

Add-ons Guide

Front Desk 2018 - Practice Management System

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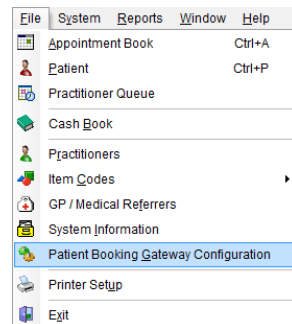
PATIENT BOOKING GATEWAY

Patient Booking Gateway Configuration

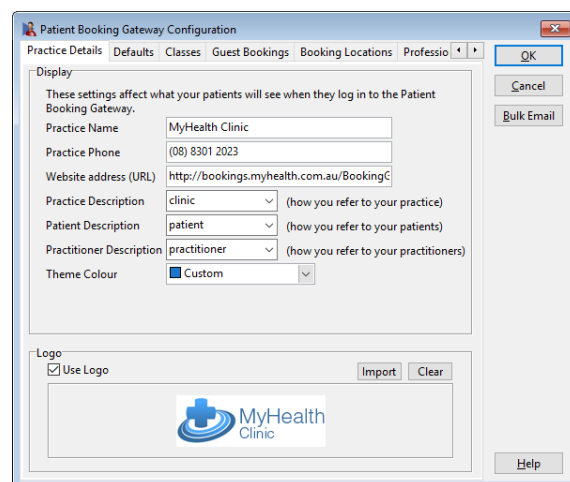
The Front Desk Patient Booking Gateway is designed for patients to book and manage their own appointments online through an integrated web-based system.

Please note the initial Patient Booking Gateway installation and setup must be completed by a Smartsoft staff member. Please contact Smartsoft for further information.

Select **Patient Booking Gateway Configuration** from the **File** menu.



The following window will be displayed.



Enter the **Clinic Name**, **Clinic Phone** number and the **Website address (URL)** which directs patients to the integrated Patient Booking Gateway.

Following installation by Smartsoft, the Patient Booking Gateway address by default will use the clinic public IP address e.g. <http://116.212.211.142/bookinggateway>. Alternatively, you can use your own domain by speaking with your domain provider or web developer about setting up an A Record entry.

Select a **Practice Description** which best describes how you refer to your practice or clinic. A custom description can be entered manually if required.



PATIENT BOOKING GATEWAY

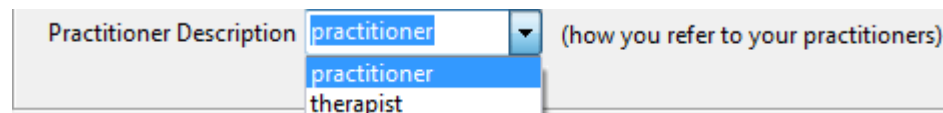
Patient Booking Gateway Configuration

Select a **Patient Description** which best describes how you refer to patients or clients. A custom description can be entered manually if required.



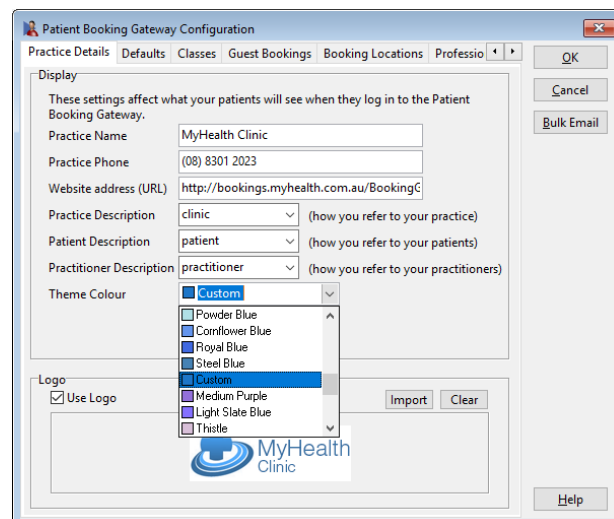
A screenshot of a form field labeled 'Patient Description'. It features a dropdown menu with 'patient' selected. Below the dropdown, the text '(how you refer to your patients)' is displayed. The dropdown list is open, showing 'client' and 'patient' as options.

Select a **Practitioner Description** which best describes how you refer to your practitioners. A custom description can be entered manually if required.



