointments Recalls Accounts **Episodes** Communication Chart Tracking Documents Clinical

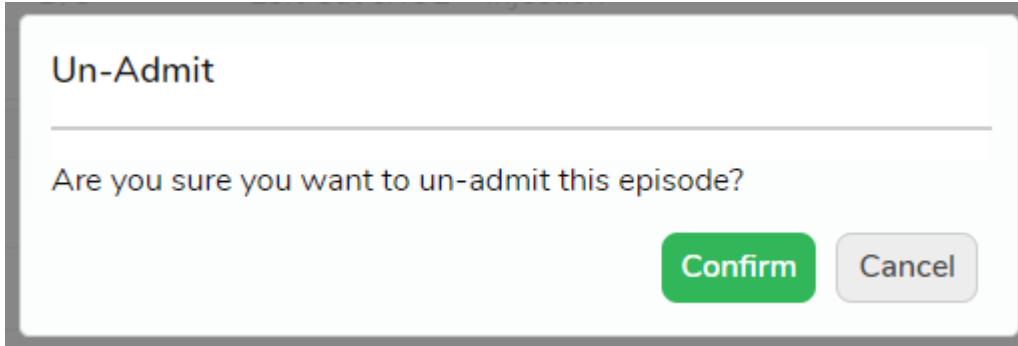
No.	Adm #	Adm. Date	Dis. Date	Status	Nights	Procedure	Other No
58	1100	17/10/2025	-	Admitted	0	Colonoscopy	
56	1026	08/09/2025	08/09/2025	Discharged	D/O	Carpal Tunnel Release	
55	977	06/08/2025	06/08/2025	Discharged	D/O	Colonoscopy & Gastro	
54	954	28/07/2025	28/07/2025	Discharged	D/O	Left Cat & IOL	
48	859	03/06/2025	03/06/2025	Discharged	D/O	Colonoscopy & Gastro	

Admission Date: 17/10/2025 | Invoices for Admission: 1100

Inv #	To	Charge inc GST	Adjustments	Payments
				No inv

Admission
 Edit Appointment E
 Theatre T
 Leave
 Clinical Indicators N
Un-admit (highlighted with a red box and a red arrow pointing to the confirmation dialog)
 Quick Form
 Other Services Only
 Remove Episode

6. The user will again be prompted to **confirm** that they want to un-admit the episode.



7. Once this process has been followed, click **Back to Appointments** and the episode will have been returned to the status of **B** for **Booked**

Hospital Cancer Registry Data

FYDO gives users the ability to enter Cancer Registry information & export the data for ease of submission.

Once the coding has been entered, by following the instructions on [Hospital Coding](#), you are able to click on the **Cancer Registry** icon.

APPOINTMENTS > CODING SCREEN

MRN 129 - [PEEP_B0](#) DOB 30/07/2015 (10) Sex Female FileNo Fund MPL Location Shires Private Hospital (QLD)
 Admission No. 1208 EpiNo. 68 Admission Date/Time 20/01/2026 06:00 Discharge Date/Time 20/01/2026 15:00 Dr/Surgeon EYES,Bright Speciality Ophthalmologist Anæsthetist SLEEP,Great
 Procedure Notes Left Cat & IOL Other Notes

Diagnosis

Coder S (Altura) Coding on Hold **Cancer Registry** 

#	Type	Code	Description	Cluster	Indicator
1	P - Principal Diagnosis	G44.1	Vascular headache NEC	B - not assigned to any cluster	N - Condition arises during current episode
2	A - Additional Diagnosis	C57.0	Malignant neoplasm of fallopian tube	B - not assigned to any cluster	Y - Condition present on admission
3	E - External cause	W00	Fall on same level inv ice and snow	B - not assigned to any cluster	Y - Condition present on admission
4	M - Morphology	MB010/1	Epithelial tum, ub/m	B - not assigned to any cluster	Y - Condition present on admission

Procedure

Anæsthetic Type **IV/Sedation**  Anaesthetic Type  Visit to Theatre No Unplanned Visit to Thru 

This will open up a screen that allows you to **Add Cancer Information**.

Cancer Registry List

Add Cancer Information 

ID	Description	Date of Diagnosis	Action

◀ ▶ ⏪ ⏩

Once in the Cancer Registry screen, enter all relevant information for your state & click **Save**.

The Cancer Registry Data can then be exported in the same manner that you export all your monthly data.

For more information on Data Extracts, see [Hospital Data Extracts](#)

Hospital Health Fund Fees - Same Day Fees Set Up

When new contracts are negotiated with health funds, amended fees need to be loaded into FYDO to facilitate a seamless IFC & Billing process.

