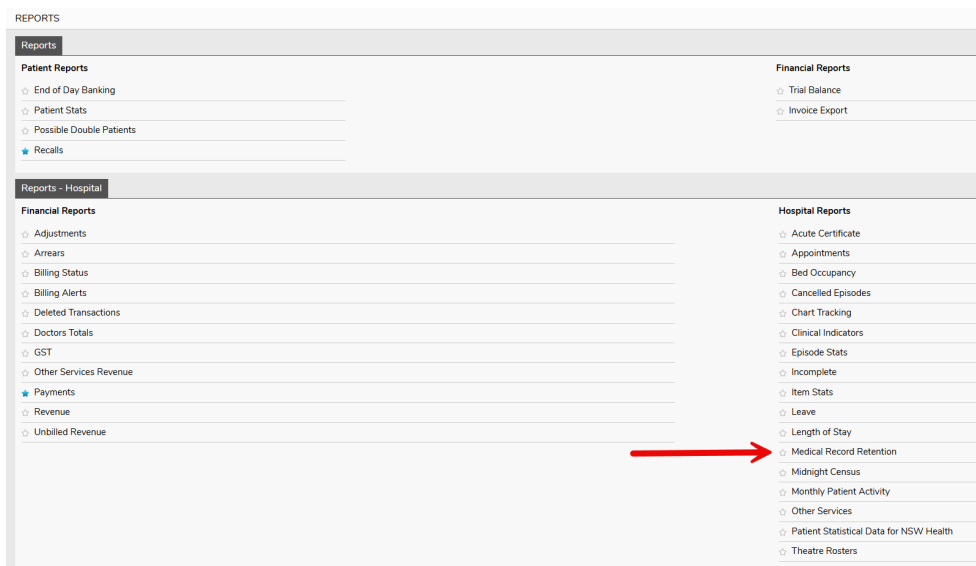


Medical Record Archiving

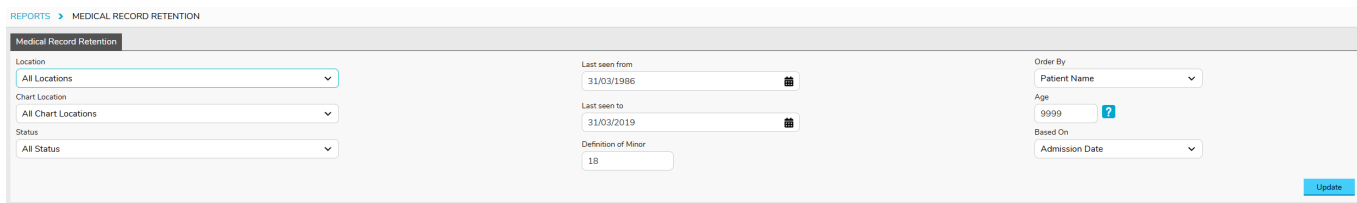
FYDO has the capability to assist you in culling and archiving your medical records, allowing you to follow your local legislation on Medical Record Retention.

Use the **Medical Record Retention** report, which has been designed to assist in identifying which patient records may be eligible for culling within a specified date range. This report identifies patients who have been last seen during the selected date range, with the **Last Seen From** field defaulting to 20 years prior.

This report is for identification purposes only and will display episodes eligible for culling however, no record will be archived automatically, and the chart status must be manually updated. Development is underway on the next phase of this feature, which will introduce an automatic archiving functionality.



As retention requirements vary state by state, particularly in how a minor is defined, you can select the appropriate **Definition of Minor Age** to align with local regulations.



To archive a record from this report, select the line of the patient you wish to archive and right click selecting **Chart Tracking** then select **Add Chart Movement**.

REPORTS > MEDICAL RECORD RETENTION

Medical Record Retention

Location: All Locations
 Chart Location: All Chart Locations
 Status: All Status

Last seen from: 31/03/1986
 Last seen to: 30/03/2026
 Definition of Minor: 18

Order By: Patient Name
 Age: 9999
 Based On: Admission Date

Update Export To

Patient Name	MRN	Adm#	Last Admission	Last Discharge	DOB	Age (During Episode)	Chart Location	Chart Volume	Chart Status	Last DRG	Deceased	Indigenous
GRANGER, Hermione	105	25	24/03/2026	24/03/2026	29/03/1999 (27)	26						Neither Aboriginal or Torres Strait Islander
SMURF, Pappa	102	23	16/03/2026	16/03/2026	25/12/1950 (75)	75						Aboriginal
WEASLEY, Ronald	107	24	24/03/2026	24/03/2026	19/01/2001 (25)	25						Neither Aboriginal or Torres Strait Islander
WHITE, Snow	103	15	20/02/2026	20/02/2026	25/12/1991 (34)	34		1	Active			Neither Aboriginal or Torres Strait Islander

105 - GRANGER, Hermione (29/03/1999 - 27) * Total 2,828.00

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

Show inactive Search Request Chart Return Chart **Add Chart Movement**

ID	Date	Time	Chart Location	Request	Borrower / Requester	Volume	Note	Location	User	Status	Created
No chart tracking found											

Here you can select the **Borrower Name**, **Volume**, add a **Note** and select the **Status** as **Archived**.

Chart Tracking

Location: Alinas Private Hospital

Record Date: 31/03/2026

Record Time: 11:15 AM

Chart Location: All Chart Locations

Borrower

Volume

Note

Status: Active

Request Chart: Active, Inactive, **Archived**, Destroyed

This movement will always be displayed under the **Chart Tracking** tab. You can see the time, user, status and date this was moved.

105 - GRANGER, Hermione (29/03/1999 - 27) * Total 2,828.00

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

Show inactive Search Request Chart Return Chart Add Chart Movement

ID	Date	Time	Chart Location	Request	Borrower / Requester	Volume	Note	Location	User	Status	Created
5	31/03/2026	11:15 AM	-	-	-	1		Alinas Private Hospital	Alina Gordon (Altura)	Archived	31/03/2026

100 RecordsPage Records 1-1 of 1 (Page 1 of 1)

If you wish to Archive the patient in FYDO

Go to the **Patient Details** tab and scroll down to the **Other Information** field and change the **Archived** status to **Yes**.

105 - GRANGER, Hermione (29/03/1999 - 27) Total 2,828.00

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

Allergies
Shellfish

Alert

Notes

Document Alert

Newborns

Address
Suite 5, Gryffindor Corridor | Suburb: HOGWARTS | State: QLD | Postcode: 4000

Mobile: 0400-000-000 | **SMS Opt Out**: | **Home**: | **Work**:

Email: hermione@hogwarts.com.au

Referring Details
Previous Referrals: | Referral To:

Referring Doctor: | Referral Date: | Period: | First Consult: | Site Referral (global): | Open Access:

Personal Information
Marital Status: Married (including de facto) | Occupation:

Employment Status: Employed | Employer:

Indigenous Status: Neither Aboriginal or Torres Strait Islander | Australian South Sea Islander: No

Language: English | Country of Birth: England | Religion:

Interpreter: | Overseas Visitor:

Other Information
Family GP (Current): | Preferred Doctor:

Search for a Family GP:

Bill Method: | Fee Level: | Send Invoices To: Not Set

Location: | Dental Benefit: 0.00

Deceased: Archived: Survey:

Fund Name: AHM - Australian Health Management Group Limited
Membership No.: 123456 | UPI: | Insurance Status: Full Fee

Online Patient Verification (OPV)
Type: Health Fund | As at: 31/03/2026 | OPV Check:

Last Medicare Check: | Last Health Fund Check:

Health Identifier
Health Identifier Number: | MHR consent: | IHI Check:

Status: | Record Status: | Last Verified:

Other Contacts
Relationship: Husband | Title: Mr | First Name: Ronald | Last Name: Weasley | Address: Suite 5, Gryffindor Corridor | Suburb: HOGWARTS | State: QLD | Postcode: 4000

Community Nursing
Admission: | Discharge: | Start Of Cycle: | Current from: | Current to:

When searching for patients, the archived records will only appear if you tick **Show Archived**.

