

# Combine Invoice & HC21 in One PDF

Have you ever needed to produce a single PDF for a health fund that includes the **Invoice, HC21 Left** signed by the patient AND **HC21 Right** signed by the hospital representative?

Maybe you even need to add a **Type C Certificate** into the file!

FYDO has made this process easy, with a feature that does it all for you! Follow the steps below to learn how.

1. Upload a **completed HC21 Left** document to the patients **Documents** (or any document that needs to be included. e.g. Type C or Acute Care Certificate)

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

All Document Type ☐ Show deleted documents Search Admission Select Admission Date Import Scan New Letter

Document Name	Type	Adm Date	MHR	Created
HC21 - Signed	Document	31/07/2025		08/08/2025
IFC 2025-05-22	IFC	22/05/2025		22/05/2025
AdmissionForm_001	Admission Form	28/01/2025		28/01/2025

100 Records/Page Records 1-3 of 3 (Page 1 of 1)

**NATIONAL PRIVATE PATIENT HOSPITAL CLAIM FORM**

Private Health Fund:  Hospital:  Patient Number:  Member Number:

**MEMBER DETAILS**

Family Name of Patient:  Given Name of Patient:  Membership Number:  Level of Cover:  Relationship of Patient to Member:  Date of Birth:  Age:

Family Name of Member:  Given Name of Member:  Residential Address of Member:  Postcode:

Is this a permanent address? ☐ Yes ☐ No Email:  Telephone - Home:  Work:  Mobile:  Adding a member child to your family membership: ☐ Sex:  Date of Birth:

Family Name:  Given Name:  Full name of Submitting Medical Practitioner:

**DECLARATION OF CONSENT**

I, the undersigned, do hereby certify that the above information is true and correct to the best of my knowledge and belief.

Signature:  Date:

2. Navigate to **Episodes**
3. Ensure the correct **Episode** is selected
4. Ensure the correct **Invoice** is selected
5. Utilise the **Invoice Options** dropdown
6. Select **Combined HC21 & Inv**

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Patient Details Appointments Recalls Accounts Episodes Communication Chart Tracking Documents Clinical

Search ? Print Export To

No.	Adm #	Adm. Date	Dis. Date	Status	Nights	Procedure	Other Notes	Fund	Surgeon	Location
31	965	31/07/2025	31/07/2025	Discharged	D/O	Hysteroscopy	3	MPL	Connors, Curtis	Shaes Private Hospital
28	924	09/07/2025	12/07/2025	Discharged	3	Knee Replacement		MPL	Doctor, Test	Shaes Private Hospital
27	845	22/05/2025	22/05/2025	Discharged	D/O			MPL	Black, Jack	Shaes Private Hospital
25	809	20/04/2025	23/04/2025	Discharged	3			MPL	Hab, Rea	Shaes Private Hospital
29	947	08/04/2025	08/04/2025	Discharged	D/O			MPL	Eyes, Bright	Shaes Private Hospital

Admission Date: 31/07/2025 | Invoices for Admission: 965

Episode Total 1,589.00 Balance Due 1,089.00 Show voided invoices

Inv #	To	Charge inc GST	Adjustments	Payments	Balance Due	Last Audit Date/Time	Last User Edited
644	MPL	\$1,589.00	\$0.00	\$-500.00	\$1,089.00	08/08/2025 2:02 PM	Shae Darr (Altura)

Invoice: 644 | MPL: 987654321

Invoice Total 1,589.00 Balance Due 1,089.00 Show voided transactions

Inv #	To	DOS From	Acc Period	T	Code	Description	Qty	B	Charge inc GST	GST	T	Audit Date	User
644	MPL	31/07/2025	31/07/2025	D	DEPOS	Excess Payment: Cash	-		\$-500.00	0.00	H	31/07/2025 5:48 AM	Shae Darr
644	MPL	31/07/2025	31/07/2025	A	ACCOM		1	3	\$0.00	0.00	H	31/07/2025 5:30 AM	Shae Darr
644	MPL	31/07/2025	31/07/2025	R	I18B	Other Knee Interventions, Minor Comple...	-		\$1,589.00	0.00	H	31/07/2025 5:30 AM	Shae Darr

