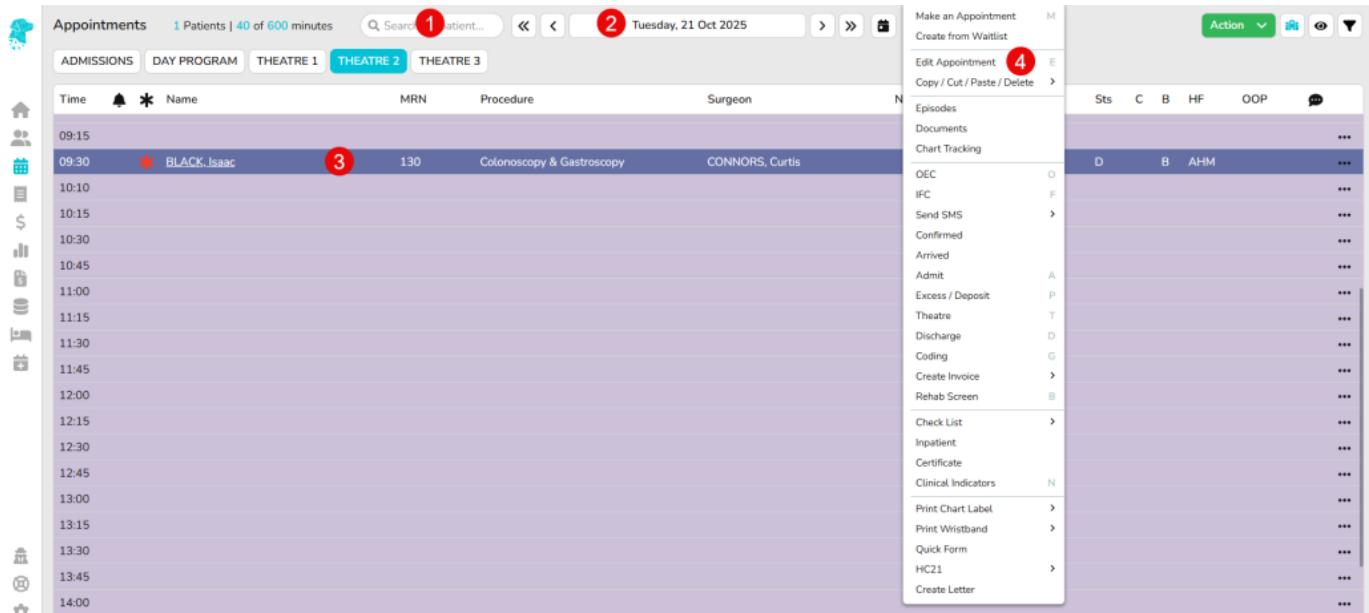


Cancel a Hospital Booking

If a patient cancels their appointment

1. Search for the patient **OR**
2. Navigate to the date & theatre that the patient is booked for
3. Select the patient & **right click** to open menu
4. Select **Edit Episode**



5. Use the **Cancelled** drop down to select a reason for cancellation (N.B these cancelled reasons are fully customisable & can be added or edited in **Setting** under the **Cancelled Reasons** option to assist facilities obtain the cancellation data that they require)
6. Click **Save**

Back to Appointments / Edit Appointment

Booking Details

Location: Shaes Private Hospital

Theatre/List: Theatre 2

Dr/Surgeon: CONNORS, Dr Curtis

Surgical Assistant:

Other Surgical Assistant:

Anaesthetist: HARRISON, Dr George

Anaesthetic (Primary): IV/Sedation

Appointment Date: 21/10/2025

Time: 09:30

Adm #: 1103

Appointment Type: Standard 15

Procedure Notes: Colonoscopy & Gastroscopy

Other Notes:

Checklist

Cancelled

Cancelled After Arrival

Cancelled Within 24 Hours

Covid

Did Not Attend

Facility Cancellation

Booking Code 1: COGA - Colon...