Patient List

Patient | Other | Search for patient... | Show Deceased | Show Archived | | |

Surname	First Name	Address	Suburb	State	DOB	Age	MRN	File No.	Archived
GRANGER	Hermione	Suite 5, Gryffindor Corridor	HOGWARTS	QLD	29/03/1999	27	105		<input checked="" type="checkbox"/>
POTTER	Harry	Suite 7, Gryffindor Corridor	HOGWARTS	QLD	29/03/2020	6	106		<input type="checkbox"/>
SMURF	Pappa	1 Smurf Lane	BRISBANE	QLD	25/12/1950	75	102		<input type="checkbox"/>
WEASLEY	Ronald	-	-	-	19/01/2001	25	107		<input type="checkbox"/>
WHITE	Snow	7 Dwarf Lane	FORRESTVILLE	QLD	25/12/1991	34	103		<input checked="" type="checkbox"/>

100 Records/Page | Records 1-5 of 5 (Page 1 of 1)

To make the record active again, simply change the **Archived** status on the **Patient Details** screen back to **No**.

Reinstating the chart record can also be done if you **Add Chart Movement** on the **Chart Tracking** tab again, changing the **Status** to **Active**.

105 - GRANGER, Hermione (29/03/1999 - 27) Total 2,828.00

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

Show inactive | Search | | |

ID	Date	Time	Chart Location	Request	Borrower / Requester	Volume	Note	Location	User	Status	Created
6	31/03/2026	11:18 AM	-	-	-	1		Alinas Private Hospital	Alina Gordon (Altura)	Active	31/03/2026
5	31/03/2026	11:15 AM	-	-	-	1		Alinas Private Hospital	Alina Gordon (Altura)	Archived	31/03/2026

100 Records/Page | Records 1-2 of 2 (Page 1 of 1)

Patient List

Patient | Other | Search for patient... | Show Deceased | Show Archived | | |

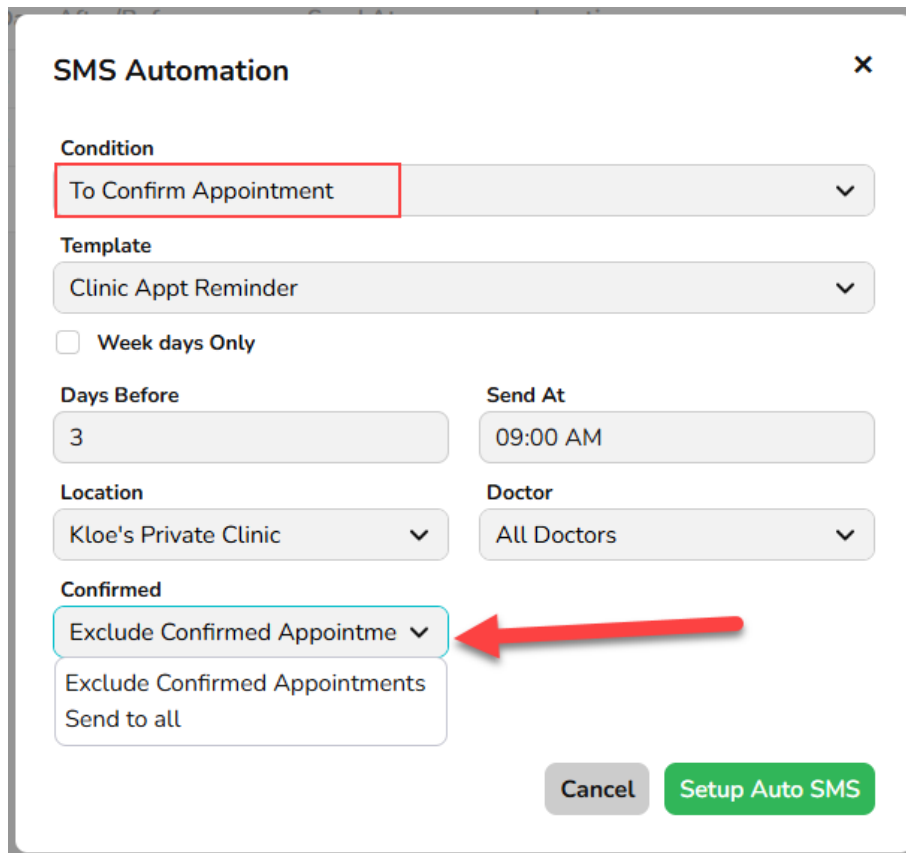
Surname	First Name	Address	Suburb	State	DOB	Age	MRN	File No.	Archived
GRANGER	Hermione	Suite 5, Gryffindor Corridor	HOGWARTS	QLD	29/03/1999	27	105		<input checked="" type="checkbox"/>
POTTER	Harry	Suite 7, Gryffindor Corridor	HOGWARTS	QLD	29/03/2020	6	106		<input type="checkbox"/>
SMURF	Pappa	1 Smurf Lane	BRISBANE	QLD	25/12/1950	75	102		<input type="checkbox"/>
WEASLEY	Ronald	-	-	-	19/01/2001	25	107		<input type="checkbox"/>

100 Records/Page | Records 1-4 of 4 (Page 1 of 1)

FYDO Clinic Update - 26/03/2026

SMS Automation Enhancement

When setting up an **SMS Automation**, “**To Confirm Appointment**”, users are now able to decide if the automated SMS is sent to **all patients** (*new option*) or only sent to patients that have **not yet confirmed** (*historic function of the To Confirm Appointment Automated SMS*)..



SMS Automation [X]

Condition
To Confirm Appointment

Template
Clinic Appt Reminder

Week days Only

Days Before 3 **Send At** 09:00 AM

Location Kloe's Private Clinic **Doctor** All Doctors

Confirmed
Exclude Confirmed Appointme
Exclude Confirmed Appointments
Send to all

Cancel Setup Auto SMS

Utilising the new **Confirmed** field, the user will be able to set the automation to:

- **Send to all** and the SMS Automation will be sent to all bookings regardless of their confirmation status.
- **Exclude Confirmed Appointments** and the SMS Automation will only be sent to patients that are yet to confirm their appointment.

This ensures that patients can receive an SMS and reply to it, then also receive an additional SMS for a separate reason.

Receipted Report Enhancement

We have enhanced the underlying reporting framework for the **Receipted Report**.

As the first Clinic report to receive this upgrade, this update introduces a refreshed design and faster performance, with no changes to existing data or reporting capabilities.

A new search bar has also been introduced, allowing users to interactively search for data directly within the report on-screen.

Report layout options have been simplified by replacing the previous **“Run report for each Doctor”** and **“Run report for each Department”** tick boxes with a single **“Start New Page”** option. This will begin a new page for each Doctor or Department, depending on the selection in the **Group By (Primary)** filter.

Reports / Received (Clinic) Refresh

Filters Collapse ^

Location: All Locations Include Inactive Practitioner

Practitioner: All Practitioner

From - To: 26/03/2026 → 26/03/2026

Department: All Departments

Group By (Primary): Doctor Start new page

Billing Type: All Billing Types

Group By (Secondary): No group

Type: All Types

Search... Primary: Doctor Secondary: None From 26/03/2026 to 26/03/2026 · For All Locations, All Departments, All Billing Types and All Practitioner

Patient Name	MRN	DOB	Inv#	DOS	Item	Inviced	Practitioner		
Test DOCTOR Primary									
St. Lukes Health Insurance									
ALTURA, Test	113	01/01/1980	388	26/03/2026	110	\$210.45	DOCTOR, Test		
							Payment Date: 26/03/2026	Total :	\$210.45
							St. Lukes Health Insurance Total :		\$210.45
							Test DOCTOR Total :		\$210.45
							Grand Total :		\$210.45

More report enhancements are on the way as we continue modernising reporting across FYDO.