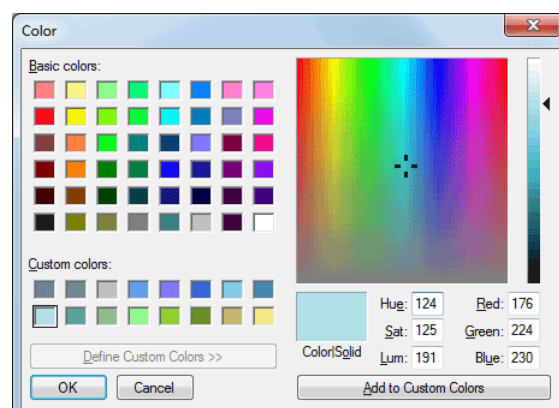
A screenshot of a form field labeled 'Practitioner Description'. It features a dropdown menu with 'practitioner' selected. Below the dropdown, the text '(how you refer to your practitioners)' is displayed. The dropdown list is open, showing 'practitioner' and 'therapist' as options.

A **Theme Colour** can be selected using the provided drop-down menu. This colour can be used to theme your Patient Booking Gateway to suit your existing branding.



A screenshot of the 'Patient Booking Gateway Configuration' window. The 'Display' tab is active. The 'Theme Colour' dropdown menu is open, showing options: 'Custom', 'Powder Blue', 'Cornflower Blue', 'Royal Blue', 'Steel Blue', 'Medium Purple', 'Light Slate Blue', and 'Thistle'. The 'Custom' option is selected. The window also shows fields for 'Practice Name', 'Practice Phone', 'Website address (URL)', 'Practice Description', 'Patient Description', and 'Practitioner Description'. There are buttons for 'OK', 'Cancel', 'Bulk Email', 'Import', 'Clear', and 'Help'.

A custom colour can be chosen by double-clicking on the currently selected colour.



A screenshot of a 'Color' selection dialog. It features a grid of 'Basic colors' and a 'Custom colors' section. A color picker is visible, showing a spectrum of colors. The 'ColorSolid' section displays the selected color's RGB values: Red: 176, Green: 224, Blue: 230. There are buttons for 'OK', 'Cancel', 'Define Custom Colors >>', and 'Add to Custom Colors'.

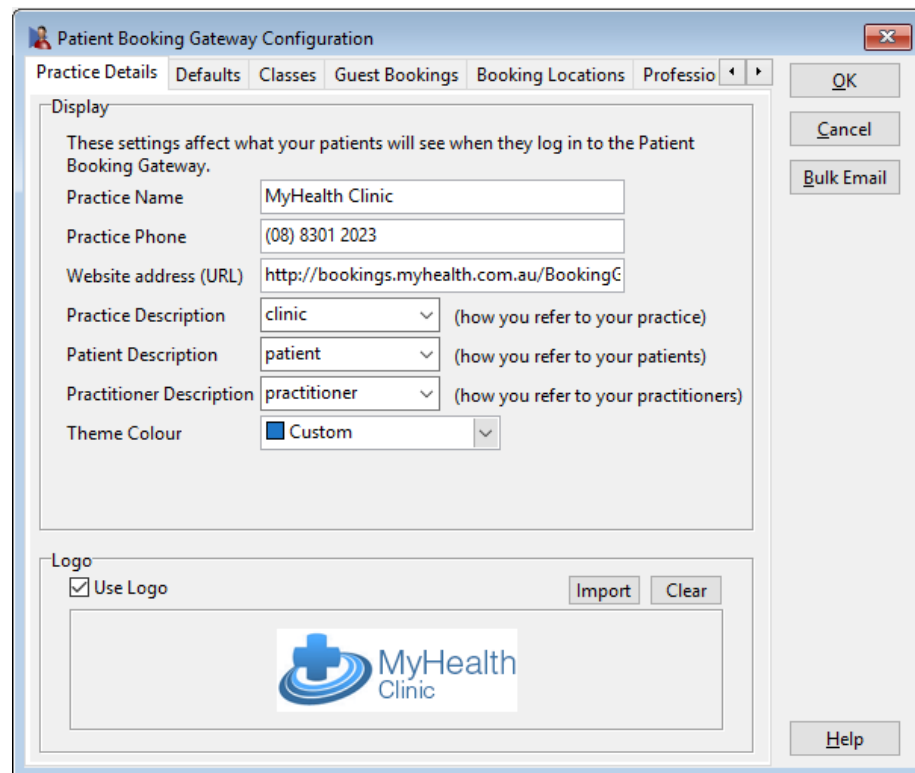
This allows exact colours to be selected by entering the Red, Green and Blue (RGB) values.

PATIENT BOOKING GATEWAY

Patient Booking Gateway Configuration

A company logo can be added by selecting **Use Logo**, and clicking **Import** to load a suitable image from your computer.

Please note that logo files must not exceed 55 pixels in height and 200 pixels in length.



The screenshot shows a software window titled "Patient Booking Gateway Configuration". It has a tabbed interface with tabs for "Practice Details", "Defaults", "Classes", "Guest Bookings", "Booking Locations", and "Professio". The "Practice Details" tab is active. On the right side of the window are buttons for "OK", "Cancel", "Bulk Email", and "Help".

