



JADE

Bp Premier Medicare and DVA Claiming Guide

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Intended for usage with Bp Premier version Jade SP1 and later. Some features in this User Manual may be available only in versions later than Jade.

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Medicare and DVA Online Claiming

Bp Premier integration with Medicare Online supports:

- Bulk bill and patient claims
- DVA claims
- Easyclaim (bulk bill and patient claims) if your practice uses a Tyro EFTPOS terminal.

What items can be transmitted?

For Medicare claims, all Allied Health items listed in the MBS Schedule GROUP M3 - ALLIED HEALTH SERVICES can be transmitted.

For DVA claims, the following Allied Health items can be transmitted:

- | | |
|--|------------------------------------|
| ■ Chiropractors | ■ Optical dispensers |
| ■ Clinical Counsellors / Psychologists | ■ Optometrists (includes Hardware) |
| ■ Community Nursing | ■ Orthoptists |
| ■ Dentists | ■ Osteopaths |
| ■ Dieticians | ■ Physiotherapists |
| ■ Diabetes Educators | ■ Podiatrists |
| ■ Exercise Physiologists | ■ Social Workers |
| ■ Occupational Therapists | ■ Speech Pathologists |

Medicare and DVA incentives

Bp Premier will automatically add the Medicare Bulk Bill Incentive or Veterans Access Payment items (10990 or 10991) to a patient account if the following are true:

- When creating the patient account, the **Bill to** field is set to 'Medicare Direct Bill' or 'DVA Direct Bill'.
- The patient is under 16 years old, or holds a pensioner, health care, senior's, or DVA card.
- If the patient holds a concession card, the **Pension / HCC No, Expiry** and **Pension card type** must be completed on the patient demographic.
- If the patient has a DVA card, the **DVA No, DVA Type** and **DVA Conditions** (if applicable) must be completed on the patient demographic.
- The account item claimed is eligible for the incentive according to the Medicare Benefits Schedule or DVA Fee Schedules for Medical Services.

The Incentive item number displayed will depend on whether you are in a Non-Rural (10990) or Rural/Remote (10991) area. If the incorrect item number is displayed on your accounts, update the **Rural / Non Rural** checkbox in the **Setup > Practice Details > Edit** screen.

You cannot add an incentive item manually. Bp Premier will determine whether the account is eligible for the incentive using the rules provided by Medicare and DVA.

Information on Medicare and DVA schedules

More information on schedules and incentive items can be found on the Australian Government Department of Health and Department of Veterans' Affairs websites:

- <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home>
- <http://www.dva.gov.au/providers/fee-schedules>

Online claiming for bulk billing

The following procedures assume that you have processed and stored a number of direct bill accounts through the **Account details** screen and are ready to batch and send the direct bill claims.

Direct bill batches are managed from the **Online claiming** screen. Select **Management > Online claiming** from the main screen. All of the following procedures start from the **Online claiming** screen.

Online claiming										
File View Utilities Help										
<div> </div>										
<div> <input type="button" value="Check for payments"/> Filter by doctor: All Filter by location: All Include: All </div>										
<input type="checkbox"/> Include reconciled batches										
Date	Claim ID	Provider	Location	Type	Vouchers	Services	Amount claimed	Paid (this claim)	Paid (total)	Adjustment
06/03/2012	Q1236	Dr Frederick Findacure	Main surgery	Medicare	7	9	601.30	254.30	254.30	0.00
06/03/2012	Q1238	Dr Frederick Findacure	Main surgery	Medicare	4	9	230.05	162.60	162.60	0.00
06/03/2012	Q1239	Dr Ivor Cure	Main surgery	Medicare	8	10	277.95	261.90	261.90	0.00

Service date	Provider	Patient	Item No	Claimed	Paid (this claim)	Paid (total)	Status	Note
05/12/2011	Dr Ivor Cure	Alan Abbott	23	35.60	35.60	35.60	Paid	
05/12/2011	Dr Ivor Cure	Alan Abbott	10990	5.90	5.90	5.90	Paid	
02/12/2010	Dr Ivor Cure	Ashley Ackerman	3	16.00	16.00	16.00	Paid	
19/12/2010	Dr Ivor Cure	Ashley Ackerman	23	34.90	34.90	34.90	Paid	
01/02/2011	Dr Ivor Cure	Felix Adams	23	34.90	34.90	34.90	Paid	
11/10/2011	Dr Ivor Cure	Felix Adams	30071	42.75	42.70	42.70	Not paid	Medicare roundir
11/10/2011	Dr Ivor Cure	Felix Adams	30071	21.40	21.40	21.40	Paid	
02/12/2011	Dr Ivor Cure	Felix Adams	23	35.60	35.60	35.60	Paid	
20/01/2011	Dr Ivor Cure	Janelle Allen	3	16.00	0.00	0.00	Not paid	Benefit has been
01/02/2011	Dr Ivor Cure	Janelle Allen	23	34.90	34.90	34.90	Paid	


If you need to resend a batch to Medicare, for example, because a new practice has started submitting claims to Medicare before Medicare has been able to process their Minor ID, the **Resend batch** function is available from the **Online Claiming** screen.

Create and send a new batch

1. Click the icon or select **File > New claim** menu item to open the **Direct bill batch** screen. The screen will be empty to start.
2. Select the **Location** and **Provider** to create a batch for.
3. Select the type of batch to be created: **Medicare** or **DVA**.
4. Select if the batch is for **Hospital Services**, **Imaging Services**, or both.

NOTE Medicare require that hospital in-patient services are batched separately. Use the **Hospital services** checkbox to generate hospital in-patient claims. DVA does not require this separation and this option will be unavailable when DVA is selected.

- Click **Create batch** to generate the batch. Bp Premier will generate a batch containing a maximum of 80 vouchers. The list below will display the first 80 vouchers created for the selected doctor that have not been previously sent to Medicare.



Direct bill batch

✕

Batch Date: 01/09/2016

☒ Medicare
☐ DVA
☐ Hospital services
☐ Imaging services

Location: All
Provider: Dr Frederick Findacure (Brisbane Business Centre)

Dr Frederick Findacure (Brisbane Business Centre) has 12 Medicare vouchers to be processed.