For previous updates, please visit <https://wiki.fydo.cloud/updates-clinic/>

Health Fund Fees

Alliance (AHSA)+

ACT+

- [ahs_act_sch_20260301-2.xls- 1 march 2026 - current fee](#)
- [ahs_act_sch_20251101-1.xls- 1 november 2025](#)
- [ahs_act_sch_20250701-2.xls- 1 july 2025](#)
- [ahs_act_sch_20250301.xls- 1 march 2025](#)

NSW+

- [ahs_nsw_sch_20260301.xls- 1 march 2026 - current fee](#)
- [ahs_nsw_sch_20251101.xls- 1 november 2025](#)
- [ahs_nsw_sch_20250701.xls- 1 july 2025](#)
- [ahs_nsw_sch_20250301.xls- 1 march 2025](#)

NT+

- [ahs_nt_sch_20260301.xls- 1 march 2026 - current fee](#)
- [ahs_nt_sch_20251101.xls- 1 november 2025](#)
- [ahs_nt_sch_20250701.xls- 1 july 2025](#)
- [ahs_nt_sch_20250301.xls- 1 mar 2025](#)

QLD+

- [ahs_qld_sch_20260301.xls- 1 march 2026 - current fee](#)
- [ahs_qld_sch_20251101.xls- 1 november 2025](#)
- [ahs_qld_sch_20250701.xls- 1 july 2025](#)
- [ahs_qld_sch_20250301.xls- 1 march 2025](#)

SA+

- [ahs_sa_sch_20260301.xls- 1 march 2026 - current fee](#)
- [ahs_sa_sch_20251101.xls- 1 november 2025](#)
- [ahs_sa_sch_20250701.xls- 1 july 2025](#)
- [ahs_sa_sch_20250301.xls- 1 march 2025](#)

TAS+

- [ahs_tas_sch_20260301.xls- 1 march 2026 - current fee](#)

- [ahs_tas_sch_20251101.xls- 1 november 2025](#)
- [ahs_tas_sch_20250701.xls- 1 july 2025](#)
- [ahs_tas_sch_20250301.xls- 1 march 2025](#)

VIC+

- [ahs_vic_sch_20260301.xls- 1 march 2026 - current fee](#)
- [ahs_vic_sch_20251101.xls- 1 november 2025](#)
- [ahs_vic_sch_20250701.xls- 1 july 2025](#)
- [ahs_vic_sch_20250301.xls- 1 march 2025](#)

WA+

- [ahs_wa_sch_20260301.xls- 1 march 2026 - current fee](#)
- [ahs_wa_sch_20251101.xls- 1 november 2025](#)
- [ahs_wa_sch_20250701.xls- 1 july 2025](#)
- [ahs_wa_sch_20250301.xls- 1 march 2025](#)

Australian Defence Force (ADF)+

- [adf_all_sch_20260301.xls- 1 march 2026 - current fee](#)
- [adf_all_sch_20251101.xls- 1 november 2025](#)
- [adf_all_sch_20250701.xls- 1 july 2025](#)
- [adf_all_sch_20250301.xls- 1 march 2025](#)

BUPA (BUP)+

GAP+

- [bup_all_gap_20260301.xls- 1 march 2026 - current fee](#)
- [bup_all_gap_20251101.xls- 1 november 2025](#)
- [bup_all_gap_20250701.xls- 1 july 2025](#)
- [bup_all_gap_20250301.xls- 1 march 2025](#)
- [bup_all_gap_20250101.xls- 1 january 2025](#)

NO GAP+

- [bup_all_nogap_20260301.xls- 1 march 2026 - current fee](#)
- [bup_all_nogap_20251101.xls- 1 november 2025](#)
- [bup_all_nogap_20250701.xls- 1 july 2025](#)
- [bup_all_nogap_20250301.xls- 1 march 2025](#)
- [bup_all_nogap_20250101.xls- 1 january 2025](#)

Frank Health (FHI)+

- [fhi_all_sch_20260301.xls- 1 march 2026 - current fee](#)
- [fhi_all_sch_20251101.xls- 1 november 2025](#)
- [fhi_all_sch_20250701.xls- 1 july 2025](#)
- [fhi_all_sch_20250301.xls- 1 march 2025](#)
- [fhi_all_sch_20250101.xls- 1 january 2025](#)

GU Health (FAI)+

ACT+

- [fai_act_sch_20260301.xls- 1 march 2026 - current fee](#)
- [fai_act_sch_20251101.xls- 1 november 2025](#)

- [fai_act_sch_20250701.xls- 1 july 2025](#)
- [fai_act_sch_20250301.xls- 1 march 2025](#)
- [fai_act_sch_20250101.xls- 1 january 2025](#)

NSW+

- [fai_nsw_sch_20260301.xls- 1 march 2026 - current fee](#)
- [fai_nsw_sch_20251101.xls- 1 november 2025](#)
- [fai_nsw_sch_20250701.xls- 1 july 2025](#)
- [fai_nsw_sch_20250301.xls- 1 march 2025](#)
- [fai_nsw_sch_20250101.xls- 1 january 2025](#)

NT+

- [fai_nt_sch_20260301.xls- 1 march 2026 - current fee](#)
- [fai_nt_sch_20251101.xls- 1 november 2025](#)
- [fai_nt_sch_20250701.xls- 1 july 2025](#)
- [fai_nt_sch_20250301.xls- 1 march 2025](#)
- [fai_nt_sch_20250101.xls- 1 january 2025](#)

QLD+

- [fai_qld_sch_20260301.xls- 1 march 2026 - current fee](#)
- [fai_qld_sch_20251101.xls- 1 november 2025](#)
- [fai_qld_sch_20250701.xls- 1 july 2025](#)
- [fai_qld_sch_20250301.xls- 1 march 2025](#)
- [fai_qld_sch_20250101.xls- 1 january 2025](#)

SA+

- [fai_sa_sch_20260301.xls- 1 march 2026 - current fee](#)
- [fai_sa_sch_20251101.xls- 1 november 2025](#)
- [fai_sa_sch_20250701.xls- 1 july 2025](#)

- [fai_sa_sch_20250301.xls- 1 march 2025](#)
- [fai_sa_sch_20250101.xls- 1 january 2025](#)

TAS+

- [fai_tas_sch_20260301.xls- 1 march 2026 - current fee](#)
- [fai_tas_sch_20251101.xls- 1 november 2025](#)
- [fai_tas_sch_20250701.xls- 1 july 2025](#)
- [fai_tas_sch_20250301.xls- 1 march 2025](#)
- [fai_tas_sch_20250101.xls- 1 january 2025](#)

VIC+

- [fai_vic_sch_20260301.xls- 1 march 2026 - current fee](#)
- [fai_vic_sch_20251101.xls- 1 november 2025](#)
- [fai_vic_sch_20250701.xls- 1 july 2025](#)
- [fai_vic_sch_20250301.xls- 1 march 2025](#)
- [fai_vic_sch_20250101.xls- 1 january 2025](#)

WA+

- [fai_wa_sch_20260301.xls- 1 march 2026 - current fee](#)
- [fai_wa_sch_20251101.xls- 1 november 2025](#)
- [fai_wa_sch_20250701.xls- 1 july 2025](#)
- [fai_wa_sch_20250301.xls- 1 march 2025](#)
- [fai_wa_sch_20250101.xls- 1 january 2025](#)

HBF+

HBF is part of the Alliance (AHSA) group. If the medical service is provided in WA, you are to use HBF fees. If the service was provided outside of WA and the patient is with HBF, then you will need to use Alliance (AHSA) fees.