The "Display" section contains the following fields:

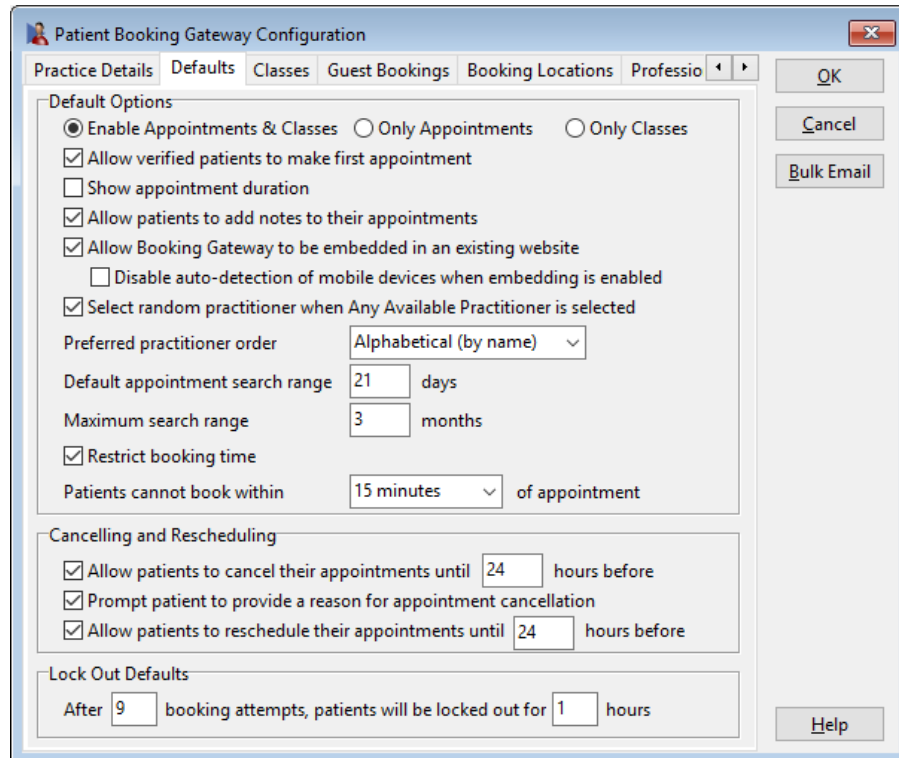
- Practice Name: MyHealth Clinic
- Practice Phone: (08) 8301 2023
- Website address (URL): http://bookings.myhealth.com.au/BookingC
- Practice Description: clinic (how you refer to your practice)
- Patient Description: patient (how you refer to your patients)
- Practitioner Description: practitioner (how you refer to your practitioners)
- Theme Colour: Custom

The "Logo" section includes a checkbox labeled "Use Logo" which is checked. To its right are "Import" and "Clear" buttons. Below these buttons is a rectangular area displaying the "MyHealth Clinic" logo, which consists of a blue cross icon and the text "MyHealth Clinic".

PATIENT BOOKING GATEWAY

Patient Booking Gateway Configuration

Select the **Defaults** tab from the *Patient Booking Gateway Configuration*.



The screenshot shows the 'Patient Booking Gateway Configuration' window with the 'Defaults' tab selected. The window has a title bar with a close button. Below the title bar are tabs: 'Practice Details', 'Defaults' (selected), 'Classes', 'Guest Bookings', 'Booking Locations', and 'Professionals'. On the right side of the window are buttons for 'OK', 'Cancel', 'Bulk Email', and 'Help'. The main content area is divided into three sections: 'Default Options', 'Cancelling and Rescheduling', and 'Lock Out Defaults'. The 'Default Options' section includes radio buttons for 'Enable Appointments & Classes' (selected), 'Only Appointments', and 'Only Classes'. It also has checkboxes for 'Allow verified patients to make first appointment', 'Show appointment duration', 'Allow patients to add notes to their appointments', 'Allow Booking Gateway to be embedded in an existing website', and 'Disable auto-detection of mobile devices when embedding is enabled'. There is a dropdown for 'Preferred practitioner order' set to 'Alphabetical (by name)'. Two input fields show '21' days for 'Default appointment search range' and '3' months for 'Maximum search range'. A checkbox for 'Restrict booking time' is checked, and a dropdown shows '15 minutes' for 'Patients cannot book within'. The 'Cancelling and Rescheduling' section has checkboxes for 'Allow patients to cancel their appointments until 24 hours before', 'Prompt patient to provide a reason for appointment cancellation', and 'Allow patients to reschedule their appointments until 24 hours before'. The 'Lock Out Defaults' section has input fields for 'After 9 booking attempts, patients will be locked out for 1 hours'.