Service date	Provider	Patient	Item Nos	Benefit
<input checked="" type="checkbox"/> 16/03/20...	Dr Frederick Findacure (Brisb...	Mr. Alan Abbott	23, 10990	43.20
<input checked="" type="checkbox"/> 12/04/20...	Dr Frederick Findacure (Brisb...	Mr. Alan Abbott	23, 10990	43.20
<input checked="" type="checkbox"/> 12/04/20...	Dr Frederick Findacure (Brisb...	Mrs. Maree Aleisha Ackermann	23	37.05
<input checked="" type="checkbox"/> 20/04/20...	Dr Frederick Findacure (Brisb...	Mr. Alan Abbott	36, 10990	77.85
<input checked="" type="checkbox"/> 20/04/20...	Dr Frederick Findacure (Brisb...	Mr. Alan Abbott	36, 10990	77.85
<input checked="" type="checkbox"/> 10/05/20...	Dr Frederick Findacure (Brisb...	Mr. Alan Abbott	23, 10990	43.20
<input checked="" type="checkbox"/> 18/05/20...	Dr Frederick Findacure (Brisb...	Mr. Alan Abbott	44, 10990	111.70
<input checked="" type="checkbox"/> 24/05/20...	Dr Frederick Findacure (Brisb...	Mr. Alan Abbott	44, 10990	111.70
<input checked="" type="checkbox"/> 31/05/20...	Dr Frederick Findacure (Brisb...	Mr. Alan Abbott	44, 10990	111.70
<input checked="" type="checkbox"/> 14/06/20...	Dr Frederick Findacure (Brisb...	Mr. Alan Abbott	23, 10990, 715, 1...	261.60
<input checked="" type="checkbox"/> 15/06/20...	Dr Frederick Findacure (Brisb...	Mr. Alan Abbott	44, 10990	111.70
<input checked="" type="checkbox"/> 19/07/20...	Dr Frederick Findacure (Brisb...	Mr. Alan Abbott	723, 10990	120.45

Select all

Deselect all

Total of batch: 1,151.20

Print statement

Create batch

Send batch

Close

- Untick any vouchers that you do not want to include in the current batch.
- Click **Send batch** to transmit the batch to Medicare.

NOTE If there are any vouchers that cannot be sent (for example, because the demographic information is incomplete), a message will be displayed and the vouchers will not be included in the batch. Remove vouchers from the batch by unticking the checkbox to the left of a voucher.

- The batch will be transmitted. If transmission is successful, the vouchers will be marked as 'Sent' and excluded from future batches.
- To print a statement of the batch that has just been transmitted, click **Print statement**.

- Repeat steps 2–9 to send vouchers for other providers. If you do not want to send any more batches, click **Close**.

View a sent batch

The top section of the **Online Claiming** screen shows any batches that have been sent to Medicare that are currently unpaid or partly received. The bottom half of the screen shows the vouchers included in the selected batch, including Medicare, DVA, and Medicare Hospital claims.

Online claiming

File View Utilities Help

Check for payments Filter by doctor: All Filter by location: All Include: All

☐ Include reconciled batches

Date	Claim ID	Provider	Location	Type	Vouchers	Services	Amount claimed	Paid (this claim)	Paid (total)	Adjustment
06/03/2012	Q1236	Dr Frederick Findacure	Main surgery	Medicare	7	9	601.30	254.30	254.30	0.00
06/03/2012	Q1238	Dr Frederick Findacure	Main surgery	Medicare	4	9	230.05	162.60	162.60	0.00
06/03/2012	Q1239	Dr Ivor Cure	Main surgery	Medicare	8	10	277.95	261.90	261.90	0.00

Service date	Provider	Patient	Item No	Claimed	Paid (this claim)	Paid (total)	Status	Note
05/12/2011	Dr Ivor Cure	Alan Abbott	23	35.60	35.60	35.60	Paid	
05/12/2011	Dr Ivor Cure	Alan Abbott	10990	5.90	5.90	5.90	Paid	
02/12/2010	Dr Ivor Cure	Ashley Ackerman	3	16.00	16.00	16.00	Paid	
19/12/2010	Dr Ivor Cure	Ashley Ackerman	23	34.90	34.90	34.90	Paid	
01/02/2011	Dr Ivor Cure	Felix Adams	23	34.90	34.90	34.90	Paid	
11/10/2011	Dr Ivor Cure	Felix Adams	30071	42.75	42.70	42.70	Not paid	Medicare roundir
11/10/2011	Dr Ivor Cure	Felix Adams	30071	21.40	21.40	21.40	Paid	
02/12/2011	Dr Ivor Cure	Felix Adams	23	35.60	35.60	35.60	Paid	
20/01/2011	Dr Ivor Cure	Janelle Allen	3	16.00	0.00	0.00	Not paid	Benefit has been
01/02/2011	Dr Ivor Cure	Janelle Allen	23	34.90	34.90	34.90	Paid	

To view batches:

- To include all batches that have been paid in full, tick the checkbox **Include reconciled batches**.

NOTE When **Include reconciled batches** is ticked, only the first 600 Medicare or DVA batches are shown on the **Online Claiming** screen from the selected **Start** date, to prevent the screen taking too long to load. If too many batches are still being shown, reduce the date range.

- To only view specific batch types, select a type from the **Include** drop-down list.
- Filter the list by doctor or practice location by selecting from the **Filter by doctor** and **Filter by location** drop-down lists.

The amount claimed and the amount owing for each batch are displayed. The **Status** column indicates the claiming status:

- Unpaid – the batch has been sent to Medicare, but no payment or processing (exception) report has been received
- Received – the batch has been sent to Medicare and processed. Not all of the services in the claim have been fully paid
- Reconciled – the batch has been sent to Medicare and every service has been fully paid or any errors have been marked for resubmission in another batch.

Payment and processing reports

Medicare Australia processes claims and makes payments overnight for all claims that have been processed. There are two types of reports returned from Medicare Australia: Payment reports and Processing reports.

Payment reports can include the payments for multiple claims, so there will often only be a single payment report even if several claims have been submitted in the last 24 hours. There will be a payment report for each deposit into the practice's bank account.

DVA and Medicare reports are separate, so a payment report will never include both DVA and Medicare payments. The payment report includes details of the bank account into which the payment was made, how much was paid and what claims were included in the payment.

Processing reports contain an exception list of all services within a single claim where the amount paid was not the same as the amount claimed, including a code indicating the reason for the difference. There will not be a processing report for a claim that has been paid in full.

Retrieve reports

1. Click the **Check for payments** button from the **Online Claiming** screen. If an Internet connection is available, Bp Premier will notify as each batch is checked. After a check for payments has run, Best Practice will display the **Online claim payments** summary screen showing what has been downloaded.

NOTE Only one Check for payments can be performed at your practice at a time.