Booking Code 2:

Fund Details

Health Fund: AHM - Australian Health Management Group Limited

Membership No.: 98765432

UPI: 0

Excess: 0.00

Co-pay: 0.00

UM: 0.00

Insurance Status: Full Fee

Items

Code	Description	Band	Session
32229	B Removal of one or more polyps during colonoscopy, in...	3	1
32222	B Endoscopic examination of the colon to the caecum by...	2	1
30473	B Oesophagoscopy (not being a service to which item...	1	1

Other Services

Code	Description	Qty	Date of Srv	Send Invoice To
		0		

Referring Details

Previous Referrals

Referring Doctor: Add Referring Doctor

Referral To: Search for a Referral To

- The patient will now be displayed with a strikethrough & the appointment time will be available to book another patient
- To view your screen without the cancelled patients, use the Filter Dropdown **Based On** and select **All Appointments Exc Cancelled**

Appointments 1 Patients | 40 of 640 minutes

Search for patient... Tuesday, 21 Oct 2025 Individual

ADMISSIONS DAY PROGRAM THEATRE 1 THEATRE 2 THEATRE 3

Time	Name	MRN	Procedure	Surgeon	Notes
08:15					
08:30					
08:45					
09:00					
09:15					
09:30	BLACK, Isaac	130	Colonoscopy & Gastroscopy	CONNORS, Curtis	
09:45					
10:00					
10:15					
10:30					
10:45					
11:00					
11:15					
11:30					

Based On

All Appointments Inc Cancelled

All Appointments Exc Cancelled

Location

All Locations

Department

All Departments

Doctors/Theatre

All Doctors/Theatre

Not confirmed

All Appointments Exc Cancelled

Uncoded

- To view the cancelled patients ensure you select **All Appointments Inc Cancelled** from the Filter Dropdown
- To reinstate an appointment, follow the above steps **1 > 4** and **remove** the cancellation reason from the episode before clicking **Save**

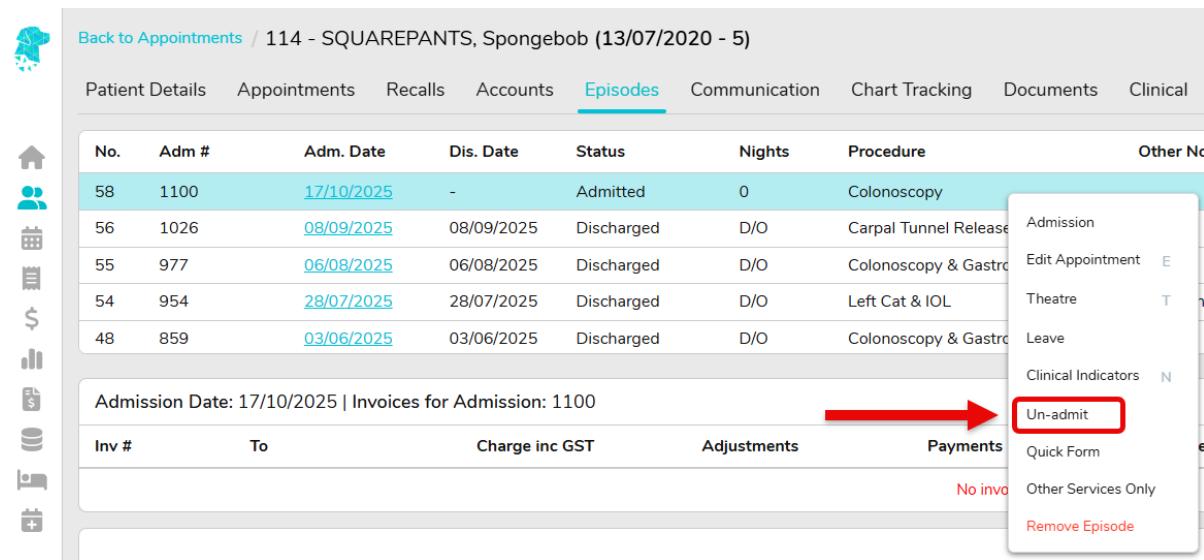


Depending on how far a patient is along their journey, there are different ways to handle a cancelled episode. For example, a patient who cancels before arriving at the facility will need to be handled differently than one who cancelled after admission.

The facility should determine the most appropriate option for each individual scenario. Below are a few options for processing these cases in FYDO:

If the patient **did not arrive at the facility** and was **not admitted**, the standard cancellation instructions above will apply. The episode will not be admitted and will simply be cancelled.

If the patient **did arrive** and was **admitted but did not proceed**, the facility can choose to revert the **episode back to a booking** by **Un-discharging** and **Un-admitting** the episode. Again, this will be up to the facility to decide if this is required depending on how far the patient journey progressed. This can be done via the **Episodes Screen** by utilising the **Right-Click Menu**.