1. Fees can be entered in **Settings > Hospital > Fees Setup**

Same Day Accommodation Fees			Theatre Banding Charges								
Current Fees			Old Fees			Current Fees			Old Fees		
Band	Full Fee	Basic Fee	Full Fee Rebate	Full Fee	Basic Fee	Full Fee Rebate	Band	Full Fee	Full Fee Rebate	Full Fee	Full Fee Rebate
1	247.00	0.00	247.00	150.00	0.00	150.00	1A	100.00	100.00	100.00	100.00
2	400.00	0.00	400.00	250.00	0.00	250.00	1	150.00	150.00	150.00	150.00
3	500.00	0.00	500.00	350.00	0.00	350.00	2	200.00	200.00	200.00	200.00
4	600.00	0.00	600.00	450.00	0.00	450.00	3	300.00	300.00	300.00	300.00
C	250.00	0.00	250.00	125.00	0.00	125.00	4	400.00	400.00	400.00	400.00

2. For multi location databases, ensure the correct **Location** is selected
3. Use the **Fund** drop down to select the required health fund
4. The **Start of Current Fee** date indicates the date that the **Current Fees** will be utilised from. Any episode from before the start date will utilise the **Old Fees**
5. The **End of Current Fee** date indicates the date that the **Current Fees** will expire. Users will still be able to create IFC's for admissions after the End of Current Fee date. However, the system will prohibit billing for episodes that fall after this date. (*This date isn't mandatory. However, it is a good way to ensure accounts aren't accidentally billed at outdated prices*)
6. The **Same Day Fees** tab contains the **Same Day Accommodation Fees** and the **Theatre Banding Charges**
7. Users are also given the ability to **Print** the health fund fees, for the selected fund
8. To edit these fees, click the **Edit** button

Same Day Accommodation Fees			Theatre Banding Charges								
Current Fees			Old Fees			Current Fees			Old Fees		
Band	Full Fee	Basic Fee	Full Fee Rebate	Full Fee	Basic Fee	Full Fee Rebate	Band	Full Fee	Full Fee Rebate	Full Fee	Full Fee Rebate
1	247.00	13.00	247.00	150.00	0.00	150.00	1A	100.00	100.00	100.00	100.00
2	400.00	0.00	400.00	250.00	0.00	250.00	1	150.00	150.00	150.00	150.00
3	500.00	0.00	500.00	350.00	0.00	350.00	2	200.00	200.00	200.00	200.00
4	600.00	0.00	600.00	450.00	0.00	450.00	3	300.00	300.00	300.00	300.00
C	250.00	0.00	250.00	125.00	0.00	125.00	4	400.00	400.00	400.00	400.00

9. Once in edit mode, you will be able to amend the **Start of Current Fee & End of Current Fee** dates to indicate when the new contract fees apply
10. Use the **More Actions** drop down to **Click to Move Current Fees to Old Fees** **before the new fees are entered**. This will replicate all the current accommodation fees into the **Old Fees** columns
11. Enter the new fees in the **Full Fee** column for the corresponding bands. (*C is for Type C procedures*)
12. Once all Full Fees are entered, use the **More Actions** dropdown, and select **Click to Move Charge into Full Rebate**. This will copy all fees from the **Full Fee** column over into the **Full Fee Rebate** (*Do not do this step for un-insured fees or for other 'funds' that don't attract a rebate*)
13. Depending on the contract agreement, facilities may need to add the **Full Fee** amount into the **Basic Fee** column. This can easily be done by using the **More Actions** drop down.
14. Repeat the same steps 10 > 12 for the **Theatre Banding Charges** on the right side of the screen
15. Click **Save**

For further information on how to set up fees, please visit our pages:

[**Other Settings**](#)

[Casebase Fees](#)
[Casebase Multi Fees](#)
[DRG Fees](#)
[Overnight Accommodation Fees](#)

Hospital Health Fund Fees - Other Settings

When new contracts are negotiated with health funds, amended fees need to be loaded into FYDO to facilitate a seamless IFC & Billing process.

The Other Settings tab allows the entry of the Banding Percentages Breakdown, along with more specific information regarding health fund contracts.

For more information on adding Same Day Fees, please see our page

[Hospital Health Fund - Same Day Fees Setup](#)

The screenshot shows the 'Other Settings' tab selected in the top navigation bar. The interface includes a sidebar with icons, a location dropdown (2), a fund dropdown (3), date pickers for 'Start of Current Fee' (4) and 'End of Current Fee' (5), and a 'Same Day Fees' tab (6). The 'Other Settings' tab is highlighted with a red box. The 'Other Settings' section contains various configuration options. A red box highlights the 'Theatre Banding Percentages' table, which shows the following data:

	Current	Old
1st Procedure	100.00	100.00
2nd Procedure	33.00	50.00
3rd Procedure	20.00	40.00
4th Procedure +	20.00	30.00

A red box highlights the 'Casebase Banding Percentages' table, which shows the following data:

	Current	Old
1st Casebase	100.00	100.00
2nd Casebase	33.00	100.00
3rd Casebase	20.00	100.00
4th Casebase +	20.00	100.00

A red box highlights the 'Miscellaneous Fees' table, which shows the following data:

	Current	Old
Private Room	0.00	0.00
Patient Contribution (NHTP)	0.00	0.00
Boarder Day Rate (inc GST)	0.00	0.00
Out Patient	0.00	0.00
Dental Multiple Rule	0.00	0.00