Invoice Options

- Adjust Invoice
- Combined HC21 & Inv
- Deposit Copy
- HC21 Left
- HC21 Right
- HC21 Back
- Invoice Copy

7. Select the **HC21 Left** document that you had previously loaded into the patients **Documents** in step 1. And any certificate that also need to be included in the single PDF file.
8. Click **Print Invoice**

### HC21 & Invoice Copy

Adm Date	Invoice No	Billed To	Balance Due
31/07/2025	644	Health Fund	\$1,089.00

Document	Type	Adm Date
<input checked="" type="checkbox"/> HC21 - Signed	Document	31/07/2025
<input type="checkbox"/> IFC 2025-05-22	IFC	22/05/2025
<input type="checkbox"/> AdmissionForm_001	Admission Form	28/01/2025

Send Invoice To: Health Fund

Template: Invoice

Message:

Cancel Print Invoice

FYDO will produce a **single PDF** that includes:

- **Invoice**
- **HC21 Right**
- **Documents** that were selected

The **HC21 Right** will need to have the **Authorising Hospital Officer's Signature** and **Date** added. Most PDF programs will allow this electronically.

\*WHITE-Snow-Inv644-Combined.pdf

C:/Users/ShaeDarr/Downloads/WHITE-Snow-Inv644-Combined.pdf

Podio Documents WIKI Other GOOD MORNING FYDO JIRA Speedtest

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### 3. HOSPITAL ACCOMMODATION DETAILS (To be completed by Hospital, please see overleaf for codes.)

Admission Date: 31/07/2025				Separation Date: 31/07/2025			
Admission Code	Accom. Code	Date From	Date To	Discharge Code	Days Claimed	Payment Type Code	Amount Charged
4	2	31/07/2025	31/07/2025	1	1	<input type="checkbox"/> Other	0.00
						<input type="checkbox"/> Other	
						<input type="checkbox"/> Other	
						<input type="checkbox"/> Other	

Same Day Patients Only (Please tick (✓) boxes below)				Time in Theatre (ALL EPISODES - 24 hr)	
Admission Time (24hr)	06:00	Separation Time (24hr)	16:00	Same Day Band (1-4)	3
Anaesthetic:	None <input type="checkbox"/>	Local <input type="checkbox"/>	Intravenous <input type="checkbox"/>	Regional <input type="checkbox"/>	General <input checked="" type="checkbox"/>
				From 11 30	To 11 45
				From	To

Theatre/MBS (*Principal MBS first)			Other Services		
MBS Item	Date of Service	Amount Charged	Code	Date of Service	Amount Charged
*118B	31/07/2025	1,589.00			
35633	31/07/2025	0.00			

Certificates Attached:		Same Day Certification	
Please tick (✓) Acute <input type="checkbox"/>	Psych. <input type="checkbox"/>	Rehab. <input type="checkbox"/>	ICU <input type="checkbox"/>
	NIGU <input type="checkbox"/>	Pl. Election <input type="checkbox"/>	
		<input type="checkbox"/> (See Section 4 overleaf)	


Diagnoses / Procedures / Other Details			
DRG	118B	DRG VERSION	8.0
PRINCIPAL DIAGNOSIS ICD-10-AM	M23.09	PRINCIPAL DIAGNOSIS ICD-10-AM	M23.09
Additional Diagnoses ICD-10-AM			
Procedure Codes ACHI (*Principal Procedure first)	#9503-00	92514-39	

Infant/Newborn Weight (grams)	Age in Days	Urgency of Admission	Mode of Separation	Source of Referral	Transfer In
0			9	8	X

Case	Non-Acute Length of Stay	Total Leave Days	ICU Hours	ICU Hours	Transfer Out
1			0	0	X

Same Day Separation	Mental Health Legal Status	Intra-Hospital Contracted Patient	Unplanned Theatre Visit During Episode	Planned No. of Hospital Transfers From	Provider No. of Hospital Transferred To
1	9	5	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	0

I certify the above information is true and correct according to our records for this period of hospitalisation. The hospital authorises the fund or its agent to access all records applicable to the patient for the purpose of determining appropriate benefits.

Authorising Hospital Officer's Signature:  Date: 08/08/2025

Save the document and submit to the health fund.