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	Admission
56	1026	08/09/2025	08/09/2025	Discharged	D/O	Carpal Tunnel Release	Edit Appointment E
55	977	06/08/2025	06/08/2025	Discharged	D/O	Colonoscopy & Gastro	Theatre T
54	954	28/07/2025	28/07/2025	Discharged	D/O	Left Cat & IOL	Leave L
48	859	03/06/2025	03/06/2025	Discharged	D/O	Colonoscopy & Gastro	Clinical Indicators N

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

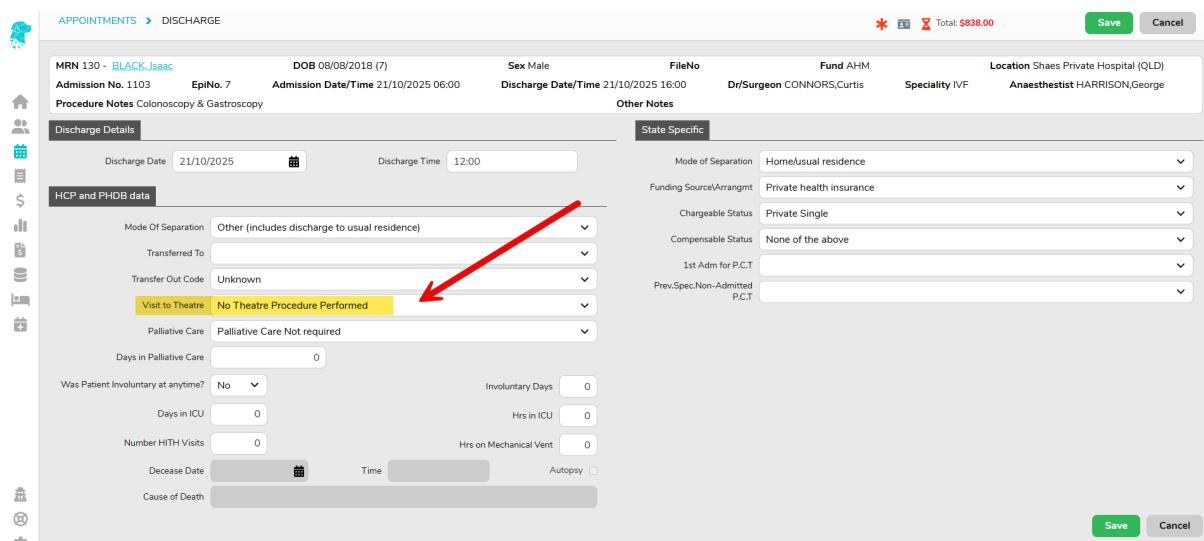
Inv #	To	Charge inc GST	Adjustments	Payments
				No invoice

Un-admit Quick Form Other Services Only Remove Episode

The patient may need to be **refunded** any moneys paid, or the facility may choose to keep it and apply to another admission down the track.

If the patient was admitted and progressed partway through their journey, the more appropriate option may be to **complete the episode** by **admitting** and **discharging** them.

Depending on how far they progressed, you may need to populate the **Visit to Theatre** field with **No Theatre Procedure Performed** when discharging the episode.



APPOINTMENTS > DISCHARGE

MRN 130 - BLACK, Isaac DOB 08/08/2018 (7) Sex Male FileNo Fund AHM Location Shaes Private Hospital (QLD)
Admission No. 1103 EpiNo. 7 Admission Date/Time 21/10/2025 06:00 Discharge Date/Time 21/10/2025 16:00 Dr/Surgeon CONNORS,Curtis Speciality IVF Anaesthetist HARRISON,George
Procedure Notes Colonoscopy & Gastroscopy Other Notes

Discharge Details

Discharge Date	21/10/2025	Discharge Time	12:00
HCP and PHDB data			
Mode Of Separation	Other (includes discharge to usual residence)		
Transferred To			
Transfer Out Code	Unknown		
Visit to Theatre	No Theatre Procedure Performed		
Palliative Care	Palliative Care Not required		
Days in Palliative Care	0		
Was Patient Involuntary at anytime?	No		
Days in ICU	0		
Number HITH Visits	0		
Decease Date			
Cause of Death			

State Specific

Mode of Separation	Home/usual residence
Funding Source/Arrangement	Private health insurance
Chargeable Status	Private Single
Compensable Status	None of the above
1st Adm for P.C.T	
Prev.Spec.Non-Admitted	P.C.T

Save Cancel

As every discharged patient is reported to the Department of Health, a **principal diagnosis code is**

mandatory. If the facility opts to admit and discharge the episode, it will need to be **coded**. Please confirm the correct process with your coder. However, as an example, there would typically be a **primary diagnosis code**, and an additional diagnosis code explaining why the procedure was cancelled.