The **Default Options** allow the user to set whether patients can book appointments, classes or both through the Patient Booking Gateway. Select either **Enable Appointments & Classes**, **Only Appointments** or **Only Classes**.

Allow verified patients to make first appointment enables new booking gateway users to make appointments online without having had a previous appointment at the practice.

Show appointment duration will display the appointment length in minutes to the patient booking online.

Allow patients to add notes to their appointments gives patients the option of including a note with their booking, which is visible in Front Desk by hovering over the patient's appointment.

Allow Booking Gateway to be embedded in an existing website will format the booking gateway appropriately when embedding the site into an existing webpage. Secondary to enabling this, you will need to request your web developer to embed your gateway using an <iframe> tag.

Select random practitioner when Any Available Practitioner is selected will randomly select a practitioner if a patient selects the "Any Available Practitioner" option when making an appointment online.

PATIENT BOOKING GATEWAY

Patient Booking Gateway Configuration

The order practitioners appear to patients can be set to either *Alphabetical (by name)* or *Random* by selecting the **Preferred method of ordering practitioners**.

Preferred practitioner order	<div>Alphabetical (by name) ▼</div>
Default appointment search range	<div>Alphabetical (by name)</div> <div>Random</div>

The **Default appointment search range** is used to set the default date range on the calendar when patients are searching for an appointment online.

The **Maximum search range** limits how far into the future a patient can search for an appointment.

Default appointment search range	<input type="text" value="7"/>	days
Maximum search range	<input type="text" value="24"/>	months

Restrict booking time can be enabled to stop appointments being offered that are within set hours from the current time.

Select the desired **Cancellation Defaults**.

Allow patients to cancel their appointments will give patients access to cancel their own appointments outside the minimum cancellation time limit set.

Prompt patient to provide a reason for appointment cancellation will prompt patients to enter a reason for cancelling an appointment.

Allow patients to reschedule their appointments will give patients access to reschedule their own appointments within the minimum reschedule time limit set.

Cancelling and Rescheduling

☒ Allow patients to cancel their appointments until hours before

☒ Prompt patient to provide a reason for appointment cancellation

☒ Allow patients to reschedule their appointments until hours before

In order to prevent unwanted data mining, a **Lock Out Default** can be set to limit the number of appointment options a patient can see before being locked.

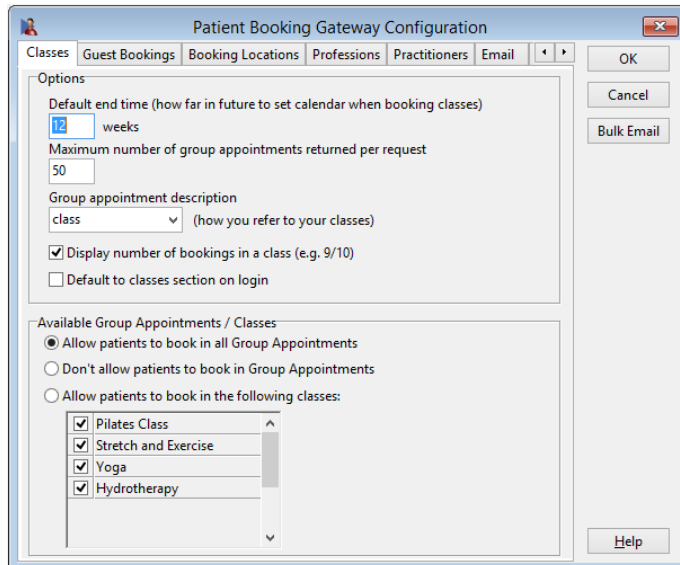
Lock Out Defaults

After booking attempts, patients will be locked out for hours

PATIENT BOOKING GATEWAY

Patient Booking Gateway Configuration

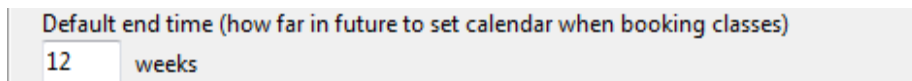
Select the **Classes** tab from the *Patient Booking Gateway Configuration*.



The screenshot shows the 'Patient Booking Gateway Configuration' window with the 'Classes' tab selected. The 'Options' section includes a 'Default end time' of 12 weeks, a 'Maximum number of group appointments returned per request' of 50, a 'Group appointment description' dropdown set to 'class', and checkboxes for 'Display number of bookings in a class (e.g. 9/10)' and 'Default to classes section on login'. The 'Available Group Appointments / Classes' section has radio buttons for 'Allow patients to book in all Group Appointments' (selected), 'Don't allow patients to book in Group Appointments', and 'Allow patients to book in the following classes:'. A list of classes is shown with checkboxes: Pilates Class, Stretch and Exercise, Yoga, and Hydrotherapy, all of which are checked. Buttons for 'OK', 'Cancel', 'Bulk Email', and 'Help' are on the right.