GAP+

- [hbf_all_gap_20260301.xls- 1 march 2026 - current fee](#)
- [hbf_all_gap_20251101.xls- 1 november 2025](#)
- [hbf_all_gap_20250701.xls- 1 july 2025](#)
- [hbf_all_gap_20250301.xls- 1 march 2025](#)
- [hbf_all_gap_20250101.xls- 1 january 2025](#)

NO GAP+

- [hbf_all_nogap_20260301.xls- 1 march 2026 - current fee](#)
- [hbf_all_nogap_20251101.xls- 1 november 2025](#)
- [hbf_all_nogap_20250701.xls- 1 july 2025](#)
- [hbf_all_nogap_20250301.xls- 1 march 2025](#)
- [hbf_all_nogap_20250101.xls- 1 january 2025](#)

HCF+

GAP+

- [hcf_all_gap_20260301.xls- 1 march 2026 - current fee](#)
- [hcf_all_gap_20251101.xls- 1 november 2025](#)
- [hcf_all_gap_20250701.xls- 1 july 2025](#)
- [hcf_all_gap_20250301.xls- 1 march 2025](#)
- [hcf_all_gap_20250101.xls- 1 january 2025](#)

NO GAP+

- [hcf_all_nogap_20260301.xls- 1 march 2026 - current fee](#)
- [hcf_all_nogap_20251101.xls- 1 november 2025](#)
- [hcf_all_nogap_20250701.xls- 1 july 2025](#)
- [hcf_all_nogap_20250301.xls- 1 march 2025](#)
- [hcf_all_nogap_20250101.xls- 1 january 2025](#)

Latrobe (LAT)+

Effective 1 October 2025, Latrobe joined AHSA, so they will just use Alliance fees.

SP+

- [lat_sp_sch_20251101.xls- 1 november 2025](#)
- [lat_sp_sch_20250701.xls- 1 july 2025](#)
- [lat_sp_sch_20250301.xls- 1 march 2025](#)
- [lat_sp_sch_20250101.xls- 1 january 2025](#)

GP+

- [lat_gp_sch_20251101.xls- 1 november 2025](#)
- [lat_gp_sch_20250701.xls- 1 july 2025](#)
- [lat_gp_sch_20250301.xls- 1 march 2025](#)
- [lat_gp_sch_20250101.xls- 1 january 2025](#)

PATH/RADI+

- [lat_radpath_sch_20251101.xls- 1 november 2025](#)

- [lat_radpath_sch_20250701.xls- 1 july 2025](#)
- [lat_radipath_sch_20250301.xls- 1 march 2025](#)
- [lat_radipath_sch_20250101.xls- 1 january 2025](#)

Medibank & AHM (MPL)+

Medibank and AHM have the same fees.

- [mpl_all_sch_20260301.xls- 1 march 2026 - current fee](#)
- [mpl_all_sch_20260101.xls- 1 january 2026](#)
- [mpl_all_sch_20251101.xls- 1 november 2025](#)
- [mpl_all_sch_20250701.xls- 1 july 2025](#)
- [mpl_all_sch_20250301.xls- 1 march 2025](#)

Mildura (MIL)+

- [mhf_all_sch_20260301.xls- 1 march 2026 - current fee](#)
- [mhf_all_sch_20251101.xls- 1 november 2025](#)
- [mhf_all_sch_20250701.xls- 1 july 2025](#)
- [mhf_all_sch_20250301.xls- 1 march 2025](#)
- [mhf_all_sch_20250101.xls- 1 january 2025](#)

NIB+

ALL+

- [nib_all_sch_20260301.xls- 1 march 2026 - current fee](#)
- [nib_all_sch_20251101.xls- 1 november 2025](#)
- [nib_all_sch_20250701.xls- 1 july 2025](#)
- [nib_all_sch_20250301.xls- 1 march 2025](#)
- [nib_all_sch_20250101.xls- 1 january 2025](#)

GAPSURE+

- [nib_gapsure_sch_20260301.xls- 1 march 2026 - current fee](#)
- [nib_gapsure_sch_20251101.xls- 1 november 2025](#)
- [nib_gapsure_sch_20250701.xls- 1 july 2025](#)
- [nib_gapsure_sch_20250301.xls- 1 march 2025](#)

St Lukes (STL)+

- [stl_all_sch_20260301.xls- 1 march 2026 - current fee](#)
- [stl_all_sch_20251101.xls- 1 november 2025](#)
- [stl_all_sch_20250701.xls- 1 july 2025](#)
- [stl_all_sch_20250301.xls- 1 march 2025](#)
- [stl_all_sch_20250101.xls- 1 january 2025](#)

Digital Informed Financial Consents (IFCs) in FYDO

FYDO now supports a **digital workflow** for sending **Informed Financial Consents (IFCs)** and **National Private Patient Hospital Claim Forms** (*HC21 forms for insured patients*) directly to patients via the **Preadmit Portal**.

This feature allows patients to receive, review, and sign their IFC **before arriving at the facility**, with the signed document automatically returned to FYDO for staff to view — reducing paperwork, manual handling, and administration time.

What This Feature Does

Once enabled, this feature allows facilities to:

- Send IFCs and HC21 forms **digitally via the patient's Preadmit Portal**
- Allow patients to **read and sign forms in their own time**
- Automatically return the **signed IFC to FYDO**
- Automatically update **Checklist items** as the IFC progresses
- Give patients **ongoing access to their signed IFC** via the Preadmit Portal
- Reduce reliance on paper forms while still meeting informed financial consent obligations

Key Benefits at a Glance

- Faster, more efficient IFC processing
 - Reduced manual administration
 - Clear visibility of signed vs unsigned IFCs
 - Improved patient experience
 - Reduced paper usage
 - Continued compliance with informed financial consent requirements
-

How the Digital IFC Process Works

At a high level, the workflow is as follows:

1. The facility creates the IFC in FYDO (using the **existing IFC screen**).
2. The IFC is sent digitally to the patient via their **Preadmit Portal**.
3. The patient reviews and signs the IFC online.
4. The signed IFC is automatically returned to FYDO.
5. Facility staff can view the signed form directly in FYDO Documents.

No scanning, uploading, or manual checklist updates are required.

Automated Checklist Updates

As part of this workflow, FYDO's **Checklist feature** is fully automated:

- **"IFC Created"** is automatically ticked when the IFC is generated
- **"IFC Signed"** is automatically ticked once the patient signs the form

This provides staff with **real-time visibility**, right on the Appointments Screen, of which patients have completed their IFCs and which are still outstanding – without any manual intervention.



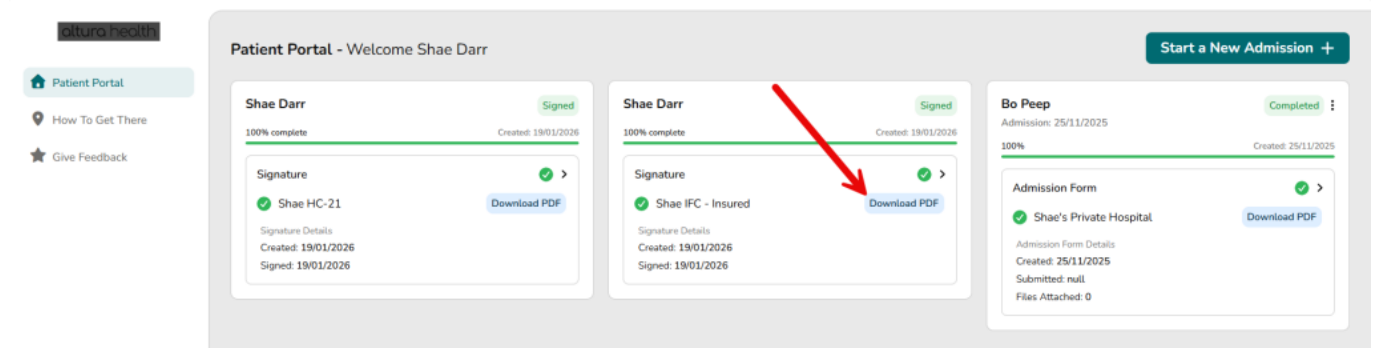
Time	Name	Procedure	Surgeon	Notes	HF	OOP	OEC	OEC	IFC Created	IFC Signed
06:00			WONKA, Willy							
06:30			WONKA, Willy							
07:00	WHITE, Snow	Left Cat & IOL	WONKA, Willy	Mum to pay	MPL	300.00	✓	✓	✓	✓
07:15			WONKA, Willy							
07:30			WONKA, Willy							

Patient Access to Signed IFCs

Once signed, the IFC remains available to the patient via their **Preadmit Portal** at any time.