Online claim payments

Payments received: Claims included in payment:

From	Payment date	Run No.	Amount
MA	04/07/2007	0084	190.25
MA	09/07/2007	0087	1,733.40
MA	12/07/2007	0090	155.75
MA	19/07/2007	0095	32.10

Claim No.	Provider	Claimed	Paid
#0001	Dr. Adonis Lanver	54.55	40.95
A0009	Dr. Adonis Lanver	72.75	32.10
A0022	Dr. Adonis Lanver	300.00	0.00
A0023	Dr. Adonis Lanver	31.45	47.70

Claims containing exceptions:

From	Claim No.	Claim date	Provider	Claimed	Paid
MA	A0022	03/07/2007	Dr. Adonis Lanver	300.00	0.00
MA	A0023	03/07/2007	Dr. Adonis Lanver	226.90	47.70
MA	A0026	03/07/2007	Dr. Adonis Lanver	32.10	0.00
MA	#0001	03/07/2007	Dr. Adonis Lanver	54.55	40.95
MA	A0027	06/07/2007	Dr. Adonis Lanver	2,568.00	1,701.30
MA	#0003	11/07/2007	Dr. Adonis Lanver	33.75	25.35
MA	A0032	11/07/2007	Dr. Adonis Lanver	32.10	0.00
MA	A0034	17/07/2007	Dr. Graham Monney	55.60	32.10

Services with an exception on the highlighted claim:

Service date	Patient	Item No.	Claimed	Paid	Explanation
01/07/2007	Day, Glynis	304	100.00	0.00	Referral details not supplied - no benefit payable
02/07/2007	Day, Glynis	304	100.00	0.00	Referral details not supplied - no benefit payable
03/07/2007	Day, Glynis	304	100.00	0.00	Referral details not supplied - no benefit payable

Save Close

- The top left section lists all the payment runs made since the last check for payments. Select a payment run to view the claims paid within that run in the top right section.
- In the centre is a list of the claims with errors (the amount paid for a claim is different to the amount claimed). A processing report is created for each claim with exceptions.
- Select a claim in the **Claims containing exceptions** list to view the services in that claim with an exception in the bottom section of the screen.
- Click **Save** to save all payment and processing reports for the set of online claims. All batches and services that have been processed by Medicare will have their status changed.

Status type	Possible status
Batch Status	Unpaid – batch has been transmitted to Medicare / DVA but has not been processed.
	Reconciled - batch has been paid in full or any errors have been rectified and resubmitted in another batch. The total amount claimed equals the total paid plus adjustment columns. These batches will be removed from the default list of batches displayed in the Online claiming screen.
	Received – there were errors on the batch and the batch has not been totally paid.
Service Status	Sent – service has been transmitted to Medicare but has not been processed.
	Not Paid – service has been processed by Medicare but an error has occurred. The error is shown in the Note column and on the processing report.
	Paid – service has been paid in full.

NOTE Best Practice will not attempt to retrieve reports for these claims next time the **Check for payments** is run.

Print a payment or processing report

1. From the **Online claiming** screen, select **View > Payment reports** or **View > Processing reports** from the menu.
2. The **Payments reports** screen shows one report for each deposit made by Medicare.

Payment reports

Include: All

Date	From	Amount	Account	Account No.	BSB No.
09/03/2012	Medicare	693.20	DR ARAM	54541112	062290
09/03/2012	Medicare	261.90	DR IDA	873322322	062290

Medicare Payment Report

Payment run number: 270
 Payment run date: 09/03/2012
 Deposit amount: 261.90
 Bank account name: DR IDA
 Bank account number: 873322322
 BSB Code: 062290

Claim ID	Claim date	Amount paid	Amount claimed	Provider
Q1239	06/03/2012	261.90	277.95	Dr Ivor Cure

Print
 Close

- Double-click on the record to open the Medicare Payment Report, which shows each claim that was paid and how.
- The **Processing reports** screen lists each claim that has been processed that had errors. Double-click on the report to view the Medicare Processing Report.

Processing reports

Include: All
☐ Include items without explanation code

Claim ID	Claimed from	Claim date	Provider	Provider No.	Amount claimed	Amount paid
Q1236	Medicare	06/10/2014	Dr Craig Aram (Brisbane Clinic)	2411391L	601.30	254.30
Q1238	Medicare	06/10/2014	Dr Craig Aram (Brisbane Clinic)	2411391L	230.05	162.60
Q1239	Medicare	06/10/2014	Dr Ivor Cure (Brisbane Clinic)	2411401F	277.95	261.90

Medicare Processing Report

Claim ID: Q1239
Servicing Provider No: 2411401F
Claim Amount Charged: 58.75
Claim Amount Paid: 261.90

Family name: MOLLY
First name: GABRIELLE
Medicare No: 4950124651
Medicare Line No: 1
Medicare card flag:

Service ID	Service date	Item No.	No. of patients seen	Amount charged	Amount paid	RSN Code	Explanation
<	06/10/2014	6		58.75	261.90	100	

Print
Close

- By default, the processing report shows only exceptions that have an explanation code. To include exceptions without an explanation code in the report, tick **Include items without explanation code**.
- Click **Print** to print a report.

Download a payment or processing report

If a payment report is not showing for a batch, Bp Premier can check for that report and download the report for you to view and print.

- Select the batch on the **Online Claiming** screen and select **File > Get payment report** or **Get processing report**. Bp Premier will retrieve the report.
- After the report is downloaded, select **View > Payment reports** or **Processing reports**.

Reconcile claims

If a claim has a difference between the amount claimed and the amount paid (for claims with a status of 'Received'), you can reconcile the claim from the **Online Claim batch** screen.

1. Double-click on the claim in the **Online claiming** screen. The **Online Claim batch** screen will open, showing all the exceptions in a claim, with the **Explanation** given by Medicare for the difference in payment.

Online Claim batch

Claim ID: Q1236

Services that were not fully paid:

Action	Service date	Provider	Patient	Item No	Claimed	Paid	Explanation
Unpaid	02/12/2010	Dr Frederick Findacure	Mr. Alan Abbott	23	34.90	0.00	Service possibly aftercare
Unpaid	02/12/2010	Dr Frederick Findacure	Mr. Alan Abbott	10990	5.75	0.00	Service possibly aftercare
Unpaid	10/11/2010	Dr Frederick Findacure	Mr. Ashley Francis Ackeman	723	107.80	0.00	Benefit has been previously pa
Unpaid	12/12/2010	Dr Frederick Findacure	Mr. Felix Alexander Adams	2710	163.35	0.00	No benefit payable for services
Unpaid	10/11/2010	Dr Frederick Findacure	Mrs. Janelle Allen	23	34.90	0.00	Benefit has been previously pa

Adjust service Patient details Accept all paid amounts

Process Cancel

The following sections describe how to reconcile common rejection reasons.

Problem with patient demographic record

Fields in error in a patient's demographic, like an invalid or missing Medicare number, can cause a claim to be rejected.

1. Select the service and click **Patient details** to open the **Patient details** screen.
2. Make changes to the patient's Medicare details and click the **Medicare/DVA eligibility check** button to validate the new number.
3. Click **Save** to return to the **Online Claim batch** screen. The **Action** column should read 'Resend'.
4. Follow the instructions in [Finalise the changes on page 16](#).

Adjusting a service

1. To correct issues other than patient demographics, select the service in error and click **Adjust service**. The **Adjust billing** screen will appear.