When raising an invoice, please be aware that if an **accommodation band** is billed, it is implied to the health fund that the patient received an anaesthetic. In this instance, an **anaesthetic procedure code** must also be included in the coding screen.

Facilities will need to check their individual health fund contracts in order to decide if they can raise a charge for the particular admission.

Hospital Appointments Screen

Navigating the Appointments Screen

Time	Name	MRN	Procedure	Surgeon	Notes	Sts	C	B	HF	OOP	Action
06:00				TOE, Foot							...
06:15				TOE, Foot							...
06:30				TOE, Foot							...
06:45				TOE, Foot							...
07:00	DREAM_Day	164	Left Knee Arthroscopy	TOE, Foot		D			AHM		...
08:00	SWAGGER_Bob Lee	154	Left Knee Arthroscopy	TOE, Foot		A	C	D	BUP	50.00	...
09:00	STEWART_Alfred	110	Right Knee Arthroscopy	TOE, Foot		B	C	B	HCF	750.00	...
10:00				TOE, Foot							...
10:15				TOE, Foot							...
10:30				TOE, Foot							...
10:45				TOE, Foot							...
11:00				TOE, Foot							...
11:15				TOE, Foot							...
11:30				TOE, Foot							...
11:45				TOE, Foot							...
12:00				TOE, Foot							...
12:15				TOE, Foot							...
12:30				TOE, Foot							...
12:45				TOE, Foot							...
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13:45				TOE, Foot							...
14:00				TOE, Foot							...
14:15				TOE, Foot							...
14:30				TOE, Foot							...
14:45				TOE, Foot							...
15:00				TOE, Foot							...
15:15				TOE, Foot							...
15:30				TOE, Foot							...
15:45				TOE, Foot							...

1. **Date** - Click on the date to display the calendar to select required date
2. **Search** - to locate a particular patient/booking
3. **Info** - will display the **Number of patients** booked & **Minutes** the theatre is being utilised
4. **View** - gives the ability to choose how the theatres are displayed
 1. **All** - shows all theatres for 1 day
 2. **Individual** - shows 1 theatre for 1 day
 3. **Weekly** - shows 1 theatre for the whole week
 4. **List** - shows all appointments in 1 list
5. **Theatres** - are able to be selected here
6. **Filter** - the patients viewed to include/exclude cancelled patients etc
7. **Custom Views** - Create and select Custom Views to displayed relevant information
8. **Action** Dropdown allows users to
 - Print Theatre Lists**
 - Send Bulk SMS**
 - Re-Order Lists**

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**



Dashboard



Accounts

Payments

Adjustments

1

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**

ACCOUNTS > ADJUSTMENTS

212 - Tom, Brady

Adjustment Details

Location	ACSS Bondi Hospital	3	2
Transaction Date	15/06/2022	4	
Type	REFUND	5	
Payment Type	Direct Deposit	6	
Drawer		7	
Reference No.			
Bank			
Branch			

Show All Invoices 10

NRN	Surname	First Name	Adm. Date	Inv#	Fund	Balance	Allocated	Possible Balance
212	Brady	Tom	02/05/2022	516	AHM	1,890.00	0.00	1,890.00

Total Allocated : 0.00

Save 13 Cancel 12

Click to Search for an Individual Account 8

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.**

Tokens - Mailing Label

Token Name	Data	Notes
<<PracticeName>>	Practice Name	
<<Title>>	Title	
<<FirstName>>	First Name	
<<LastName>>	Surname	
<<MailingAdd1>>	Location Address 1	
<<MailingAdd2>>	Location Address 2	
<<MailingAdd3>>	Location Address 3	

Tokens - Documents & Letters

Token Name	Data	Notes
<<DocFullName>>	Doctor Full Name	eg. SMITH, John
<<DocFirstname>>	Doctor First Name	eg. John
<<DocSurname>>	Doctor Second Initial	eg. SMITH
<<DocTitle>>	Doctor Title	
<<DocID>>	Doctor ID	
<<DocAdd1>>	Doctor Address 1	