1. Fees can be entered in **Settings > Hospital > Fees Setup**
2. For multi-location databases, ensure the correct **Location** is selected
3. Use the **Fund** drop down to select the required health fund
4. The **Start of Current Fee** date indicates the date that the **Current Fees** will be utilised from. Any episode from before the start date will utilise the **Old Fees** (*See Same Day Fee Instructions to amend these dates*)
5. The **End of Current Fee** date indicates the date that the **Current Fees** will expire. Users will still be able to create IFC's for admissions after the End of Current Fee date. However, the system will prohibit billing for episodes that fall after this date. (*This date isn't mandatory. However, it is a good way to ensure accounts aren't accidentally billed at outdated prices*)
6. Select the **Other Settings** tab
7. Click **Edit**
8. Enter all details relevant to the particular contract (*hover over the for further details & information pertaining to the relevant field*)
9. Enter the **Theatre Banding Percentages** to ensure the system calculates the percentage breakdown of the subsequent theatre items correctly. If there are old fees entered, ensure that

the percentage breakdown is also entered in the **Old** column

10. Enter the **Casebase Banding Percentages** to ensure the system calculates the percentages breakdown for subsequent casebase items correctly. If there are old fees entered, ensure that the percentage breakdown is also entered in the **Old** column
11. Enter all **Miscellaneous Fees** relevant to the particular contract
12. Click **Save**

For further information on how to set up fees, please visit our pages:

[Casebase Fees](#)

[Casebase Multi Fees](#)

[DRG Fees](#)

[Overnight Accommodation Fees](#)

Hospital Health Fund Fees - Casebase Fees

When new contracts are negotiated with health funds, amended fees need to be loaded into FYDO to facilitate a seamless IFC & Billing process.

The Casebase Fees tab allows the entry of any contracted All Inclusive Procedure Fees.

For more information on adding Same Day Fees, please see our page

[Hospital Health Fund Fees - Same Day Fee Set Up](#)

1. Fees can be entered in **Settings > Hospital > Fees Setup**

MBS	Casebase	Procedure	Type	DVA	Outlier Days	Outlier Rate	Casebase	Procedure	Type	DVA	Outlier Days	Outlier Rate	Ignore StepDown	GST	Exclude Other Services	Exclude Private Room	
13212	1,000.00	0.00	Standard	0	0	0.00	1,000.00	0.00	Standard	0	0	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13215	500.00	0.00	Standard	0	0	0.00	500.00	0.00	Standard	0	0	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30473	550.00	450.00	Standard	0	0	0.00	550.00	450.00	Standard	0	0	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32222	700.00	500.00	Standard	0	0	0.00	650.00	500.00	Standard	0	0	0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41632	5,000.00	400.00	Standard	0	0	0.00	800.00	0.00	PerDiem-Proc	0	0	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42702	4,000.00	0.00	Standard	0	0	0.00	4,000.00	0.00	Standard	0	0	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABDOM	8,000.00	4,000.00	Standard	0	0	0.00	0.00	0.00	Standard	0	0	0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0.00	0.00	Standard		0	0.00	0.00	0.00	Standard		0	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. For multi-location databases, ensure the correct **Location** is selected
3. Use the **Fund** drop down to select the required health fund
4. The **Start of Current Fee** date indicates the date that the **Current Fees** will be utilised from. Any episode from before the start date will utilise the **Old Fees** (See *Same Day Fee Instructions to amend these dates*)
5. The **End of Current Fee** date indicates the date that the **Current Fees** will expire. Users will

still be able to create IFC's for admissions after the End of Current Fee date. However, the system will prohibit billing for episodes that fall after this date. (*This date isn't mandatory. However, it is a good way to ensure accounts aren't accidentally billed at outdated prices*)

6. Select **Casebase Fees** tab

7. Click **Edit**

8. If entering an amended contract, use the **Actions** dropdown to select **Move to Old Charge before the new fees are entered**. This will replicate the Current fees across to the Old Fees columns

9. Use the bottom row to **add new items**

10. Use the **X** to remove any items that are no longer required

11. Enter the item number in the **MBS** column

12. Enter the casebase fee, listed in the contract, in the **Casebase** column

13. If there is a procedure fee associated with the item number, it can be entered into the **Procedure** column

14. Select the relevant **Type** for the item being added.

Standard will prompt FYDO to bill just the fee documented in the Casebase column & no accommodation fee will be added

PerDiem-Proc will add the relevant accommodation fee to the procedure fee

PerDiem-Case will add the relevant accommodation fee to the casebase fee

15. The **DVA** column is where the DVA codes are added (e.g. the "H" codes etc.). NB. All DVA items, with an associated item number, will need to be entered with the item number in the MBS column & will need to be billed using the MBS item number. FYDO will then send the associated DVA code via ECLIPSE to ensure claims are transmitted successfully

16. Enter the outlier days, listed in the contract, in the **Outlier Days** column

17. Enter the outlier fee, listed in the contract, in the **Outlier Rate** column

18. Tick **Ignore Step down** if facilities wish to ensure certain fees are not subject to the usual percentage breakdown and are calculated at 100%, even when the item is performed as a secondary or subsequent procedure.

19. Tick the **GST** box if the fee that has been entered is **inclusive of GST**

20. Tick the **Exclude Other Services** box if the other services/prostheses are unable to have a charge raised when billed with the item number. E.g., If a contract stipulates that any prosthesis used is included in the casebase fee. *NB for this function to work, each applicable prosthesis code will need the **Exclude fee when billing** tick box ticked.*

21. Tick **Exclude Private Room** if hospitals are unable to charge for a private room add-on for certain admissions, while still allowing the private room add-on charge to be applied to all other Case Base or DRG fees.