This means:

- Patients can easily access their copy when needed
- Facilities can reduce or eliminate the need for printed copies
- Hospitals continue to meet their obligation to provide informed financial consent documentation



Important Requirements

Preadmit Account Required

This digital IFC feature **only works for patients who have a Preadmit Account**.

If a patient does not have a Preadmit Account, the IFC will need to be handled using existing non-digital processes.

Patients with a **Preadmit Account** can be identified by the Preadmit Logo displaying on their Patient Screen.

147 - WHITE, Snow ~ Snowy (07/07/2017 - 8)

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

Title: Miss
 First Name: Snowy
 Last Name: WHITE
 Preferred Name: Snowy
 Sex: Female
 Address: 1 Cottage Close, Snowy Plain, NSW, 2628

Medicare / DVA
 Medicare Number: [] Ref: [] Expiry: [] Eligibility: []
 Veterans No.: [] Veteran Card Colour: [] DVA Auth.No: [] DVA Auth. Date: []

Entitlement Cards
 Health Fund: MPL - Medibank Private Limited
 Membership No.: 987654321 UPI: 0 Insurance Status: Full Fee

Total 0.00

Patients are linked to their Preadmit Portal via the **Email Address** that they use to log in. FYDO can check existing patients utilising the **Get Preadmit ID** feature on the **Patient Screen** for patients with a valid email address entered.

147 - WHITE, Snow ~ Snowy (07/07/2017 - 8)

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

Title: Miss
 First Name: Snowy
 Last Name: WHITE
 Preferred Name: Snowy
 Sex: Female
 Address: 1 Cottage Close, Snowy Plain, NSW, 2628

Medicare / DVA
 Medicare Number: [] Ref: [] Expiry: [] Eligibility: []
 Veterans No.: [] Veteran Card Colour: [] DVA Auth.No: [] DVA Auth. Date: []

Entitlement Cards
 Health Fund: MPL - Medibank Private Limited
 Membership No.: 987654321 UPI: 0 Insurance Status: Full Fee

Online Patient Verification (OPV)
 Type: Health Fund As at: 06/02/2026 OPV Check

Edit Patient | Bill Patient | OPV | OEC | IFC Hospital | IFC Clinic | Label | Merge | Picture | Audit Logs | Reorder Content | EMR | **Get Preadmit ID** | Delete Patient

Mobile: 0400-000-000 SMS Opt Out: [] Home: (07)4666-6666 Work: (07)4555-5555
 Email: **snow@white.com.au**

Enabling This Feature

This feature **must be enabled by the FYDO Support team** before it can be used.

If you'd like to implement digital IFCs for your facility, please reach out to our **wonderful Support team**, who will assist with setup and configuration at **support@alturahealth.com.au**

Once enabled, the feature will be available directly from the **standard IFC screen** — no new workflows or screens to learn.

Appointments / Informed Financial Consent - Hospital

Name: WHITE, Snow DOB: 07/07/2017 Location: Shaes Private Hospital Doctor: WONKA, Willy
Fund: MPL - Medibank Private Limited Status: Full Fee Dates: 06/02/2026 - 06/02/2026 Default Benefit: 0.00
Excess: 250.00 Co-payment: 50.00

Item	Description	Charges inc GST	GST	Rebate	Bursary
ACCOM		0.00	0.00	0.00	0.00
30473	Oesophagoscopy (not being a service associated with a service to which item 41822 applies), gastroscopy, duodenoscopy or panendoscopy (1 or more such procedures), with or without biopsy, not being a service associated with a service to which item 30478 or 30479 applies. (Anaes.)	222.00	0.00	222.00	0.00
Apply Discount Percentage: 0.00 % Amount: 0.00		Sub-Total: 222.00	0.00	222.00	0.00
		Total: 222.00	0.00	222.00	0.00
Excess + Co-pay + Default Benefit: 300.00		Patient Gap: + 0.00	Bursary: - 0.00	Total out of Pocket: Type B Certificate 300.00	

IFC Message: Send IFC to Patient Portal Overwrite existing IFC Copies: 1 Template: IFC - New Cancel Edit IFC Save Save & Print

[FYDO Hospital Update - 04/12/2025](#)

Facilities can now enter **Fasting Food** and **Fasting Fluid** details for a specific **Procedure** as a default, removing the need to re-enter this information on the **Edit Appointment** screen. These details will automatically populate whenever the procedure is selected.

SETTINGS > PROCEDURES > EDIT PROCEDURES Save Cancel

Procedure: Gastroscopy Ana Type: IV/Sedation Ana Type 2: Mins: 15 Doctor: Status: Active

Booking Code 1: Booking Code 2: **Fasting Food: 120** **Fasting Fluids: 360**

Code	Description	Band	Action
30473	Oesophagoscopy (not being a service to which item 41816 or 41822 applies), gastroscopy, duodenoscopy or panendoscopy (1 or more such procedures), with or without biopsy, not being a service associated with a service to which item 30478 or 30479 applies. (Anaes.) # Health Funds mostly rebate Endoscopy procedures on a case based payment arrangement detailed in the HPPA. The band noted may be used as a default band in cases where an HPPA is silent on how benefits are to be paid for patients undergoi	1	X
			X

Other Services

Code	Description	Action
		X

Save Cancel

Two new columns have been added to the **Unbilled Revenue Report** relating to GST:

- **Inv (Gross)** was renamed
- **GST** is now displayed
- **Inv (Net)** is now displayed

These enhancements were introduced in response to increased interest from facilities seeking clearer visibility of revenue figures both including and excluding GST. We've also improved the report's performance for greater efficiency and updated the overall layout to enhance readability.

REPORTS > UNBILLED REVENUE

Unbilled Revenue

Location: All Locations

Fund: All Funds

Ward: All Wards

Patient Category: All Patient Category

Episode Type: Admitted and Discharged

Report Type: Summary

Accounting: Ignore

Search... Page Size: 50

Patient	MRN	Adm Date	Fund	Admitting Dr	Speciality	Type	LOS	Coding	Inv (Gross)	GST	Inv (Net)	Accom	Theatre
BEACH, Sandy	222	23/06/2025	AUH	HAB, Rea	Surgeon	D/O	1	✓	500.00	0.00	500.00	500.00	0.00
BLACK, Isaac	130	08/09/2025	ADF	HOUSE, Greg	Gastroenterologist	D/O	1		300.00	0.00	300.00	300.00	0.00
BLACK, Isaac	130	19/11/2025	ADF	CONNORS, Curtis	IVF	I/P	14		0.00	0.00	0.00	0.00	0.00
BRANSON, Richard	112	08/09/2025	MPL	HOUSE, Greg	Gastroenterologist	I/P	86		0.00	0.00	0.00	0.00	0.00

FYDO Hospital Update - 19/06/2025

Patient Alerts Features

FYDO has introduced several enhancements to the Patient Alerts system. First one being, the alerts are now colour-coded by department for easier identification:

- **Orange** for Admin
- **Red** for Clinical
- **Purple** for Post

Additionally, a new filtering option has been added. FYDO now allows you to filter patient alerts by department using the drop-down menu located in the top right-hand corner of the screen. Alerts are configured in Pre-Admit to automatically route them to the appropriate department.