<<DocAdd2>>	If Address Line 2 is empty, this will show Suburb State Postcode otherwise it will show Address Line 2	
<<DocAdd3>>	If Address Line 2 is empty, this will show nothing otherwise it will show Suburb State Postcode	
<<DocSuburb>>	Doctor Suburb	UPPERCASE
<<DocState>>	Doctor State	UPPERCASE
<<DocPC>>	Doctor Post Code	
<<DocMob>>	Doctor Mobile	9999 999 999
<<DocPh>>	Doctor Phone	99 9999 9999
<<DocFax>>	Doctor Fax	99 9999 9999
<<DocEmail>>	Doctor Email	
<<DocQualif>>	Doctor Qualification	
<<DocLoc>>	Doctor Location	
<<DocProv>>	Doctor Provider Number	
<<DocABN>>	Doctor ABN	
<<DocInvAs>>	Invoice As for Clinic	
<<DocAccName>>	Doctor Account Name	
<<DocBSB>>	Doctor BSB	
<<DocAccNum>>	Doctor Account Number	
<<DocBankAdd>>	Doctor Bank Address	
<<DocBank>>	Doctor Bank Name	
<<RefFullName>>	Referring Doctor Full Name	eg. SMITH, John
<<RefFirstName>>	Referring Doctor First Name	eg. John
<<RefSurname>>	Referring Doctor Surname	eg. SMITH
<<RefTitle>>	Referring Doctor Title	
<<RefID>>	Referring Doctor ID	
<<RefPractice>>	Referring Doctor Practice	
<<RefPracId>>	Referring Doctor Practice ID	
<<RefAdd1>>	Referring Doctor Address 1	
<<RefAdd2>>	If Address Line 2 is empty, this will show Suburb State Postcode otherwise it will show Address Line 2	
<<RefAdd3>>	If Address Line 2 is empty, this will show Suburb State Postcode otherwise it will show Address Line 2	
<<RefSuburb>>	Referring Doctor Suburb	UPPERCASE
<<RefState>>	Referring Doctor State	UPPERCASE
<<RefPC>>	Referring Doctor Postcode	

<<RefMob>>	Referring Doctor Mobile	9999 999 999
<<RefPh>>	Referring Doctor Phone	99 9999 9999
<<RefFax>>	Referring Doctor Fax	99 9999 9999
<<RefEmail>>	Referring Doctor Email	
<<RefQualif>>	Referring Doctor Qualification	
<<RefSpecID>>	Referring Dr Speciality ID	
<<RefSpec>>	Referring Dr Speciality Description	
<<RefLoc>>	Referring Doctor Location	
<<RefProv>>	Referring Doctor Provider Number	

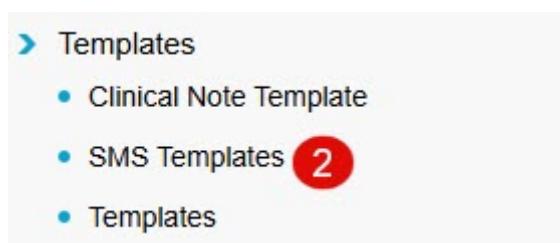
[Adding SMS templates](#)

Do you regularly SMS patients? If so, you can create custom SMS templates to save time typing up the message every time and to send tailored messages, complete with the patient's name, appointment time, serving doctor, and more.

To begin, first go to **Settings**.



Then click on **SMS Templates** under the templates menu.



This reveals the SMS templates currently available. By default, an **Appointment Reminder** template will be available to you.

Adding a new SMS template

To add a new SMS template, click on the **Add SMS Template** button.

Add SMS Template

Then, select the SMS **Type**, enter the template **Name**, and type out the SMS content in the **Description** field.

ID	4
Type	Appointments
Name	Appointment Reminder
Description	Hi <<patfirstn>>, this is a reminder of your appointment at the <<ListLocName>> breast screening clinic on <<listdate>> at <<listtime12h>>.

SMS Tokens

You can use 'SMS tokens' which are commands that look like: <<patfirstn>> to send tailored SMS messages. The aforementioned token for instance dynamically pulls the patient's first name.

There are SMS tokens for patient details, appointment details, doctor/ practice details, referral details, and more.

For a full list of tokens, click the link below:

<https://wiki.fydo.cloud/?s=tokens>

Once you're happy with the contents of your SMS template, click **Save** and you're done! Your new SMS template will be available next time you wish to send a custom SMS message.

Save

For some SMS Template ideas see our helpful wiki page

<https://wiki.fydo.cloud/sms-template-examples/>

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**.

Patient Name	DOS Doctor	Inv Num	Inv Date	Balance Outstanding	Current	30 Days	45 days	60 days	90 Days	120+ Days	
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.

