What is Patient Claims (Clinic)

In a nutshell

Patient claims is where the practice sends off the patient's claim on their behalf so that they can **receive their medicare rebate** 1-2 business days later. The patient could pay in full, partially, or nothing at all.

You would use this claiming channel when the practitioner charges above the medicare schedule. You would not use this claiming channel if you are happy to receive the medicare/bulk bill amount.

This claiming channel is useful because whilst it would be easier to bulk bill the patient, and then charge a copayment, this is illegal.

Patient Claims is desirable for the practice because:

- The practice may be **paid in full**, **on the spot**
- The practice decides what they would like to charge
- Multiple dates of service **per invoice** supported
- May avoid the **90 day scheme**, more on this below

90 day scheme

When an unpaid or partially paid claim is sent to medicare, the patient receives a Pay Doctor Via Claimant (PDVC) cheque and they are expected to forward this cheque to the practitioner.

- The cheque will be in the the doctor's name, so the patient cannot bank this money
- The 90 day scheme is a measure in place to redirect the funds directly into the doctor's bank account, in the event that the cheque is not banked by the doctor within 90 days
- However, this is only eligible for gps and specialists, and is not applicable to allied health practitioners

Eligible health professionals

Eligible health professionals	Lodge claims manually	Need to register for scheme
GP	Yes	Yes
Specialist or consultant physician	Not eligible	No

Eligible health professionals	Lodge claims electronically	Automatically eligible for scheme
GP	Yes	Yes
Specialist, consultant physician, pathologist	Yes	Yes

Ineligible practitioners

Allied health professionals, optometrists and dentists aren't eligible to participate in the scheme.

Want to learn more about the 90 day scheme? Click here to read more.

Important note: for this billing channel, you will send claims, assuming they will get paid as no communications are sent back. This is owing to a Medicare limitation that only allows for one-way communication. That is, you can send claims but will not receive any:

- **Exception** statements, or
- **Payment** statements

Medicare Easyclaim

Easyclaim is another billing alternative for bulk billing and patient claims. It may be a stand-alone process via an EFTPOS machine or integrated into your billing software.

Note: *FYDO does not currently support Easyclaim*

Key features

- The patient receives their Medicare rebate almost immediately into their bank account
- No additional bank transaction fees. However, standard EFTPOS charges still apply

- May be used for bulk billing and patient claims
- Single payment made to practitioner's nominated bank account for bulk billed claims within 2-3 working days
- Concession verification – instant confirmation of patients' concessional status
- Available to all allied health professionals

Want to learn more about Medicare Easyclaim? Click here to learn more.

Ready to bill through the Patient Claims billing channel? Click here to learn how.