Adjust billing

Service: Direct-Billing Incentive

Amount claimed: 5.75

☐ Mark as fully paid

☐ Resend service

☐ Change item number Change New item:

☐ Edit voucher details Voucher

☐ Edit service text Edit

☐ Accept fee of

☐ Change billing Medicare Direct Bill Select

☐ Write off service

OK Cancel

2. Select one of the following radio buttons, depending on the error to reconcile:

Field	Description
Mark as fully paid	<p>Should only be used when advised by Bp Premier support. This option marks the item as paid at the amount claimed, not the amount paid.</p> <p>An example is multiple operations that are misinterpreted and paid in reverse. Say, two biopsies are claimed, #1 at \$50 and #2 at \$25. When received, #1 paid \$25 and #2 paid \$50. The total amount paid is still the same, but has been incorrectly allocated. Select Mark as fully paid to allocate the amounts correctly.</p>
Resend service	Select if you want to change the invoice significantly. This will change the status of all the unpaid items in the invoice to 'Resent'. You can then adjust the invoice from the Patient Billing History screen.
Change Item number	Select if you want to change the item number claimed. Click Change to display a list of item numbers. Select the correct item number, enter any applicable Service text and click OK .
Edit Voucher details	Select if you want to add additional details to the invoice, such as No of patients , Notes , or Not normal aftercare . Click Save to update the details.

Field	Description
Edit Service Text	Select if you want to change or add service text for this item.
Accept fee of	Select if the item has been short paid and you want to mark the item as fully paid and don't want to resubmit it.
Change billing	Select if this service will not be paid by Medicare or DVA and you wish to change the billing type to another method. The service will be removed from the current batch. When you view the account in the Patient Billing History , the Billed to field will reflect the change.
Write off	Select to write off this service. Writing off removes the service from the batch. When you view the account in the Patient Billing History , the Status field will show Written off .

3. Follow the instructions in [Finalise the changes below](#).

Finalise the changes

1. As each item is adjusted, the **Online Claim batch** screen shows in the **Action** column whether the item is 'Resent', 'Change item', or 'Write off'.
2. After all services in a batch have been adjusted or resubmitted, and the amount claimed is equal to the amount paid by Medicare, click **Process**.
3. The batch will automatically be marked as 'Reconciled' and removed from the list of **Unpaid batches** on the **Online claiming** screen. Tick the **Show all batches** tick box view the batch details again.

NOTE Services marked as 'Resent' or 'Change item' will be available to be included in the next batch created.

View a patient's direct billing history

From the main screen of Bp Premier, select **Management > Direct bill history**. Search for and select the patient whose history you want to view. The **Direct Bill history** screen will appear.

Direct Bill history

File View Help

Mr. Alan Abbott

☒ Include cancelled invoices ☒ Include adjustments

Date	Invoice ID	Service ID	Billed to	Provider	MBS Item	Description	Status	Billed
31/05/2015	584	725	Medicare	Dr Frederick Findacure	10990	Direct-Billing Incentive	Unpaid	6.15
14/06/2015	609	756	Medicare	Dr Craig Aram	23	Surgery consultation, Level B	Unpaid	37.05
14/06/2015	609	757	Medicare	Dr Craig Aram	10990	Direct-Billing Incentive	Unpaid	6.15
02/07/2015	49	40	Medicare	Dr Craig Aram	23	Surgery consultation, Level B		34.90
02/07/2015	49	41	Medicare	Dr Craig Aram	10990	Direct-Billing Incentive		5.75
02/07/2015	49	2763	Medicare	Dr Craig Aram	23	Adjustment - Service:40, 02/07/2015 - Surgery consultation, Le		-34.90
02/07/2015	49	2765	Medicare	Dr Craig Aram	10990	Adjustment - Service:41, 02/07/2015 - Direct-Billing Incentive		-5.75
05/07/2015	31	20	Medicare	Dr Ivor Cure	23	Surgery consultation, Level B	Paid	35.60
05/07/2015	31	21	Medicare	Dr Ivor Cure	10990	Direct-Billing Incentive	Paid	5.90
12/07/2015	587	728	Medicare	Dr Frederick Findacure	23	Surgery consultation, Level B	Unpaid	37.05
12/07/2015	587	729	Medicare	Dr Frederick Findacure	10990	Direct-Billing Incentive	Unpaid	6.15
03/08/2015	95	89	Medicare	Dr Craig Aram	36	Surgery consultation, Level C	Paid	70.30
03/08/2015	95	90	Medicare	Dr Craig Aram	10990	Direct-Billing Incentive	Paid	6.00
10/08/2015	210	234	Medicare	Dr Craig Aram	3	Surgery consultation, Level A	Paid	16.60
10/08/2015	210	235	Medicare	Dr Craig Aram	10990	Direct-Billing Incentive	Paid	6.00
28/08/2015	390	438	Medicare	Mrs. Diabetes Educator	2521	Level C consultation and completion of annual cycle of care of i	Sent	71.70
21/07/2016	1299	1561	Medicare	Dr Ivor Cure	23	Surgery consultation, Level B	Unpaid	37.05
21/07/2016	1299	1562	Medicare	Dr Ivor Cure	10990	Direct-Billing Incentive	Unpaid	6.15
27/07/2016	1476	1766	Medicare	Mrs. Psychology Specialist	23	Surgery consultation, Level B	Unpaid	37.05
27/07/2016	1476	1767	Medicare	Mrs. Psychology Specialist	10990	Direct-Billing Incentive	Unpaid	6.15
28/07/2016	1508	1805	Medicare	Dr Craig Aram	23	Surgery consultation, Level B	Unpaid	37.05
28/07/2016	1508	1806	Medicare	Dr Craig Aram	10990	Direct-Billing Incentive	Unpaid	6.15
16/08/2016	2102	2479	Medicare	Mrs. Psychology Specialist	23	Surgery consultation, Level B	Unpaid	37.05
16/08/2016	2102	2480	Medicare	Mrs. Psychology Specialist	10990	Direct-Billing Incentive	Unpaid	6.15
19/08/2016	2238	2625	Medicare	Dr Frederick Findacure	30071	Biopsy of skin or mucous membrane	Unpaid	52.20
19/08/2016	2238	2626	Medicare	Dr Frederick Findacure	10990	Direct-Billing Incentive	Unpaid	6.15
22/08/2016	2291	2685	Medicare	Dr Frederick Findacure	30071	Biopsy of skin or mucous membrane	Unpaid	52.20
22/08/2016	2291	2686	Medicare	Dr Frederick Findacure	10990	Direct-Billing Incentive	Unpaid	6.15
22/08/2016	2291	2687	Medicare	Dr Frederick Findacure	30071	Biopsy of skin or mucous membrane	Unpaid	52.20
22/08/2016	2291	2688	Medicare	Dr Frederick Findacure	10990	Direct-Billing Incentive	Unpaid	6.15

Wednesday 07/02/2018 04:08:09 PM

Tick the checkboxes at the top to **Include cancelled invoices** and **Include adjustments** in the displayed list. Double-click an invoice to view the account details.

Online claiming for private (real time)

The Patient Claiming function privately bills a patient and transmits service and payment information electronically to Medicare. Medicare then pays the refund to the patient via EFT only.