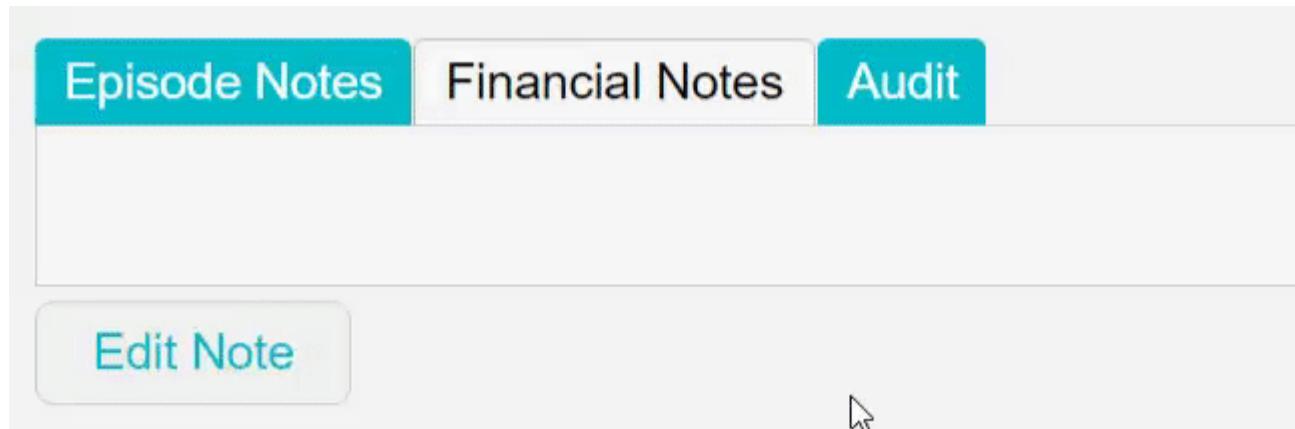
Invoice for Admission: 10628 Admission Date: 02/10/2020										Episode Total 714.00	Balance Due 64.00	Invoice Options	
Inv #	To	DOS From	Acc Period	T	Code	Description	Qty	B	Charge inc GST	GST	T	Audit Date	User
749	HCF	02/10/2020	02/10/2020	D	DEPOS	Deposit Applied: Cash	-		\$650.00	0.00	H	12/11/2020 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
End of the current document										4:50PM/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

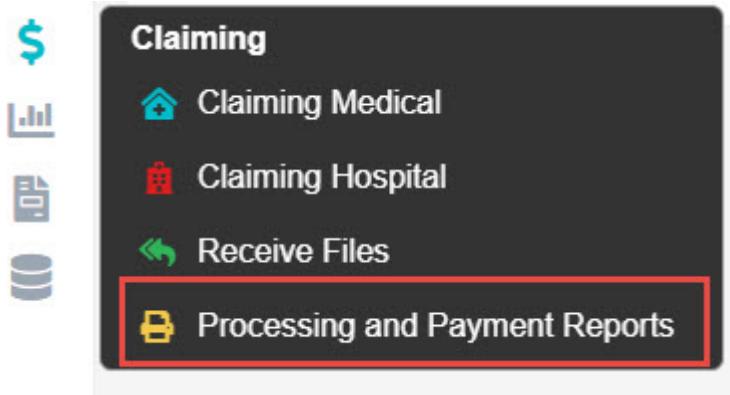
In all of the above cases, if a batch is old enough to be in the 45+ days Debtors and has an above status, it is time to call or email the **Health Fund** regarding its issue. They will be able to help with either resubmitting or amending the invoice, depending what is needed.

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.