Patient Alerts - Clinical

Search for patient...

Patient Name	MRN	DOB (Age)	Contact No	Adm Date	Doctor	Proc Notes	Notes
DREAM_Day	164	15/04/1926 (99)	0400 000 000	22/01/2025	-	Gastroscopy	-
DSILVA_Lightning	165	16/04/1986 (39)	0438 383 838	23/10/2024	Doctor, Test	Gastroscopy	-

Clinical

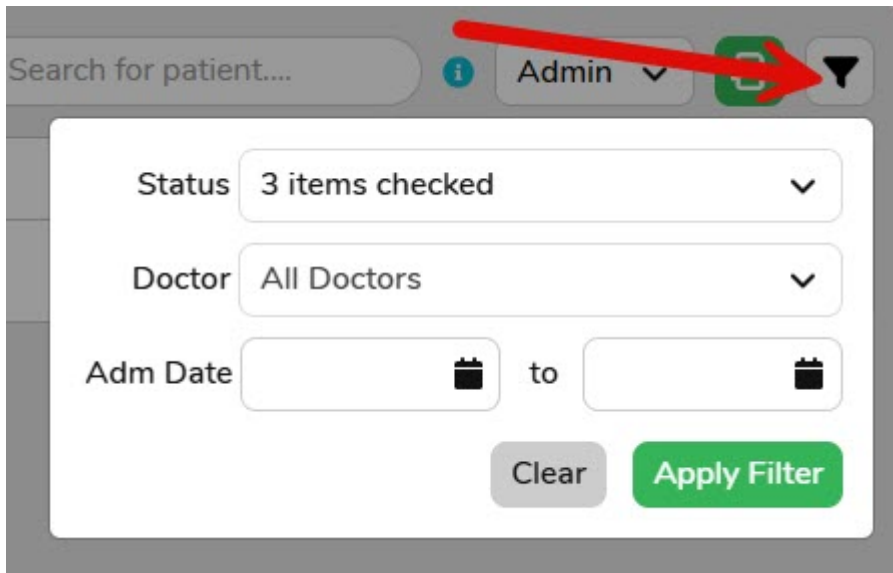
Admin

Clinical

Post

Overdue

To enhance usability, the Patient Alerts system now includes advanced filtering capabilities. By using the **Filter** button located at the top right-hand corner, you can narrow down alerts to view those associated with a specific doctor and/or a particular date, making it easier to manage and review relevant information efficiently.



Another enhancement within Pre-Admit is the ability to mark alerts as not only Completed or Incomplete but now Deleted. These actions are controlled through **User Group Settings**, allowing administrators to assign permissions for who can manage alert statuses.

Data I/O	
Billing Sheets	D R RW
Claims Import	D R RW
Data Extracts	D R RW
Patient Alerts - Mark as Completed	ON OFF
Patient Alerts - Mark as Deleted	ON OFF
Patient Alerts - Mark as Incomplete	ON OFF
Patient Alerts - View	ON OFF
Preadmit Holding Bay	D R RW
Report Holding Bay	D R RW



New Report

FYDO has introduced a new report titled **Medical Record Retention**, designed to assist in identifying which patient records may be eligible for culling within a specified date range. The report automatically identifies patients who have been last seen during the selected date range, with the **'Last Seen From'** field defaulting to 20 years prior.

As retention requirements vary by state, particularly in how a "Minor" is defined (e.g., age 16 in some states, 18 in others) you can now select the appropriate **Definition of Minor Age** to align with local regulations.

Please note: This report is for identification purposes only. The report will display episodes eligible for culling; however, no medical record charts will be archived automatically. The chart status must be updated manually at this stage. Development is currently underway on the next phase of this feature, which will introduce an automatic archiving functionality.

The image shows a software interface with a sidebar on the left containing various icons. The main content area is divided into two sections. The top section, titled 'REPORTS', has a sub-header 'Reports' and is split into two columns: 'Patient Reports' and 'Financial Reports'. The 'Patient Reports' column lists: End of Day Banking, Patient Stats, Possible Double Patients, and Recalls. The 'Financial Reports' column lists: Trial Balance and Invoice Export. Below this is a section titled 'Reports - Hospital', also split into two columns: 'Financial Reports' and 'Hospital Reports'. The 'Financial Reports' column lists: Adjustments, Arrears, Billing Status, Billing Alerts, Deleted Transactions, Doctors Totals, GST, Other Services Revenue, Payments, Revenue, and Unbilled Revenue. The 'Hospital Reports' column lists: Acute Certificate, Appointments, Bed Occupancy, Cancelled Episodes, Chart Tracking, Clinical Indicators, Episode Stats, Incomplete, Item Stats, Leave, Length of Stay, **Medical Record Retention** (highlighted with a red box and a red arrow), Midnight Census, Monthly Patient Activity, Other Services, Patient Statistical Data for NSW Health, and Theatre Rosters. The bottom section is titled 'REPORTS > MEDICAL RECORD RETENTION' and contains a form with the following fields: 'Location' (All Locations), 'Chart Location' (All Chart Locations), 'Status' (All Status), 'Last seen from' (18/06/2005), 'Last seen to' (18/06/2018), 'Definition of Minor' (18), 'Order By' (Patient Name), 'Age' (9999), and 'Based On' (Chart Tracking). An 'Update' button is located at the bottom right of the form.

Minimum Benefits Improvement

Another improvement implemented by FYDO is the ability to **Move Current Fees to Old Fees** within **Settings > Minimum Benefits > In Overnight Accommodation**. This enhancement streamlines the process, eliminating the need to manually enter each fee individually and significantly improving efficiency and reducing administrative workload

SETTINGS > MINIMUM BENEFITS

Same Day Accommodation

Threshold Date: 01/01/2022 [Click to Move Current Fees to Old Fees](#)

	Current Fees	Old Fees
Band 1	247.00	227.00
Band 2	310.00	286.00
Band 3	377.00	347.00
Band 4	441.00	406.00

Overnight Accommodation

Threshold Date: 01/07/2025 [Click to Move Current Fees to Old Fees](#) Accom Type: Accom - Advanced Surgical

	Current Fees	Fee	Old Fees	Fee					
Day 1	14	+	-	580.00	1	14	+	-	476.00
Day 15	65	+	-	480.00	15	99	+	-	331.00
Day 66	99	+	-	380.00					

Bulk SMS Additions

FYDO has enhanced the Bulk SMS screen by adding two new columns: **Doctor/Surgeon** and **Health Fund Code**. These additions provide greater clarity and improve targeting for patient communications

SETTINGS > BULK SMS [Back to Appointments](#)

[Send Bulk SMS](#) All Not Cancelled All

Template: Select Template

Text:

Send with delay

Credits remaining 155 [Order more SMS credits](#)

<input checked="" type="checkbox"/>	Name	Mobile	Appt Date	Procedure Notes	Appt Type	Doctor/Surgeon	HF	Confirmed	Cancelled	AFR	OOP	Action
<input checked="" type="checkbox"/>	PEEP, Bo	0400-494-029	18/06/2025		Special	Black, Jack	MPL	-	-		0.00	
<input checked="" type="checkbox"/>	STEWART, Alfred	0400-494-029	18/06/2025	Prep	Special	Eyes, Bright	BUP	-	-		0.00	

100 Records/Page Records 1-2 of 2 (Page 1 of 1)

[FYDO Hospital Update - 29/05/2025](#)

Doctors Credentialing Alerts

FYDO's latest feature introduces alerts related to doctor credentialing.

