

Patient Claiming



Verify Medicare  
Details

Use the Bulk Patient Verification Tool

- 1. From the Appointment Book > **Utilities** menu.
- 2. Select **Bulk patient verification**.
- 3. Select Providers to verify for > select date ranges > click **Ok**.
- 4. Select Patient and click **Verify**.  
The result will appear in the status column.
- 5. Click update if applicable > update the values > click **Ok**.



Just the one? Access from:

- Patient Details in any module
- Account Details screen
- Right click on appointment

Verify your patient's Medicare details on a daily basis or for each new patient to maximise successful claims.



Process the  
Invoice

If Patient is paying the full amount:

- 1. Create the account.
- 2. Select **Pay Now** to process the payment.
- 3. Enter the payment information.
- 4. Select the tick box **Send Claim to Medicare Australia**.
- 5. Select **EFT** or **Cheque**.
- 6. Click **Ok**.  
The system will validate and give one of the messages as detailed below.



**NB The patient will receive the rebate into their bank account within a few hours.**

If your clinic offers Gap Only payments:

- 1. Create the account.
- 2. Select **Pay Now** to process the payment.
- 3. Enter the payment information.
- 4. Select the tick box **Send Claim to Medicare Australia**.
- 5. Select **Cheque** for patient to be sent a cheque.
- 6. Click **Ok**.  
The system will validate and give one of the messages as detailed below.



**NB The patient then brings this cheque into the practice to pay the outstanding rebate amount.**

Claim Status

Status	Report	What does it mean?
Paid	This claim has been: ASSESSED	The claim has been successful. The report will show what has been paid and how.
Manual	This claim has been: REFERRED TO Medicare Australia	The patient will need to liaise with Medicare. The report will contain a reference number for them to use
Manual	This claim has been: STORED FOR LATER TRANSMISSION	There has been a system problem. Claim can be sent later.
Rejected	A standard BPS Invoice will be printed if the claim is rejected	The patient will need to claim their refund manually.

Resubmit &  
Same Day Delete

You can manage and view your sent claims from *Main Screen > Management > Patient Claiming*

Statuses in this screen:

- **Paid** - processed and paid
- **Manual** - Medicare has been unable to process automatically
- **Rejected** - patient will need to submit manually
- **Unsent** - there was a problem; the claim can be sent later
- **Resent** - the claim has been submitted

Same Day Delete

You can only delete claims on the day the claim is transmitted:

- Right-click on the claim and click **Delete**

Resend a claim

- Select view > Unsent Claims
- Remove or Send the selected claim