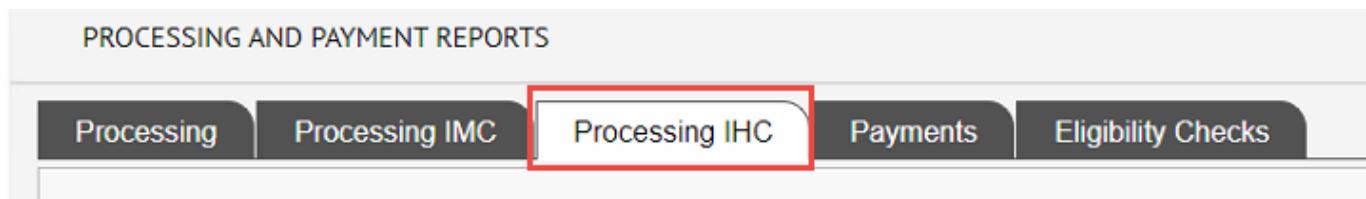


Processing Reports

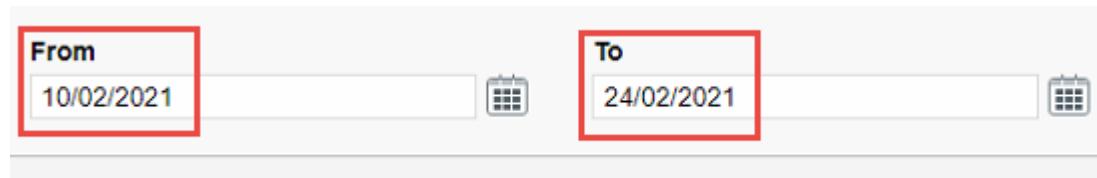
Once you have established that an invoice has an issue, it can be a good idea to check the **Processing Report** for that claim. Generally, these reports will include a rejection if there was one, and can help you figure out the issue. We can access the processing and payment reports section via the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



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

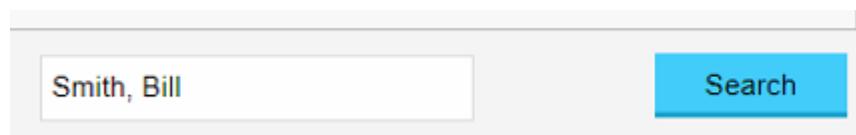


Now we will be able to view and filter processing reports depending what we need to look at. Make sure to select appropriate filters, since we may be looking at some processing reports we will need to use the **From** and **To** filter.



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.

DateDL	Patient	MRN	Fund	Batch#	InvNo	CoPay	Excess	Claimed	Approved	Status	Assessment	Explanation
AdmDate	From	To	Item	Desc		Qty	Invoiced	Approved	Explanation			
16/02/2021 08:22 PM		15863	MPL	A000340	1787	\$0.00	\$0.00	\$845.00	1	\$0.00	2	Accepted 3
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				

- Claimed** - This is how much you claimed for the invoice
- Approved** - This is how much the fund approved. \$0 means a rejection, but you may also receive short payments as well.
- 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.
- 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.

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	<input type="button" value="Calendar"/>	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	<input type="button" value="▼"/>		Exp		

Referring Details

Previous Referrals					
Referring Doctor					
Referral Date	<input type="button" value="Calendar"/>	Period	<input type="button" value="Period"/>	First Consult	<input type="button" value="Period"/>
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	<input type="text"/>
Referring Doctor	<input type="text"/> Search for a Referring Doctor
ADD REFERRING DOCTOR	
Referral Date	<input type="text"/> Period <input type="text"/> First Consult <input type="text"/>
Referral To	<input type="text"/> Search for a Referral To
<input type="checkbox"/> Site Referral (global) <input checked="" type="checkbox"/> 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	<input type="text"/>	Provider Number	<input type="text"/>	Type	<input type="text"/>
Title	<input type="text"/>			Specialty	<input type="text"/>
First Name	<input type="text"/>			Email	<input type="text"/>
Surname	<input type="text"/>			Mobile	<input type="text"/>
Practice Name	<input type="text"/>			Created On	29/12/2020
Address	<input type="text"/>			Birthdate	<input type="text"/>
Suburb	<input type="text"/>	<input type="text"/>	<input type="text"/>	Status	<input checked="" type="checkbox"/> Active
Phone	<input type="text"/>	Fax	<input type="text"/>		

Miscellaneous Details

External ID	<input type="text"/>
Location ID	<input type="text"/>
Comm Type	<input type="text"/> Email
Notes	<input type="text"/>

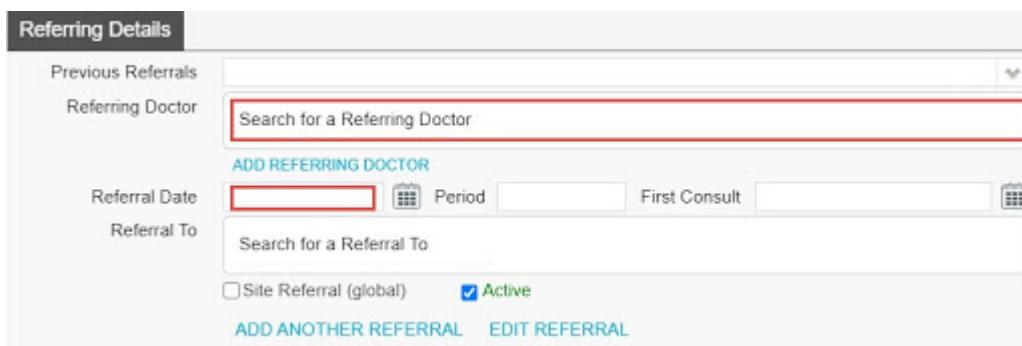
Note: this only needs to be done **once** per referring doctor.