22. Once all details have been entered click **Save**

For further information on how to set up fees, please visit our pages:

[**Other Settings**](#)

[**Casebase Multi Fees**](#)

[**DRG Fees**](#)

[**Overnight Accommodation Fees**](#)

Hospital Health Fund Fees - Casebase Multi Item Fees

When new contracts are negotiated with health funds, amended fees need to be loaded into FYDO to facilitate a seamless IFC & Billing process.

The Casebase Multi Item Fees tab allows the entry of any contracted All Inclusive Package Fee for more than one item number. For example, a bundled fee for a colonoscopy & gastroscopy together.

For more information on adding Same Day Fees, please see our page

[Hospital Health Fund Fees - Same Day Fees Set Up](#)

The screenshot shows the 'Casebase Multi Item Fees' tab in the FYDO software. The interface includes a top navigation bar with tabs for 'Same Day Fees', 'Other Settings', 'Casebase Fees', 'Casebase Multi Item Fees' (which is selected), 'Timebase', 'DRG Fees', and 'Overnight Accommodation Fees'. Below the tabs is a toolbar with 'Actions' and a dropdown menu. The main area contains a table with two sections: 'Current' and 'Old'. The 'Current' section has columns for MBS, Casebase, Type, Code, Fee, DVA, and checkboxes for Exclude, Private Room, and GST. The 'Old' section has similar columns. Red numbers 1 through 19 are overlaid on the interface to point to specific fields and buttons. For example, number 1 points to the 'Fund' dropdown, number 2 points to the 'Location' dropdown, and number 19 points to the 'Save' button.

1. Fees can be entered in **Settings > Hospital > Fees Setup**
2. For multi location databases, ensure the correct **Location** is selected
3. Use the **Fund** drop down to select the required health fund
4. The **Start of Current Fee** date indicates the date that the **Current Fees** will be utilised from. Any episode from before the start date will utilise the **Old Fees** (See *Same Day Fee Instructions to amend these dates*)
5. The **End of Current Fee** date indicates the date that the **Current Fees** will expire. Users will still be able to create IFC's for admissions after the End of Current Fee date. However, the system will prohibit billing for episodes that fall after this date. (*This date isn't mandatory. However, it is a good way to ensure accounts aren't accidentally billed at outdated prices*)
6. Select the **Casebase Multi Item Fees** tab
7. Click **Edit**
8. If entering amended prices, use the **Actions** dropdown to select **Move to Old Charge**, so that the fees listed in the current contracted fees can be moved into the **Old** fees fields, before they are updated
9. Enter the item numbers that coincide with the case base fee in the **MBS** columns
10. Enter the casebase fee amount in the **Casebase** column
11. Leave the **Type** as **Bulk**, unless there is a specific fund code that needs to be entered for those items. E.g., NIB codes COL1 or PKG38 etc., in which case, choose **Prefix** from the drop down
12. Selecting **Prefix** from the drop down will then allow the health fund specific code to be entered into the **Code** column *NB. Only codes that have previously been added to Settings > Items are able to be typed in this section & they may require Eclipse Mapping*
13. Selecting **AddOn** from the drop down will allow for a fee to be added to the **Fee** column. This would be used to add a surcharge fee when billing this combination of items to a health fund and would be outlined in the relevant health fund contract
14. The **DVA** column is used if there is a "**H**" or other code in the DVA contract that is relevant to the group of item numbers
15. Use the **Excl OS** column if the other services /prostheses charges associated with the procedure are unable to be raised in conjunctions with the case base fee. *NB for this function to work the **Exclude fee when billing** tick box will need to be ticked in each relevant prostheses*

16. Tick the **Exclude Private Room** box if “**Add Private Room line on the Invoice (overnight only)**”, in the **Other Settings** tab, is being utilised for the particular health fund contract. However, that **doesn't** apply to the particular item.
17. Use the **GST** tick box if the fee is **inclusive of GST**
18. Use the **X** in the **Action** column to remove any lines that are no longer needed
19. Click **Save**

For further information on how to set up fees, please visit our pages:

[**Other Settings**](#)

[**Casebase Fees**](#)

[**DRG Fees**](#)

[**Overnight Accommodation Fees**](#)

Hospital Health Fund Fees - DRG Fees

When new contracts are negotiated with health funds, amended fees need to be loaded into FYDO to facilitate a seamless IFC & Billing process.

The DRG Fees tab allows the entry of any contracted fees pertaining to DRGs.