Pay and claim methods

In most cases, the patient will pay the full amount and receive the refund at reception after the consultation, for example, processed through a Tyro terminal. The patient must have a bank account registered with Medicare. If the patient does not have a bank account registered with Medicare, the patient will not be able to receive the refund. As of 1 July 2016, Medicare do not send benefit cheques to a claimant's address.

However, there are other methods to process online claiming, such as paying the gap only, or paying nothing up front. If the patient chooses to pay gap only or nothing, the patient will be mailed a 'Pay Doctor Via Claimant' (PDVC) cheque in the practice's name to be given to the practice to settle the account.

Create an account and record payment

1. Create the account as you normally would for a private account. Set the **Bill to:** field to 'Patient' or 'Head of family'.

Account details

Invoice date: 06/02/2018 Invoice No.: 2389 Location: Noosa Clinic Use last account details

Provider: Dr Frederick Findacure Service date: 6/02/2018

Bill to: Patient Search Bill to: Mrs. Madeline Jane Abbott
12 John St
Albany Creek 4035

Billing schedule: Schedule fee

Patient: Mrs. Madeline Jane Abbott
12 John St
Albany Creek 4035

Patient details Verify Medicare/DVA eligibility

2. Select **Pay Now** to display the **Payment details** screen.
3. Enter the payment information and allocate the payment amount to the invoice.
4. Tick the box **Send via Patient claiming**.

Outstanding items: Gap: 18.05 Payment total: 35.00 Allocate Auto Allocate

Invoice	Date	Doctor	MBS Item	Description	Fee	GST	Total	Paid	Owing	Pay now
<input checked="" type="checkbox"/> 2389	06/02/2018	Dr F. Findacure	3	Surgery consultation, Level A	35.00	0.00	35.00	0.00	35.00	35.00

Amount tendered: Change: Balance owing: 0.00

☐ Print Medicare claim form ☒ Send via Patient Claiming

Print receipt Process Cancel

TIP This option is checked by default if the **Always send private patient claims by best available method** checkbox is ticked on the **Configuration > Online claiming** screen.

- Click **Process**. Bp Premier will pop up a notice that the claim is being transmitted to Medicare, and the result of the claim submission.
- If the patient fully paid the invoice, the refund to the patient will be made via EFT to the patient's bank account details stored with Medicare.

If the patient part paid the invoice, the patient will be sent a PDVC cheque to return to the practice.

If the patient does not have a bank account registered with Medicare, he or she will need to register bank account details with Medicare to receive refunds by EFT.

- Click **OK**. The claim will be processed and Bp Premier will print the Medicare form according to part or full payment and claim status.

Which form will be issued?

Three different forms will print depending on the status of the claim. The status of the claim can be seen on the **Patient Claims** screen (select **Management > Patient Claiming** from the main screen).

The patient address on the form and all correspondence from Medicare will be the claimant's address held by Medicare.

BPS Receipt - REJECTED

The standard Best Practice Software Tax Invoice or Receipt will be printed if the claim is rejected by Medicare; if there are issues with validating the patient information or with bank account details, for example. The patient will have to

obtain their refund from Medicare or register a bank account with Medicare.

Statement of Claim and Benefit Payment - PAID

This report (which replaces the BPS Receipt) indicates that the refund to the patient has been paid:

- The report indicates 'This claim has been: ASSESSED'.
- The statement shows details about the transmission and will include the value of the patient contribution and the amount of the benefit paid.
- The **Payment details** section shows that the account has been fully paid and how Medicare will pay the patient.
- The **Patient Claims** screen will show the status of the claim as 'Paid'.

Lodgement Advice - MANUAL

This report will replace the BPS Receipt and will be generated if the transmission is successful but the patient part paid the account or there has been some issue with the payment.

If the report says 'This claim has been: REFERRED TO Medicare Australia':

- Information entered on the claim requires manual processing by Medicare staff. The patient would have to liaise with Medicare for further information. The Lodgement Advice will contain a reference number.
- The **Patient Claims** screen will show the status of the claim as 'Manual'.

If the report says 'This claim has been: STORED FOR LATER TRANSMISSION':

- Transmission was not possible due to a system problem. The items will be placed in a storage area for later transmission.
- These claims can be found in the **Patient Claims** screen under **View > Unsent claims**. See [Resend claims on page 22](#) for more information.
- The statement shows details about the transmission and will show the Patient Contribution but will not show how much Medicare will pay the patient.
- Payment details section will show whether the patient fully or partly paid the invoice and how Medicare will pay the patient.

Manage sent claims

To open the **Patient claims** screen, select **Management > Patient claiming** from the main screen. This screen shows the status of all patient claims sent for a selected day.

Possible statuses are:

Status	Description
Paid	Medicare has processed the claim and paid the patient into the specified bank account or via cheque.
Manual	Medicare has been unable to process the claim automatically and has been referred to a person for manual processing.
Rejected	Medicare have rejected the claim as there was some invalid data transmitted. Claim would have to be submitted manually at a Medicare office or via mail.
Unsent	There was a problem with the transmission. The claim has been stored to send later.
Resent	Claim has been resubmitted to Medicare.

You can delete, resend, view unsent claims, and reprint the statement of benefit for a sent claim from this screen.

Delete claims

You can only delete claims on the day of transmission. Right-click on the claim and select **Delete claim**, or select **File > Delete claim** from the menu.

View a patient's billing history

Right-click on a claim and select **Patient billing history** to open the patient billing history.