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' section of a software interface. At the top, there is a 'Previous Referrals' dropdown. Below it, a 'Referring Doctor' field contains the placeholder 'Search for a Referring Doctor', which is highlighted with a red border. To the right of this field is a blue 'ADD REFERRING DOCTOR' button. Underneath these, there are fields for 'Referral Date' (with a date input field and a calendar icon), 'Referral To' (with a search bar), and a 'Referral Status' section containing a 'Site Referral (global)' checkbox (unchecked) and an 'Active' checkbox (checked, indicated by a blue checkmark). At the bottom of the screen, there are two buttons: '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.

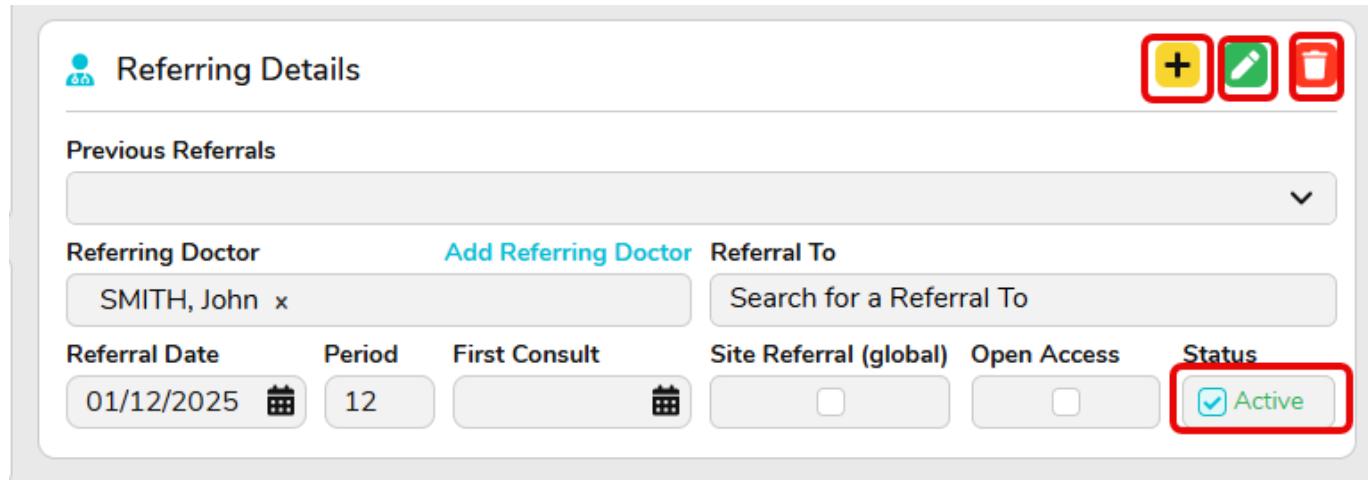
That's it! You've added a new referring doctor to your FYDO system and created a referral on a patient's record. Click on the green **Save** button on the top right corner of the patient record to save your changes.

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.



Referring Doctor	Add Referring Doctor	Referral To	Referral Date	Period	First Consult	Site Referral (global)	Open Access	Status
SMITH, John x		Search for a Referral To	01/12/2025	12				<input checked="" type="checkbox"/> Active

- **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.



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

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	...
IFC 2026-01-05	IFC	08/01/2026	05/01/2026	...
OEC-39323	OEC	08/01/2026	05/01/2026	...
OEC-39323	OEC	08/01/2026	05/01/2026	...
OEC-39323	OEC	08/01/2026	05/01/2026	...
OEC-61109	OEC	08/01/2026	05/01/2026	...
IFC 2025-12-22	IFC	08/01/2026	22/12/2025	...

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
Table Scale	SINGLE
Benefit	
Limitations	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.
Exclusions	

Finally, there is a field for any **Other Services** that were checked, such as **Prostheses** items.

Items and Other Services

Type	Code	Charge	Fund Assess	Fund Amt	Med Assess	Med Amt