For more information on adding Same Day Fees, please see our page

[**Hospital Health Fund Fees - Same Day Fees Set Up**](#)

DRG Fees are also able to be imported into FYDO from an Excel file. Please see our instructional wiki page below to find out how to do this:

[**Hospital Health Fund Fees - Importing DRG Fees**](#)

1. Fees can be entered in **Settings > Hospital > Fees Setup**
2. For multi location databases, ensure the correct **Location** is selected
3. Use the **Fund** drop down to select the required health fund
4. The **Start of Current Fee** date indicates the date that the **Current Fees** will be utilised from. Any episode from before the start date will utilise the **Old Fees** (See *Same Day Fee Instructions to amend these dates*)

5. The **End of Current Fee** date indicates the date that the **Current Fees** will expire. Users will still be able to create IFC's for admissions after the End of Current Fee date. However, the system will prohibit billing for episodes that fall after this date. *(This date isn't mandatory. However, it is a good way to ensure accounts aren't accidentally billed at outdated prices)*
6. Select the **DRG Fees** tab
7. Search for the required DRG or to update all fees click **Edit**
8. If entering amended prices, use the **Click to Move Current Charge into Old Charge** option so that the fees listed in the current contracted fees can be moved into the **Old** fees fields
9. Locate the required DRG in the **DRG Column**. They will be listed in alphabetical order. If adding a new DRG, a new line becomes available below the table to add the next DRG.
10. Add the applicable Same Day fee into the **Same Day Rate** column
11. Add the applicable Inpatient fee into the **IP Rate** column
12. Add the CWO (Charge Weight of One) rate to **CWO** column
13. Add the Short Stay Trim into the **SS Trim** column
14. Add the applicable Short Stay Fee into the **SS Fee** column
15. Add the start of the long stay into the **LS1From** column
16. Add the end of the long stay into the **LS1To** column
17. Add the applicable Long Stay Fee into the **L1S Fee** column
18. Add the Transfer Trim into the **TFR Trim** column
19. Add the relevant Transfer Discount into the **TRF Disc** column
20. Tick the **GST** box (scroll right) if the fees are **inclusive of GST**
21. Tick the **Exclude Other Services** box if the other services/prostheses are unable to have a charge raised when billed with the item number. E.g., If a contract stipulates that any prosthesis used is included in the casebase fee. *NB for this function to work, each applicable prosthesis code will need the **Exclude fee when billing** tick box ticked.*
22. Tick **Exclude Private Room** if hospitals are unable to charge for a private room add-on for certain admissions, while still allowing the private room add-on charge to be applied to all other Case Base or DRG fees.
23. Click **Save** once all fees are entered

For further information on how to set up fees, please visit our pages:

[**Other Settings**](#)

[**Casebase Fees**](#)

[**Casebase Multi Fees**](#)

[**Overnight Accommodation Fees**](#)

Hospital Health Fund Fees - Overnight Accommodation Fees

When new contracts are negotiated with health funds, amended fees need to be loaded into FYDO to facilitate a seamless

IFC & Billing process.

The Overnight Accommodation Fees tab allows the entry of any contracted fees.

For more information on adding Same Day Fees, please see our page

Hospital Health Fund Fees - Same Day Fees Set Up

1. Fees can be entered in **Settings > Hospital > Fees Setup**

2. For multi-location databases, ensure the correct **Location** is selected
3. Use the **Fund** drop down to select the required health fund
4. The **Start of Current Fee** date indicates the date that the **Current Fees** will be utilised from. Any episode from before the start date will utilise the **Old Fees** (*See Same Day Fee Instructions to amend these dates*)
5. The **End of Current Fee** date indicates the date that the **Current Fees** will expire. Users will still be able to create IFC's for admissions after the End of Current Fee date. However, the system will prohibit billing for episodes that fall after this date. (*This date isn't mandatory. However, it is a good way to ensure accounts aren't accidentally billed at old prices*)
6. Select the **Overnight Accommodation Fees** tab
7. Select the required **Accommodation Type** from the drop down. (*Accommodation Categories can be added or amended in Settings > Accommodation Categories*)
8. Click **Edit**
9. If adding amended fees, use the **More Actions** dropdown to select **Click to move all Current Fees to Old Fees**
10. If the fees are required to mirror the Minimum Benefits fees (*Entered in Settings > Minimum Benefits*), use the **More Actions** drop down & select **Copy Rates from Minimum Benefits**
11. A pop up will appear to give all required options regarding copying the Minimum Benefits Rates into the Health Fund Contract rates

Copy Rates from Minimum Benefits

Select which minimum benefits accommodation category you wish copy from

Accom Type: Accom - Advanced Surgical [dropdown]

Do you want to copy the current or old rates from this minimum benefit?

Fee Type: Current Fees [dropdown]

Now select which cover you would like to update, i.e. Full or Basic Cover

Cover Type: Basic Cover [dropdown]

Last step, select which fee you wish to update, i.e. Current or Old Fees

Fee Type: Current Fees [dropdown]

Copy Rates **Cancel**

12. **Full Cover** Fees can be added to the first section of the screen
13. **Basic Cover** Fees can be added to the second section of the screen
14. When entering fees, use the + - to adjust the Day that the fees apply to. This will automatically adjust the following line to continue on.
15. Add the relevant fees into the **Shared, Private & Rebate** columns
16. Click **Save**
17. The user is then able to select the next **Accom Type** that they require & follow the same process again

For further information on how to set up fees please visit our pages:

[**Other Settings**](#)

[**Casebase Fees**](#)

[**Casebase Multi Fees**](#)

[**Hospital Health Fund Fees - DRG Fees**](#)

IFC for an Episode that is partially covered by the Health Fund

There will be some instances where insured patients need to pay for part of their procedure.