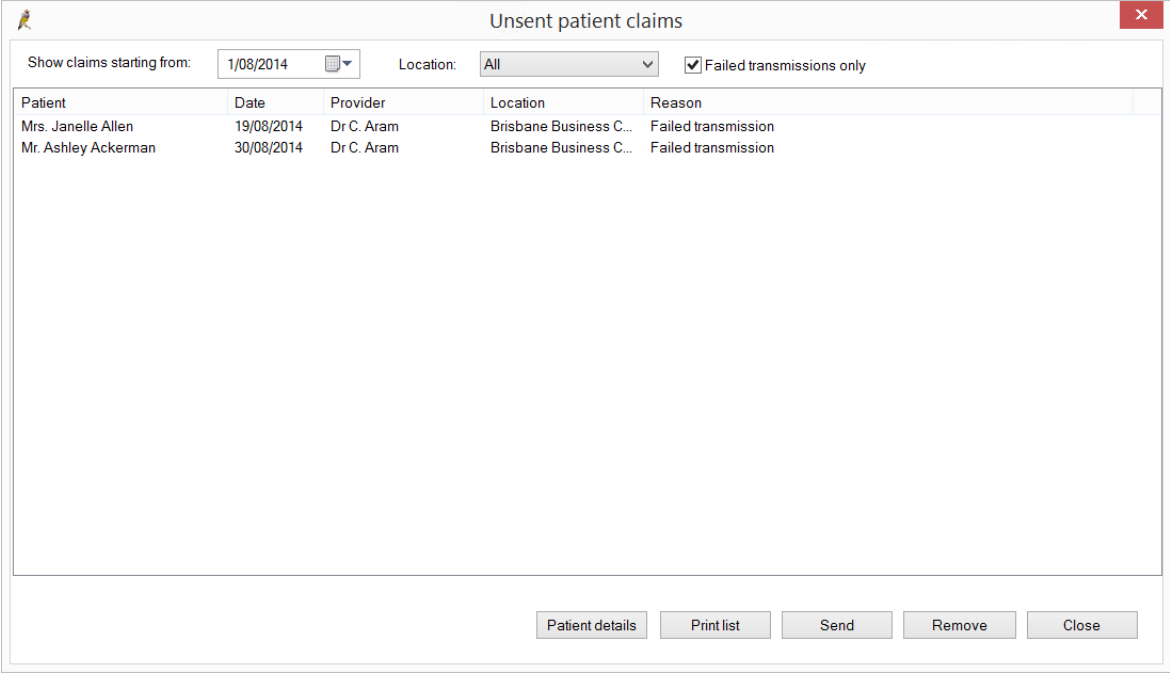
Reprint statement

Right-click on a claim and select **Reprint statement**. The statement of benefit that is printed when the claim is first successfully sent will be printed.

Resend claims

You can resend claims with a status of 'Unsent'.

1. From the **Patient claiming** screen, select **View > Unsent claims**. The **Unsent patient claims** screen will appear.



Patient	Date	Provider	Location	Reason
Mrs. Janelle Allen	19/08/2014	Dr C. Aram	Brisbane Business C...	Failed transmission
Mr. Ashley Ackerman	30/08/2014	Dr C. Aram	Brisbane Business C...	Failed transmission

2. View **Patient details** for a claim, **Remove** a claim, or **Send** an unsent claim. You can also send the list of unsent claims to the printer.

Create a manual Direct Bill batch

Create a manual direct bill batch


1. Select **Management > Manual direct bill batches** from the main screen of Best Practice. The **Direct bill batches** screen will be displayed.

Date	Batch	Provider	Location	Type	Vouchers	Services	Amount claimed	Amount paid	Amount over
24/06/2016	A0002	Dr Frederick Findacure	Brisbane Business C...	Medicare	3	5	138.00	0.00	138.00

Service date	Provider	Patient	Item No	Benefit	Status
18/03/2016	Dr Frederick Findacure	Merlin Adkins	36	71.70	Unpaid
18/03/2016	Dr Frederick Findacure	Merlin Adkins	10990	6.15	Unpaid
03/06/2016	Dr Frederick Findacure	Merlin Adkins	3	16.95	Unpaid
03/06/2016	Dr Frederick Findacure	Merlin Adkins	10990	6.15	Unpaid
10/05/2016	Dr Frederick Findacure	Lou Atkins	23	37.05	Unpaid

Currently logged in: Dr Frederick Findacure (Brisbane Business Centre) Thursday 21/07/2016 01:20:19 PM

The top section shows any batches that have been entered but not reconciled. By default, the last batch entered is selected and the services that make up the batch are shown in the bottom section.

2. Click the  icon or select **File New batch**. The **Direct bill batch** screen will be displayed.
3. Select the **Provider** from the drop down list. The number of Medicare, Hospital, and DVA vouchers for the selected provider will be displayed.
4. Click either **Medicare** or **DVA** at the top to display the list of items to be batched of that type.
5. Tick the **Hospital services** checkbox to also include Hospital services vouchers.
6. Click **Create batch** and the list of services that have not yet been batched will be generated. The checkbox adjacent to each service will be ticked. The batch number automatically increments each time a new batch is created.
7. Check the list. For any services you do not wish to include in the batch, untick the service. The **Total of batch** at the bottom of the screen will adjust.
8. When you have selected all the services to be included in this batch, click **Print & Save** to print and save the batch.

Depending on the services chosen, either the report **Claim for Assigned Benefits for Services rendered to Non-hospital Patients** or the report **DVA Claim for Treatment Services** will be printed. The new batch will be displayed in the **Direct Bill batches screen**.

Delete a Batch

You can delete a batch until the batch has been fully reconciled.

1. From the **Direct bill batch** screen, select the batch you wish to delete and select **File > Delete Batch**.
2. You will be prompted to confirm you want to delete the batch. Click **Yes**. The batch will be removed from the list.

After a batch has been deleted, the vouchers and services which made up the batch can be selected again to create a new batch.

Reconcile a Batch



1. From the **Direct bill batch** screen, select the batch to reconcile and click the icon or select **File > Reconcile batch**. The **Reconcile Direct Bill batch** screen will appear.

Reconcile Direct Bill batch

Amount paid: ☐ Pay total Date paid: ☐ Direct credit

Cheque No: Drawer: Bank: Branch:

Untick any services that have not been paid

Service date	Provider	Patient	Item No	Benefit	Description
<input checked="" type="checkbox"/> 18/03/2016	Dr Frederick Findacure	Mr Merlin D Adkins	36	71.70	Surgery consultation, Level C
<input checked="" type="checkbox"/> 18/03/2016	Dr Frederick Findacure	Mr Merlin D Adkins	10990	6.15	Direct-Billing Incentive
<input checked="" type="checkbox"/> 03/06/2016	Dr Frederick Findacure	Mr Merlin D Adkins	3	16.95	Surgery consultation, Level A, TES
<input checked="" type="checkbox"/> 03/06/2016	Dr Frederick Findacure	Mr Merlin D Adkins	10990	6.15	Direct-Billing Incentive
<input checked="" type="checkbox"/> 10/05/2016	Dr Frederick Findacure	Mr Lou N Atkins	23	37.05	Surgery consultation, Level B, 1 pat

Total of selected services: 138.00

2. Type in the amount received in the **Amount paid** field.

3. Confirm that the **Amount paid** equals the **Total of selected services** and click **Save**. You will return to the **Direct bill batches** screen and the **Amount owing** will have been adjusted to reflect the amount paid.

If Medicare have contacted you and specified an exception in the batch, click **Adjust Service** from the **Reconcile Direct Bill batch** screen to address the exception and resend in a new batch. See [Correct a Medicare Online claim on the facing page](#) for more information.

If you click **Cancel** from the **Reconcile Direct Bill batch** screen, any changes made such as written off items or adjusted services will not take effect.