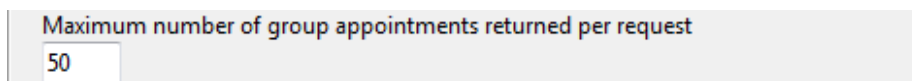
When searching the Patient Booking Gateway for available classes, users will be asked to enter a date range to search within.

The default date range selected can be adjusted using the **Default end time** option.



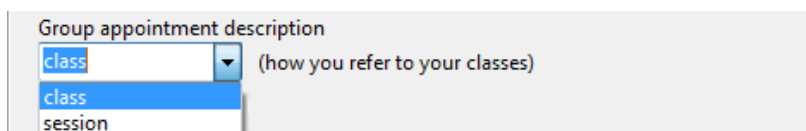
A close-up of the 'Default end time (how far in future to set calendar when booking classes)' option, showing a text input field with the value '12' and the unit 'weeks'.

The **Maximum number of group appointments returned per request** can also be specified.



A close-up of the 'Maximum number of group appointments returned per request' option, showing a text input field with the value '50'.

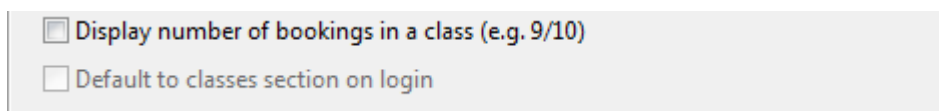
Select a **Group appointment description** which best describes how you refer to your group appointments. A custom description can be entered manually if required.



A close-up of the 'Group appointment description' dropdown menu. The dropdown is open, showing a list of options: 'class' (selected), 'class', and 'session'. The text '(how you refer to your classes)' is visible to the right of the dropdown.

Select **Display number of bookings in a class (e.g. 9/10)** to show the total number of current bookings within the class.

If **Classes** have been enabled, select **Default to classes section on login** to automatically direct patients to the classes upon logging into the booking gateway.

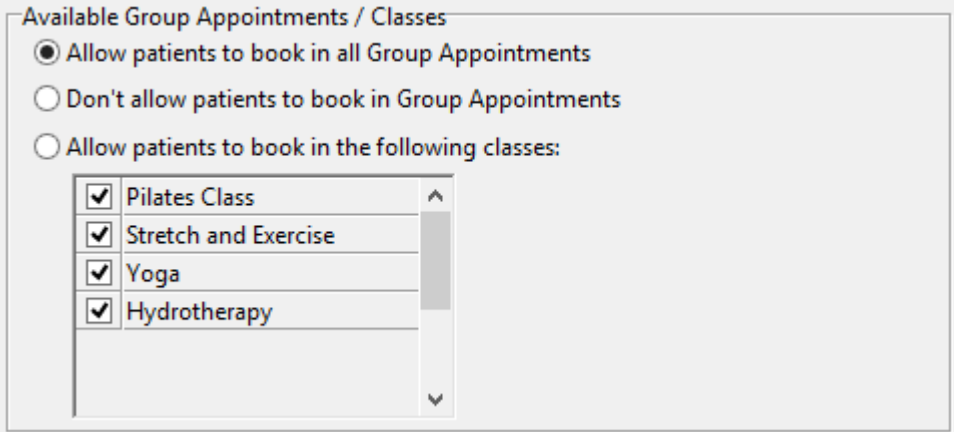


A close-up of the checkboxes for 'Display number of bookings in a class (e.g. 9/10)' and 'Default to classes section on login'. Both checkboxes are currently unchecked.

PATIENT BOOKING GATEWAY

Patient Booking Gateway Configuration

Select from the **Available Group Appointments / Classes** to determine which Group Appointments or Classes patients are able to book into online.



Available Group Appointments / Classes

☒ Allow patients to book in all Group Appointments

☐ Don't allow patients to book in Group Appointments

☐ Allow patients to book in the following classes:

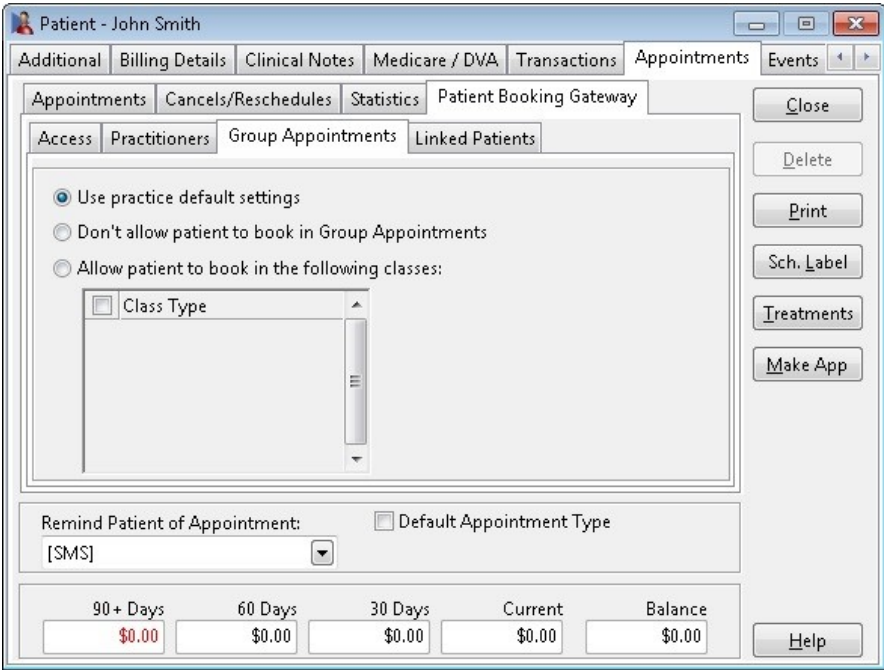
- ☒ Pilates Class
- ☒ Stretch and Exercise
- ☒ Yoga
- ☒ Hydrotherapy

Allow patients to book in all Group Appointments will allow an online booking to be made into any Group Appointment with a Class Type set.

Don't allow patients to book in Group Appointments will not allow online bookings to be made into any Group Appointments.

Allow patients to book in the following classes allows the user to select which Class Types appear on the booking gateway.

These settings can be overridden for individual patients from the **Appointments** tab of the patient file.



Patient - John Smith

Additional | Billing Details | Clinical Notes | Medicare / DVA | Transactions | Appointments | Events

Appointments | Cancels/Reschedules | Statistics | Patient Booking Gateway

Access | Practitioners | Group Appointments | Linked Patients

☒ Use practice default settings

☐ Don't allow patient to book in Group Appointments

☐ Allow patient to book in the following classes:

- ☒ Class Type

Remind Patient of Appointment: [SMS] ☐ Default Appointment Type

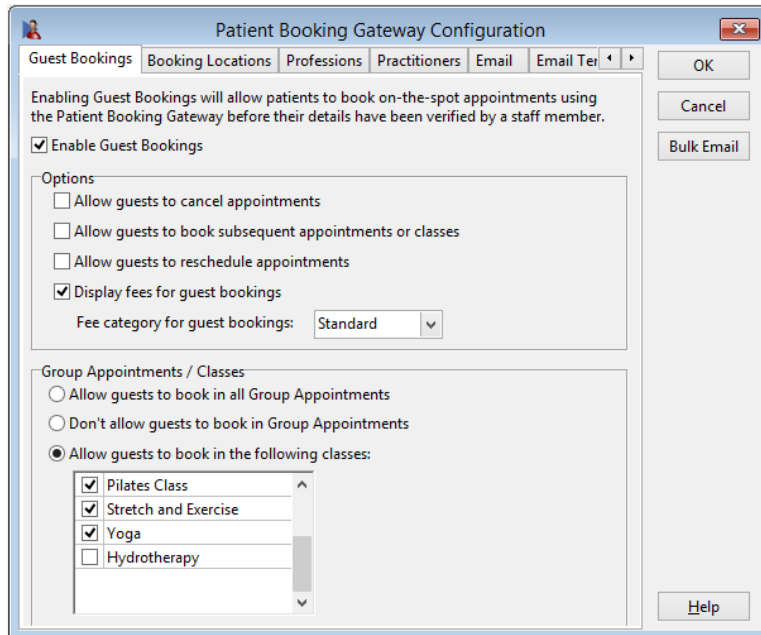
90 + Days	60 Days	30 Days	Current	Balance
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Buttons: Close, Delete, Print, Sch. Label, Treatments, Make App, Help

PATIENT BOOKING GATEWAY

Patient Booking Gateway Configuration

Select the **Guest Bookings** tab from the *Patient Booking Gateway Configuration*.