Under *Settings > System Configuration > Hospital*, four new tick box options are now available:

- **On Admission - Make valid credentialing mandatory**
- **Theatre Roster - Alert when credentialing has expired**

- Theatre Roster - Alert when indemnity insurance has expired
- Theatre Roster - Alert when AHPRA registration has expired

Hospital

Booking	<input type="checkbox"/>	Recovery 1	<input type="checkbox"/>	Allow referral to be entered without a referral date/period	<input type="checkbox"/>
Arrived	<input type="checkbox"/>	Recovery 2	<input type="checkbox"/>	Alert when referral expired when editing an appointment	<input type="checkbox"/>
Admitted	<input type="checkbox"/>	Recovery 3	<input type="checkbox"/>	On admission, make patient fields mandatory	<input type="checkbox"/>
Pre-op	<input type="checkbox"/>	Ready for Discharge/Ward	<input type="checkbox"/>	On admission, make Next of Kin mandatory	<input type="checkbox"/>
Anaesthetic Bay	<input type="checkbox"/>	Discharged	<input type="checkbox"/>	On admission, make Emergency Contact mandatory	<input type="checkbox"/>
In Theatre	<input type="checkbox"/>			On admission, alert to take excess if not yet collected	<input type="checkbox"/>
				Theatre Roster required when making bookings	<input type="checkbox"/>
				Invoicing only allowed if 'Episode Grouped'	<input type="checkbox"/>
				Invoicing only allowed if 'Theatre Completed'	<input type="checkbox"/>
				On admission, make valid Credentialling mandatory	<input checked="" type="checkbox"/>
				Theatre Roster - alert when Credentialling Expired	<input checked="" type="checkbox"/>
				Theatre Roster - alert when Indemnity Insurance Expired	<input checked="" type="checkbox"/>
				Theatre Roster - alert when AHPRA Expired	<input checked="" type="checkbox"/>

If your facility utilises these new tick boxes, a pop-up message will appear indicating which specific requirement needs attention whether during patient admission or when creating a theatre booking.

Credentialling Invalid or Expired

The doctor's credentialling is either invalid or expired, please correct this information before proceeding.

Pre-Admit Holding Bay

In the Pre-Admit holding bay, a new option is now available when committing a patient: you can select 'IFC Signed' if you are linking the form to a particular episode and the patient has digitally signed the Informed Financial Consent (IFC). Once selected, this will be reflected in the checklist on the admission screen.

Commit Record

Link to Episode

Episode

Episode Checklist Admission Form Received

IFC Signed

Tokens

FYDO now has a token for the Signed Informed Financial Consent (IFC) Checklist Item. This token will work on:

- Theatre List
- Quick Forms
- SMS
- Handover Report
- Bed Tracker

Please see below to view the newly added token:

<<IFCs>>	Checklist - IFC Signed	Y = ticked
----------	------------------------	------------

For a full list of available IFC tokens, click the link below to access our FYDO Wiki Manual:

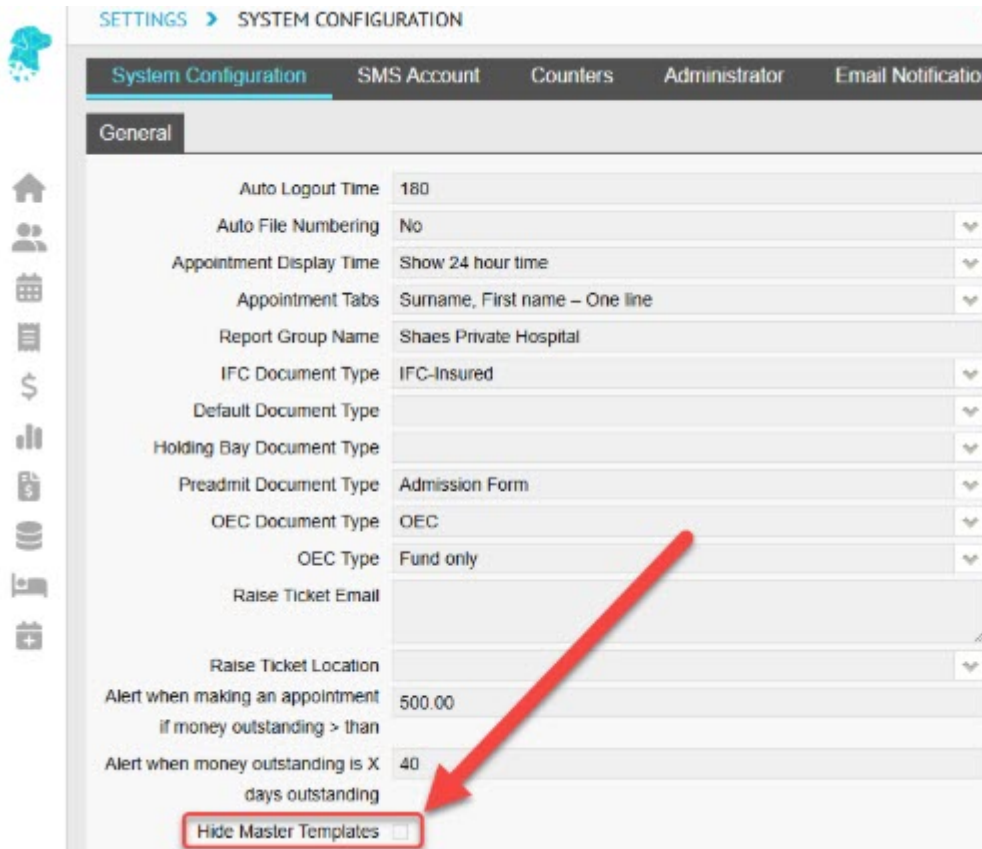
[Tokens - Hospital - FYDO Wiki](#)

[FYDO Hospital Update - 22/05/2025](#)

Master Templates

FYDO now allows hospitals to “**hide**” the **Master Templates** so that they are not an option for users to select accidentally.

This setting can be amended by a user from your hospital that has access to **Settings > System Configuration** by ticking the **Hide Master Templates** checkbox. Once this is selected the master templates will not be displayed in any of the dropdowns where users are able to select from available template option, for example when creating an IFC or Invoice.



Tokens

FYDO now has tokens for the Referring Doctor details listed on the Edit Appointment Screen. These tokens will work on:

- Theatre List
- Bed Tracker
- Quick Forms
- SMS
- Template Type (Hospital Invoice)

Please see below for a list of the newly added tokens:

Referring Doctor Details

Token Name	Data	Notes
<<EpRef>>	Referring Doctor Full Name	e.g. CITIZEN, John
<<EpRefFirstN>>	Referring Doctor First Name	
<<EpRefI>>	Referring Doctor First Name Initial	e.g. J
<<EpRefLastN>>	Referring Doctor Last Name	e.g. CITIZEN
<<EpRefFI>>	Referring Doctor Initials	e.g. JC
<<EpRefTitle>>	Referring Doctor Title	
<<EpRefProvNo>>	Referring Doctor Provider Number	
<<EpRefDate>>	Patients Referral Date	dd/mm/yyyy
<<EpRefPeriod>>	Patients Referral Period	
<<EpRefFV>>	Patients First Visit	dd/mm/yyyy

For a full list of available hospital tokens, click the link below to access our FYDO Wiki Manual:

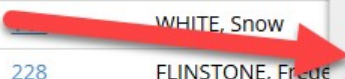
[FYDO Wiki - Hospital Tokens](#)

Certificates in Claiming Hospital

FYDO now enables access to certificates from the **Claiming Hospital > Claims & Not Yet Sent** tabs. This feature will prove valuable in the event of rejections, allowing you to quickly verify whether a certificate has been applied to a specific episode. Simply right-click to view the available options, which will now include **Certificate**.

<input type="checkbox"/>	03/09/2024	03/09/2024	390	30/10/2024	ADF	154	LADY, Testing
<input checked="" type="checkbox"/>	20/10/2024	20/10/2024	391	20/10/2024	ADF	154	LADY, Testing
<input type="checkbox"/>	02/10/2024	02/10/2024	412	09/10/2024	AHM	175	FRESCO, Alex
<input type="checkbox"/>	08/05/2024	08/05/2024	238	08/05/2024	AHM		WHITE, Snow
<input type="checkbox"/>	22/01/2025	22/01/2025	483	22/01/2025	AUH	228	FLINSTONE, Frede

- Coding
- Episodes
- Patient
- Certificate**



[My Health Record \(MHR\)](#)

This page is designed to guide your team through the process of connecting to My Health Record (MHR) via your FYDO account. It outlines the key steps to ensure a seamless integration, helping your hospital streamline the process of uploading of Discharge Summaries.