Maybe some of the procedures is classified as a cosmetic procedure, maybe they have restrictions on their level of cover & the hospital is able to raise a charge to the patient for those extra procedures.

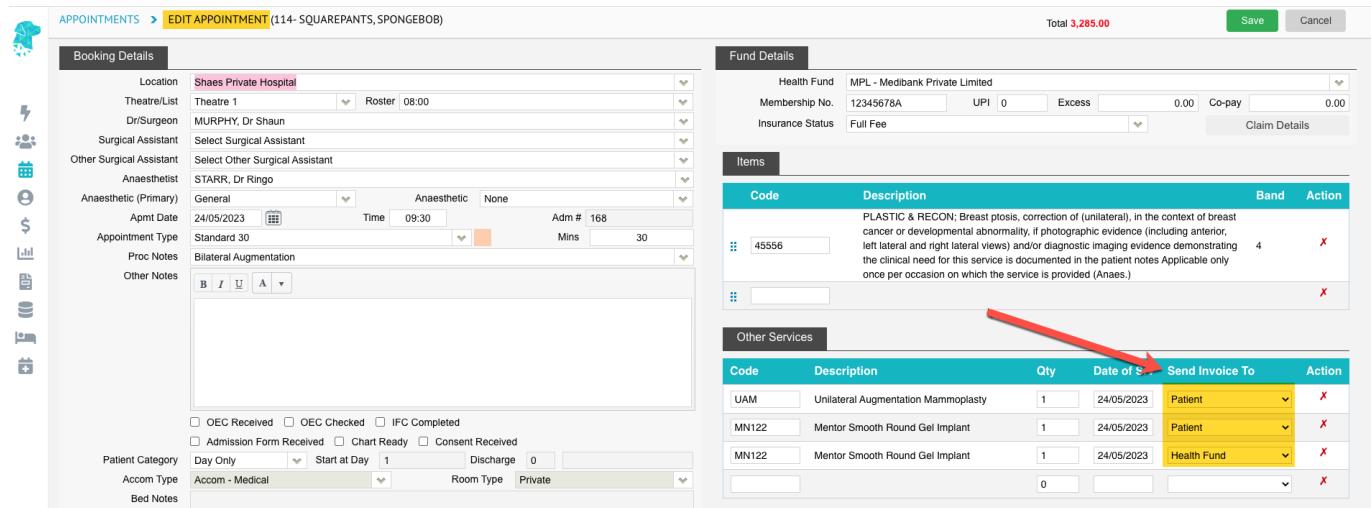
Maybe the hospital is contracted for 2nd Tier rates and can charge a patient gap or they want to charge a credit card surcharge to the patient.

Whatever the case may be, FYDO accommodates this split method of billing the health fund AND the patient seamlessly.

The first step in this process is to ensure the patient is entered with their Health Fund Details for the

episode. And then adding the items to the **Edit Appointment** Screen.

As seen below, FYDO gives the option to **Send Invoice To the Health Fund or the Patient**. This allows the user to select certain items that will be billed to the patient.

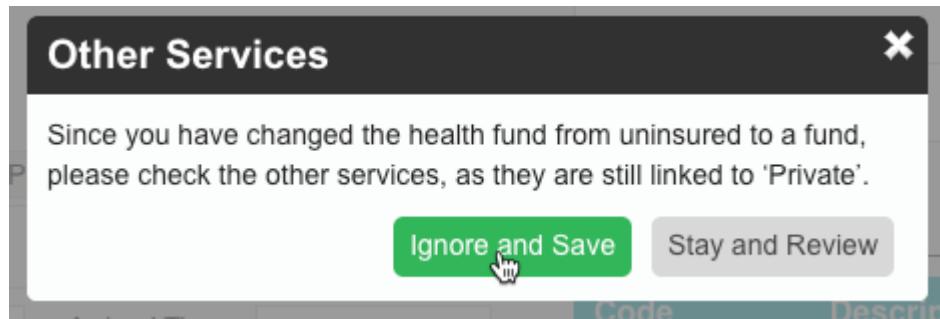


The screenshot shows the 'Edit Appointment' screen in FYDO. The 'Fund Details' section includes fields for Health Fund (MPL - Medibank Private Limited), Membership No. (12345678A), UPI (0), Excess (0.00), Co-pay (0.00), and Insurance Status (Full Fee). The 'Items' section lists a procedure (45556) with a detailed description: 'PLASTIC & RECON: Breast ptosis, correction of (unilateral), in the context of breast cancer or developmental abnormality, if photographic evidence (including anterior, left lateral and right lateral views) and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes Applicable only once per occasion on which the service is provided (Anaes.)'. The 'Other Services' section shows three items: UAM (Unilateral Augmentation Mammoplasty), MN122 (Mentor Smooth Round Gel Implant), and MN122 (Mentor Smooth Round Gel Implant). The 'Send Invoice To' column for the first two items is set to 'Patient', while for the third item, it is set to 'Health Fund'. A red arrow points to the 'Send Invoice To' column for the third item.

Each facility is able to add their own “codes” to the Other Services list in FYDO. This can be done by following the instructions for [Adding Other Services Codes \(Hospital\)](#) and then adding the corresponding fees by following the instructions for [Adding Fees for Other Service Codes \(Hospitals\)](#)

After all required information is entered, the user can click **Save**. They will then be prompted to review the information, as FYDO wants to be sure that the items are being bill correctly.