The screenshot shows the 'Patient Booking Gateway Configuration' window with the 'Guest Bookings' tab selected. The window has a title bar with a close button. Below the title bar is a tabbed interface with tabs for 'Guest Bookings', 'Booking Locations', 'Professions', 'Practitioners', 'Email', and 'Email Ter'. The 'Guest Bookings' tab is active. The main content area contains the following elements:

- A message: 'Enabling Guest Bookings will allow patients to book on-the-spot appointments using the Patient Booking Gateway before their details have been verified by a staff member.'
- A checkbox labeled 'Enable Guest Bookings' which is checked.
- An 'Options' section with four checkboxes:
 - ☐ Allow guests to cancel appointments
 - ☐ Allow guests to book subsequent appointments or classes
 - ☐ Allow guests to reschedule appointments
 - ☒ Display fees for guest bookings
- A dropdown menu labeled 'Fee category for guest bookings:' with 'Standard' selected.
- A 'Group Appointments / Classes' section with three radio buttons:
 - ☐ Allow guests to book in all Group Appointments
 - ☐ Don't allow guests to book in Group Appointments
 - ☒ Allow guests to book in the following classes:
- A list box under the selected radio button containing four items: 'Pilates Class' (checked), 'Stretch and Exercise' (checked), 'Yoga' (checked), and 'Hydrotherapy' (unchecked).

On the right side of the window, there are three buttons: 'OK', 'Cancel', and 'Bulk Email'. At the bottom right, there is a 'Help' button.

Select **Enable Guest Bookings** to allow patients to book on-the-spot appointments using the Patient Booking Gateway *before* their details have been verified by a staff member.

Options are available to limit what guests can do online:

- **Allow guests to cancel appointments**
- **Allow guests to book subsequent appointments or classes**
- **Allow guests to reschedule appointments**
- **Display fees for guest bookings**

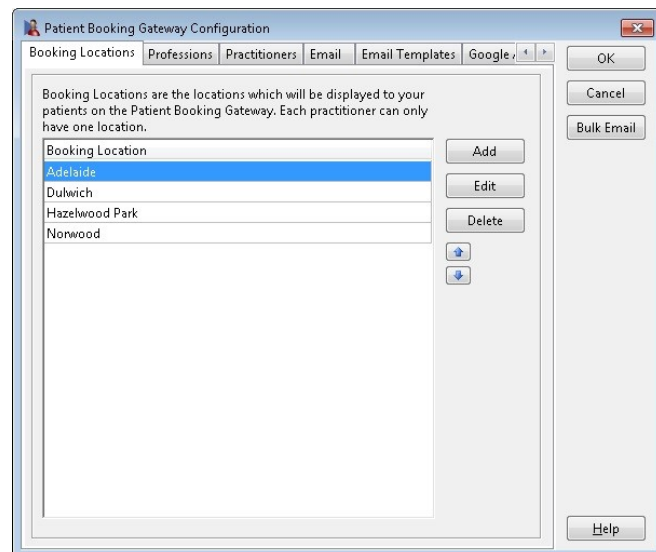
Group Appointments and Classes can also be restricted with the following options:

- **Allow guests to book in all Group Appointments**
- **Don't allow guests to book in Group Appointments**
- **Allow guests to book in the following classes**

PATIENT BOOKING GATEWAY

Patient Booking Gateway Configuration

Select the **Booking Locations** tab from the *Patient Booking Gateway Configuration*.

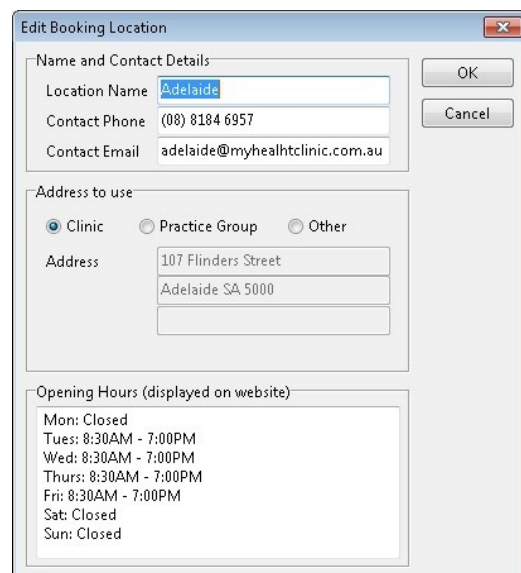


The screenshot shows the 'Patient Booking Gateway Configuration' window with the 'Booking Locations' tab selected. The window has a title bar with a close button. Below the title bar is a tabbed interface with 'Booking Locations', 'Professions', 'Practitioners', 'Email', 'Email Templates', and 'Google'. The 'Booking Locations' tab is active, displaying a list of booking locations: 'Adelaide', 'Dulwich', 'Hazelwood Park', and 'Norwood'. To the right of the list are buttons for 'Add', 'Edit', and 'Delete'. Below the list are two blue arrows for reordering. On the right side of the window are buttons for 'OK', 'Cancel', 'Bulk Email', and 'Help'.

Click **Add** to enter a new booking location.

Click **Edit** to modify a booking location or **Delete** to remove a booking location.

The order **Booking Locations** appear can be adjusted using the blue arrows.