It will assist you in having everything needed for a smooth transition, allowing both staff and patients to benefit from a more connected healthcare experience.

Explore the page to ensure your team is ready for this important integration, and feel free to contact us with any questions at **(02) 9632 0026** or **support@alturahealth.com.au**

On the 28th of November 2023 we partnered with the **Australian Digital Health Agency** to present a webinar to our customers. This webinar provided essential information on the steps required for your hospital's integration with MHR.

Click the link below to access the slideshow from this presentation. It offers step-by-step instructions on tasks like **how to register a seed organisation, registering for PRODA, linking your Healthcare Identifiers to HPOS, registering your organisation for HPI-O, and more.**

[Implementing My Health Record in a Private Hospital or Day Surgery Webinar](#)

Additional information on how to register your organisation for My Health Record can be accessed [here](#).

My Health Record Timeline

The [Advisory AS18/11: Implementing systems that can provide clinical information into the My Health Record system](#) outlines the timeframes for implementation of a system to upload Discharge Summaries to MHR.

As of January 2026, this advisory stated:

To comply with Actions 1.17 and 1.18, health service organisation must:

- *By June 2024, have developed a detailed plan that complies with:*
 - *all requirements of Part 5 of the Rule;*
 - *user of national patient and provider identifiers (IHIs, HPI-Os, HPI-Is); and,*
 - *user of standard national terminologies.*
- *By December 2024, have ongoing monitoring and evaluation of compliance with the requirements of Action 1.17 and 1.18.*

Accrediting agencies are required to:

- *Review evidence that:*

- From July 2024, the organisation has completed a gap analysis, has a detailed plan and the plan is being implemented
- From January 2025, the organisation has a system to monitor and evaluate compliance with Action 1.17 and 1.18.
- Rate Action 1.17 as met, only if the organisation demonstrates achievement of the specific requirements of the Action in the relevant year.
- Rate Action 1.18 as met only if the organisation demonstrates embedded processes in accordance with the specific requirements of the Action in the relevant year.
- Rate Actions 1.17 and 1.18 as met with recommendations if there is evidence of a gap analysis and finalised plan endorsed by executive and the plan is being implemented and monitored (NB. where these requirements are met, these actions may be rated 'met with recommendation' for no more than one accreditation cycle).

Action 1.17 states:

The health service organisation works towards implementing systems that can provide clinical information into the My Health Record system that:

- a. Are designed to optimise the safety and quality of health care for patients
- b. Use national patient and provider identifiers
- c. Use standard national terminologies

Action 1.18 states:

The health service organisation providing clinical information into the My Health Record system has processes that:

- a. Describe access to the system by the workforce, to comply with legislative requirements
- b. Maintain the accuracy and completeness of the clinical information the organisation uploads into the system

The information above outlines that, from January 2025, the health service organisation are expected to **works towards implementing** systems capable of providing clinical information to MHR. Additionally, organisations must have **processes that**

- **describe access to the system** and
- **maintain the accuracy and completeness of information the organisation uploads**

What can you do to prepare for the MHR integration?

FYDO is now listed on the Australian Digital Health Agency's My Health Record Conformance Register, that can be found [here](#).

Facilities can now upload Discharge Summaries to MHR through FYDO, provided they have completed the following steps:

- Registered their organisation and obtained their **HPI-O**. Added their HPI-O to FYDO by following the instructions found [here](#).
- Collecting the individual **HPI-I's** of their doctors. Added the doctors HPI-I numbers to FYDO by following the instructions found [here](#).
- Review **Advisory AS18/11** to conduct the required gap analysis and ensure a detailed plan, policies and procedures are in place and being implemented that align with the requirements.
- Contact us here at Altura Health to obtain our **CSP number** so that you can link your **HPI-O** to it.
*Instructions on completing this can be found in **slide 51** of the MHR Webinar information pack [here](#).*
- **Set required access levels** for all staff to Upload and Remove Discharge Summaries from MHR. This can be done by an authorised staff member from your facility by navigating to **Settings > User Groups**.

Additional instructional pages to assist with the uploading of Discharge Summaries can be found below:

[Checking a patients Individual Healthcare Identifier \(IHI\)](#)
[Uploading a Discharge Summary from FYDO to MHR](#)

[Obtaining Country of Birth Statistical Data \(Hospital\)](#)

From time to time, it will be necessary to report on County of Birth statistics. FYDO makes this extremely easy using the Episode Stats report.

1. Select **Reports** from the main menu
2. Select **Episode Stats**

REPORTS

Reports

Patient Reports

- ☆ End of Day Banking
- ☆ Patient Stats
- ☆ Possible Double Patients
- ☆ Recalls

Financial Reports

- ☆ Trial Balance
- ☆ Invoice Export

Reports - Hospital

Financial Reports

- ☆ Adjustments
- ☆ Arrears
- ☆ Billing Status
- ☆ Billing Alerts
- ☆ Deleted Transactions
- ☆ Doctors Totals
- ☆ GST
- ★ Other Services Revenue
- ☆ Payments
- ☆ Revenue
- ☆ Unbilled Revenue

Hospital Reports

- ☆ Acute Certificate
- ☆ Appointments
- ☆ Bed Occupancy
- ☆ Cancelled Episodes
- ☆ Chart Tracking
- ☆ Clinical Indicators
- ★ Episode Stats
- ★ Incomplete
- ☆ Item Stats
- ☆ Leave
- ☆ Length of Stay
- ☆ Medical Record Retention
- ☆ Midnight Census
- ☆ Monthly Patient Activity
- ☆ Other Services
- ☆ Patient Statistical Data for NSW Health
- ☆ Theatre Rosters

3. In the **Group By (Primary)** field select **Country of Birth**
4. Select the date range required in the **From & To** fields
5. Click **Update**

REPORTS > EPISODE STATS

Episode Stats

Location: Shaes Private Hospital

Doctor: All Doctors

Fund: All Fund

Anaesthetist: All Anaesthetists

Anaesthetic: All Anaesthetic

Theatre: All Theatres

Specialty: All Specialities

Patient Category: All Patient Categories

Booking Code 1: All Booking Codes 1

Booking Code 2: All Booking Codes 2

Sex: All Sexes

Indigenous: All Indigenous

Born After From: [] To: []

Referring Doctor: Search for a Referring Doctor

Family Dr: [] Select All

Mode Of Separation: All Modes of Separation

Re-Admission: All Re-Admission

Visit to Theatre: All Visit to Theatre

MBS: Search for a MBS

[] Select All

● As principal MBS

[] Within entire episode

Diagnosis: Search for a Diagnosis

[] Select All

● As principal diagnosis

[] Within entire episode

Procedure: Search for a Procedure

[] Select All

● As principal procedure

[] Within entire episode

Condition Onset: All Condition Onset

DRG: Search for a DRG

[] Select All

Report Types: [] Detail [x] Summary [] Trend

Group By (Primary): Health Fund

Group By (Secondary): No Group

Filter: No filter set

Based On: [] Admission Date [x] Discharge Date

From - To: 01/01/2026 - 31/01/2026

[x] Exclude Cancelled Episodes

Cancelled (Appends selected episodes)

All Cancelled

Order By: Alphabetically

Update

The report will give you the total number & percentage total of episodes that fall under each category.

Country of Birth	Description	Percentage	Episodes
1101	Australia	82.83%	102
8104	United States of America	15.45%	19
2106	Wales	1.63%	2
Total		100.00%	123