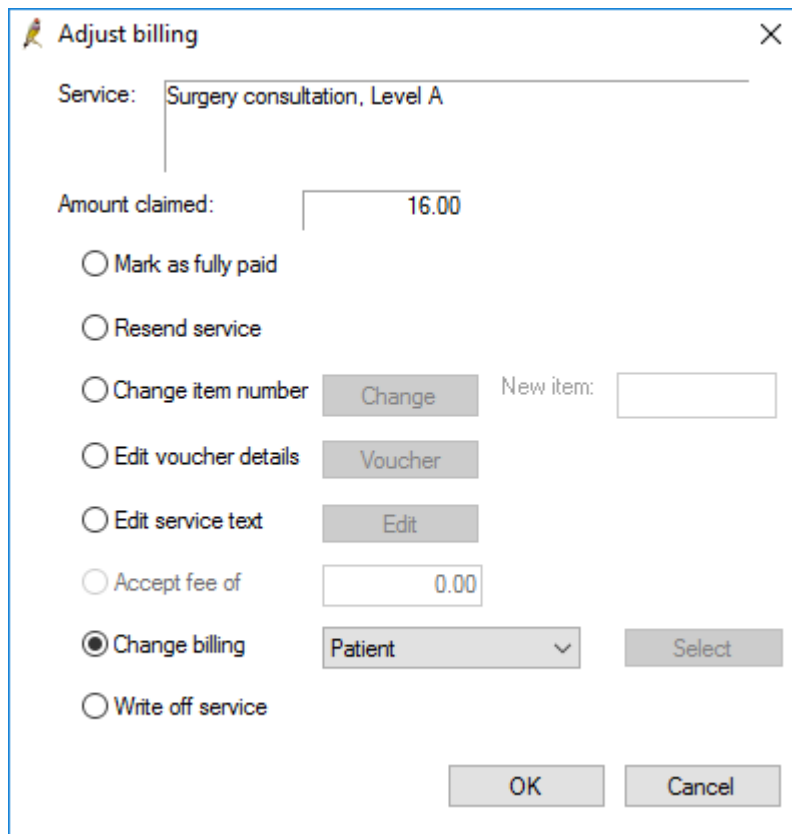
Correct a Medicare Online claim

You may need to fix a Medicare Online claim where items have been rejected.

To adjust an item on a claim, you need the **Reconcile Batch** function.

Often a rejected online claim is caused by an omission in the Medicare fields on the patient's demographic. However, if the problem is not with the patient's demographic, the **Adjust service** button can be used for online claim rejections to rectify and resubmit the claim if necessary.

1. From the main screen of Bp Premier, select **Management > Online claiming** from the menu or press Ctrl+F9. The **Online claiming** screen will appear.
2. To edit a service in a batch, double-click the batch in the top half of the screen. The **Adjustments** screen will appear.
3. Highlight the service with the error and click **Adjust service**. The **Adjust billing** screen will appear.



Adjust billing

Service: Surgery consultation, Level A

Amount claimed: 16.00

☐ Mark as fully paid
☐ Resend service
☐ Change item number Change New item:
☐ Edit voucher details Voucher
☐ Edit service text Edit
☐ Accept fee of
☒ Change billing Patient Select
☐ Write off service

OK Cancel

Select the option on the screen that matches how you want to correct the claim:

Field	Description
Mark as fully paid	<p>Should only be used when advised by Bp Premier support. This option marks the item as paid at the amount claimed, not the amount paid.</p> <p>An example is multiple operations that are misinterpreted and paid in reverse. Say, two biopsies are claimed, #1 at \$50 and #2 at \$25. When received, #1 paid \$25 and #2 paid \$50. The total amount paid is still the same, but has been incorrectly allocated. Select Mark as fully paid to allocate the amounts correctly.</p>
Resend service	Select if you want to change the invoice significantly. This will change the status of all the unpaid items in the invoice to 'Resent'. You can then add the invoice to a manual batch and adjust the invoice.
Change Item number	Select if you want to change the item number claimed. Click Change to display a list of item numbers. Select the correct item number, enter any applicable Service text and click OK .
Edit Voucher details	Select if you want to add additional details to the invoice, such as No of patients , Notes , or Not normal aftercare . Click Save to update the details.
Edit Service Text	Select if you want to change or add service text for this item.
Accept fee of	Select if the item has been short paid and you want to mark the item as fully paid and don't want to resubmit it.
Change billing	Select if this service will not be paid by Medicare or DVA and you wish to change the billing type to another method. The service will be removed from the current batch. When you view the account in the Patient Billing History , the Billed to field will reflect the change.
Write off	Select to write off this service. Writing off removes the service from the batch. When you view the account in the Patient Billing History , the Status field will show Written off .
Field	Description
Mark as fully paid	<p>Should only be used when advised by Bp Premier support. This option marks the item as paid at the amount claimed, not the amount paid.</p> <p>An example is multiple operations that are misinterpreted and paid in reverse. Say, two biopsies are claimed, #1 at \$50 and #2 at \$25. When received, #1 paid \$25 and #2 paid \$50. The total amount paid is still the same, but has been incorrectly allocated. Select Mark as fully paid to allocate the amounts correctly.</p>

After all services in a batch have been adjusted or resubmitted, and the amount claimed is equal to the amount paid by Medicare, click **Close** to finalise the changes. The batch will be marked as Reconciled and removed from the list of Unpaid batches on the **Online claiming** screen.

You can view the batch details again if you tick the **Include paid batches** checkbox. The services marked to be resubmitted will be available to include in the next batch created.

Resend unpaid Medicare and DVA claims

A practice must have their minor ID registered with Medicare before Medicare can begin processing any claims. If a claim is sent prior to this, Medicare cannot link the claim to the practice and the claim will continue to be listed in your Online Claiming screen as unpaid.

Follow the steps in this section if you have batches that are still marked as 'unpaid' for more than a few days, and Medicare has advised that these batches should be resent.

For additional information on resending claims that have been rejected by Medicare, see [Correct a Medicare Online claim on page 26](#).

Why might I need to resend a claim?

After a claim is sent to Medicare, the status of the batch remains 'unpaid' until Medicare receive and process the batch. Each day, a staff member at your practice clicks **Check for Payments** from the **Online claiming** screen, which contacts the Medicare server, identifies which batches have been processed, and changes the status of the batches.

If the practice has not registered correctly with Medicare, batches may remain 'unpaid' indefinitely. Batch may also remain unpaid if an error occurred during sending. In these cases, Medicare may request that batches be resent.

Common reasons for needing to resend a claim include:

Reason	Explanation
Minor ID has not been registered with Medicare	Before being able to submit claims to Medicare, you will need to have your minor (location) ID registered to identify who the claims are coming from. If you have not registered these details with Medicare, they will not receive any claims from you.
Provider numbers have not been registered with Medicare	Before being able to submit claims to Medicare, you will need to register the provider numbers of all doctors who will be providing claims. If you have not registered these details with Medicare, they will not receive any claims from you.
Practice has moved location	If the practice has moved location, or added another practice location, you will need to contact Medicare to receive new provider numbers and site certificates. New Medicare certificates will need to be imported into Bp Premier, and new provider numbers updated, before you can claim at your new location.
Certificates registered under an old practice name	If the practice changes their name, Medicare will issue new site certificates. These will need to be imported into Best Practice before you can claim with the new practice name.