Therefore click **Ignore and Save**.



From here, the user is able to proceed to creating the **IFC**. This is where we will be able to see that the items being billed to the health fund **will** attract a rebate. And the items being billed to the patient **will not** attract a rebate.

APPOINTMENTS > INFORMED FINANCIAL CONSENT

IFC

Name: SQUAREPANTS, Spongebob	DOB: 13/07/1988	Location: Shaes Private Hospital	Fund: MPL - Medibank Private Limited
Status: Full Fee	Doctor: Murphy, Shaun	Excess: 0.00	Co-payment: 0.00
Default Benefit: 0.00	Dates: 24/05/2023 - 24/05/2023		

Item	Description	Charges inc GST	GST	Rebate
ACCOM	SameDay Accommodation Fee Band : 3	500.00	0.00	500.00
45556	PLASTIC & RECON: Breast ptosis, correction of (unilateral, lateral and right lateral views) and/or diagnostic imaging evidence demonstrating the need for treatment, if photographic evidence (including anterior, left lateral and right lateral views) and/or diagnostic imaging evidence demonstrating the need for treatment is documented in the patient notes. Applicable only once per occasion on which the service is provided (Anaes.)	400.00	0.00	400.00
UAM	Unilateral Augmentation Mammoplasty	1,800.00	0.00	0.00
MN122	Mentor Smooth Round Gel Implant	595.00	0.00	0.00
MN122	Mentor Smooth Round Gel Implant	595.00	0.00	595.00
Apply Discount Percentage: 0.00 % Amount: 0.00		Sub-Total: 3,890.00	0.00	1,495.00
		Total: 3,890.00	0.00	1,495.00
		Excess + Co-pay + Default Benefit: 0.00	Patient Gap: 2,395.00	Total out of pocket: 2,395.00

IFC Message: Copies: 1 Template: IFC - New

Once the IFC is produced the patient will be able to clearly see which items attract a health fund rebate & which items do not.

 Shaes Private Hospital
1 Sunshine Place
SUNSHINE ACRES QLD 4655
P: (07)5444-4444
F: (07)5455-5555
E: shaesprivatehospital@mail.com

INFORMED FINANCIAL CONSENT

Patient:	SQUAREPANTS, Spongebob	DOB:	13/07/1988
Fund:	Medibank Private Limited	Membership #:	12345678A
Excess:	\$0.00	Co-Payment:	\$0.00
Admission:	24/05/2023	Printed:	24/05/2023 at 07:28
Doctor:	Murphy, Shaun	IFC completed by:	Shae Darr(ACSS)

List of Items Estimate Based on

ITEM	DESCRIPTION	CHARGE	REBATE
ACCOM	SameDay Accommodation Fee Band : 3	\$500.00	\$500.00
45556	PLASTIC & RECON: Breast ptosis, correction of (unilateral, lateral and right lateral views) and/or diagnostic imaging evidence demonstrating the need for treatment, if photographic evidence (including anterior, left lateral and right lateral views) and/or diagnostic imaging evidence demonstrating the need for treatment is documented in the patient notes. Applicable only once per occasion on which the service is provided (Anaes.)	\$400.00	\$400.00
UAM	Unilateral Augmentation Mammoplasty	\$1,800.00	\$0.00
MN122	Mentor Smooth Round Gel Implant	\$595.00	\$0.00
MN122	Mentor Smooth Round Gel Implant	\$595.00	\$595.00
Summary of Facility Charges		TOTAL: \$3,890.00	\$1,495.00

Total Payable on Admission: \$2,395.00

For information in receipting payments for these types of episodes visit these instructions for

Receipting for an Episode that is partially covered by the Health Fund

There will be some instances where insured patients need to pay for part of their procedure.