Reason	Explanation
Payer allocations incorrectly set	<p>If a doctor's payments are being paid into a different provider's bank account, ensure these details are accurately reflected in Best Practice.</p> <p>To set payer allocation details, from the main menu select Setup > Configuration > Payer Allocation.</p>
Transmission Errors	Due to errors in the transmission (an Internet connection dropout, for example), Medicare may not receive the claim and will require the claim to be resent.
Incorrect bank details	If incorrect bank details have been recorded with Medicare, the batch may remain unpaid until the issue is resolved. Contact Medicare to correct the details before resending the batch.
Manual direct bill batch	<p>The Manual direct bill batch process should be followed if you do not wish to register for online claiming and want to send claims to Medicare manually.</p> <p>If a batch has been created through the Manual Direct Bill Batches screen, the batch will not be transmitted electronically. A report is printed when a batch is created this way. The report is intended to be mailed to Medicare for payment.</p>

Check for Payments

Before performing any actions on unpaid claims, check the following:

1. Perform a **Check for Payments** from **Management > Online claiming** to make sure that no payments have come through for the claims in question. A summary screen will appear if any batches have been paid. Click **Save** from the summary screen to update Bp Premier with any payments that might have come through relating to other claims.
2. Write down a list of the batch numbers that are unpaid and outstanding.
3. Contact Medicare to find out if any of the services for these batch numbers have been paid.
4. If Medicare has paid some of the services, contact Bp Premier Support for assistance with correcting the batch. You may need to manually create a new batch and resend.
5. If Medicare is not going to pay the claim and want it resent, follow the resend batch instructions in this article.

Resend a batch with unpaid claims

Always check for payments to see the most recent updates before resending a batch. You should only resend a batch if advised by Medicare.

Before you begin

Bp Premier users need the user permission **Resend batches** set to 'Allow access'. This permission enables the **Resend batch** option from the **File** menu.

Permissions

User:

Section	Permission
Script lookup	Allow access
Patient education material	Add/Edit/Delete
Download data	Allowed
HealthLink	Allow access
Bulk Document Import	Allow access
Double book appointments	Allowed
Override 'On the day' appointments	Allowed
Waiting room	Allow access
Strata SSO	Allow access
Appointments	Add/Edit/Delete
Accounts	Add/Edit/Delete
Payments	Add/Edit/Delete
Direct Billing	Add/Edit/Delete
Send SMS Reminders	Allowed
Reports	Allow access
Setup sessions	Add/Edit/Delete
Setup fees	Add/Edit/Delete
Banking	Allow access
Cheque details	Allow access
Resend batches	Allow access

The following limits to resending a batch apply:

- You can only resend batches that have a status of 'unpaid'.
- DVA and Medicare services must be dated within the last two years.

To resend a batch:

1. From the main screen of Bp Premier, select **Management > Online Claiming**. The **Online Claiming** screen will appear.
2. Click **Check for payments** in the top left. Bp Premier will update sent batches with the latest payment information.
3. Select the unpaid batch in the top half of the screen that you want to resend.
4. Select **File > Resend batch**. The **Resend batch** screen will open, showing the services in the batch.

Resend batch ✕

Batch Date: 19/07/2017
☒ Medicare
☐ DVA
☐ Hospital services
☐ Imaging services

Location: All
Provider: Dr Craig Aram (Location 1)

Service date	Provider	Patient	Item Nos	Benefit
19/07/2017	Dr Craig Aram (Location 1)	Mr Reuben T Dean	23	37.05

Print statement
Total of batch: 37.05
Send batch
Close

- Confirm that you have selected the correct batch and click **Send batch**. Bp Premier will resend the batch to Medicare and update the **Online Claiming** screen.
- Run **Check for payments** again the next day to see if the batch has been successfully processed.

Resend an unpaid claim as a manual batch

You should resend a batch of unpaid claims using the File > Resend batch function. However, the following instructions describe how to create a new batch of unpaid claims to resend, if required.

To send a batch manually, you must delete the batch from **Online claiming** batches first.

- Select the batch on the **Online Claiming** screen and select **File > Print Statement**. This will print a report listing all the items in this batch.
- Select the batch on the **Online Claiming** screen and select **File > Delete batch**.
- Close the **Online Claiming** screen.
- Select **Management > Manual Direct Bill batches**.
- Select **File > New batch** to open the **Direct bill batch** screen. Select the doctor and click **Create batch**.
- Using the statement printed in step 1, tick the same items that were in the deleted batch.
- Click **Print and Save**. This will print a batch header document that can be sent to Medicare with any other documentation that Medicare has requested.

See [Create a manual Direct Bill batch on page 23](#) for more information.

Medicare card reader shortcuts

If your practice has a Medicare card reader, swiping the card while in Bp Premier can be a handy shortcut for common tasks, such as looking up a patient's details.

Open a patient record

1. From the main screen, select **File > Open Patient** or press **F2**.
2. Swipe the card to display any patients in the database with the card's Medicare number.

TIP Searching by Medicare card swipe works on all screens where a patient can be searched for by Medicare Number.

Arrive a patient

When a patient arrives for their appointment, open the appointment book and swipe the Medicare card. If any of the following are true, you will be prompted with the patient's names, provider name, and time of appointment, and whether you wish to mark the appointments as arrived.

- There are appointments for at least one of the patients on the card
- These appointments are for within an hour of the current time
- These appointments haven't been previously marked as arrived.

NOTE If more than one patient on the Medicare Card has an appointment within an hour of the current time, all patients will be shown on the prompt.

Add an appointment

1. Open the appointment book.
2. Click the slot you want to book and swipe the Medicare Card. If no timeslot is selected, swiping the card will have no effect.
3. If there are no appointments for any of the patients on the Medicare card (according to the rules in Arriving a patient above), the **Add Appointment** screen appears, showing all patients recorded in Best Practice with that Medicare card number.
4. Select the patient and make the appointment.
5. If the patient selected has an appointment within the next 7 days, the system will display an alert. You can book a new appointment or cancel.

Find a future appointment

1. Open the appointment book.
2. Select **File > Find Appointment**.
3. Swipe the card. The **Find appointment** screen will appear, showing all future appointments for the patients listed on the card.

Find appointment

Search for:

☐ Name ☒ Medicare No. ☐ Record No.

☐ Display inactive patients ☐ Display deceased patients

Name	Age	Address	D.O.B.	Medicare No.
Adkins, Merlin D	2 yrs	653 Igor Drive, Hamilton. 3300	07/02/2014	3950156581 - 1

Appointments found:

Doctor	Location	Appointment date	Appointment time	Type	Notes
--------	----------	------------------	------------------	------	-------

☐ Show past appointments

Print Go to Move Delete Close

Add a patient to the waiting room

1. Open the Waiting room and click **Add to waiting room**.

NOTE The **Add to waiting room** button will only appear if **Allow patients to be added directly to Waiting room** has been enabled in the **Appointments** tab of the **Configuration** screen.

2. Swipe the card. The **Add to Waiting room** screen will display all patients with that card number.
3. Select the patient you want to add and click **Ok**.

The patient will automatically be added to the appointment book and the appointment will have the status of 'waiting'.