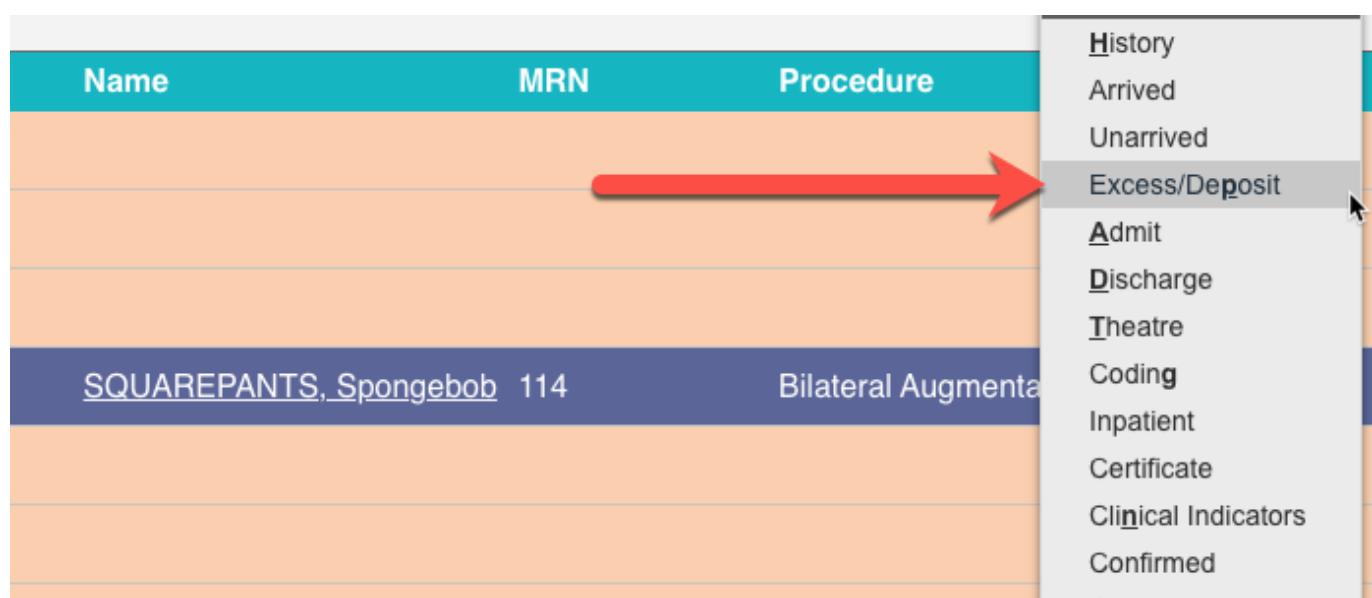
Maybe some of the procedures is classified as a cosmetic procedure, maybe they have restrictions on their level of cover & the hospital is able to raise a charge to the patient for those extra procedures.

Maybe the hospital is contracted for 2nd Tier rates and can charge a patient gap or they want to charge a credit card surcharge to the patient.

Whatever the case may be, FYDO accommodates this split method of billing the health fund AND the patient seamlessly.

To create an IFC for a patient whose admission is only partially covered by the health fund, see instructions on [Creating an IFC for an Episode that is Partially Covered by the Health Fund](#)

To receipt the patient for their Insured & Uninsured portions of their payment at the same time navigate to the appointments screen, right click on the episode & select **Excess/Deposit**.

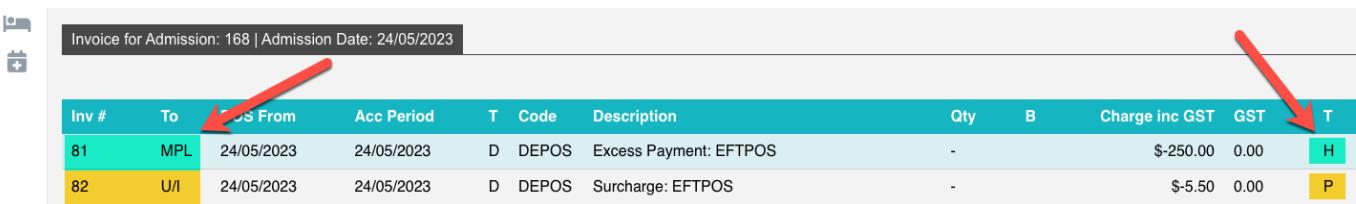


Then use the **Fund Excess** section to receipt the payment that is required to go towards the **Insured Fund Invoice** and use the **Patient Account Deposit** section to receipt the payment that is required to go towards the **Uninsured Patient Invoice**.

The screenshot shows the 'DEPOSIT/EXCESS' screen in the FYDO software. At the top, it displays patient details: MRN 114 - SQUAREPANTS, Mr Spongebob, DOB 13/07/1988 [34] Sex Male, Adm No. 168, Adm Date/Time 24/05/2023, Dis Date/Time -, Dr/Surgeon MURPHY, Shaun, Fund MPL, Location Shaes Private Hospital (QLD), Anaesthetist STARR, Ringo. The total amount is 3,285.00. Below this, there are two main sections: 'Fund Excess' and 'Patient Account Deposit'. The 'Fund Excess' section is highlighted with a green callout box containing the text: 'Receipt fund payments (eg Excess or Co-Payment) in the Fund Excess section'. The 'Patient Account Deposit' section is highlighted with an orange callout box containing the text: 'Receipt patient payments (eg Surcharge or Gap) in the Patient Account Deposit section'. Both sections have fields for Transaction Date (24/05/2023), Amount (250.00 for Fund Excess, 5.50 for Patient Account Deposit), Type (EFTPOS), Description (Excess Payment for Fund Excess, Surcharge for Patient Account Deposit), and other details like Drawer, Reference, Bank, Branch, and Copies (set to 1). At the bottom right are buttons for Save, Save & Print, and Cancel.

Click **Save & Print** to produce a copy of the receipts for the patient.

If you navigate to the **History/Episodes** screen you will be able to see that there has been an **Insured Invoice Number** raised, along with an **Uninsured Invoice Number** raise.



Invoice for Admission: 168 Admission Date: 24/05/2023											
Inv #	To	OS From	Acc Period	T	Code	Description	Qty	B	Charge inc GST	GST	T
81	MPL	24/05/2023	24/05/2023	D	DEPOS	Excess Payment: EFTPOS	-		\$-250.00	0.00	H
82	U/I	24/05/2023	24/05/2023	D	DEPOS	Surcharge: EFTPOS	-		\$-5.50	0.00	P