The screenshot shows the 'Edit Booking Location' window. It has a title bar with a close button. The window is divided into three sections. The first section, 'Name and Contact Details', contains fields for 'Location Name' (Adelaide), 'Contact Phone' ((08) 8184 6957), and 'Contact Email' (adelaide@myhealthclinic.com.au). The second section, 'Address to use', has three radio buttons: 'Clinic' (selected), 'Practice Group', and 'Other'. Below the radio buttons is an 'Address' field with '107 Flinders Street' and 'Adelaide SA 5000'. The third section, 'Opening Hours (displayed on website)', contains a text area with the following hours: 'Mon: Closed', 'Tues: 8:30AM - 7:00PM', 'Wed: 8:30AM - 7:00PM', 'Thurs: 8:30AM - 7:00PM', 'Fri: 8:30AM - 7:00PM', 'Sat: Closed', and 'Sun: Closed'. On the right side of the window are buttons for 'OK' and 'Cancel'.

Enter the **Name and Contact Details** of the booking location.

Address details can be selected from the registered **Clinic** address, **Practice Group** headers or entered manually via the **Other** option.

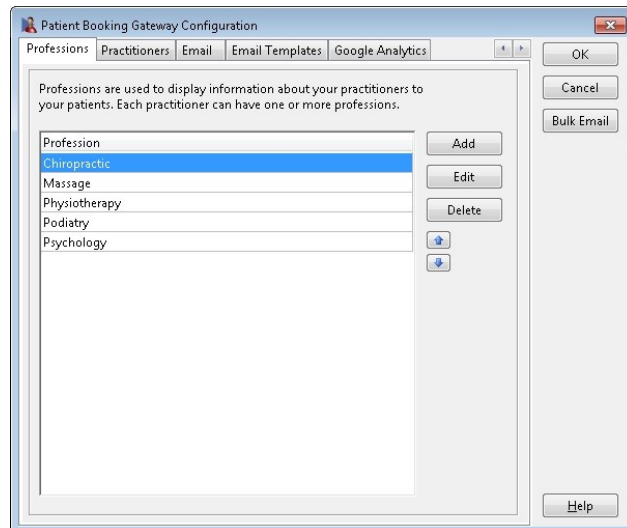
Opening Hours can be entered manually to be displayed on the Patient Booking Gateway website.

Click **OK** to complete the **Booking Location**.

PATIENT BOOKING GATEWAY

Patient Booking Gateway Configuration

Select the **Professions** tab from the *Patient Booking Gateway Configuration*.

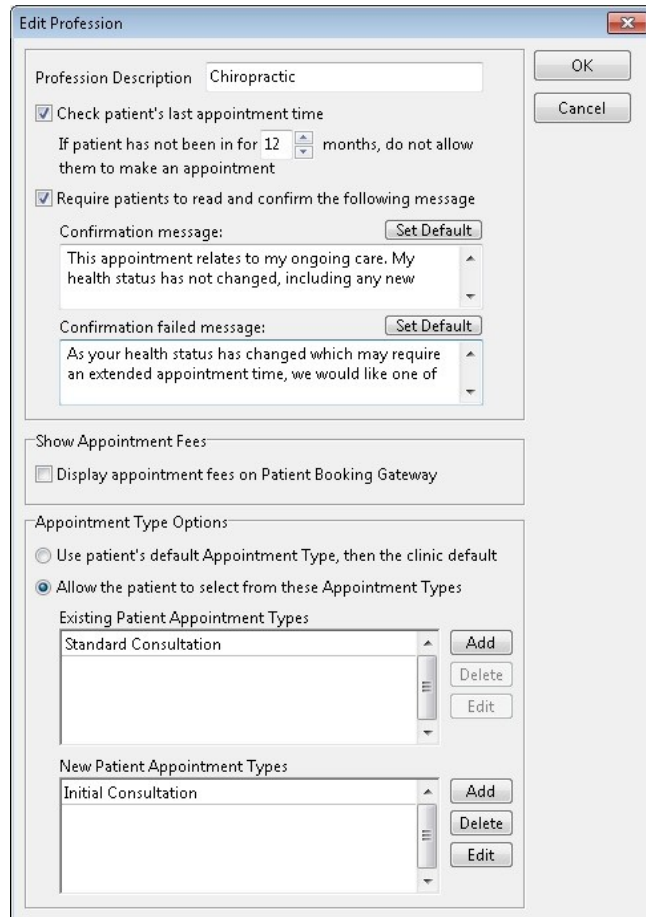


The screenshot shows the 'Patient Booking Gateway Configuration' window with the 'Professions' tab selected. The window title is 'Patient Booking Gateway Configuration'. The tabs are 'Professions', 'Practitioners', 'Email', 'Email Templates', and 'Google Analytics'. The 'Professions' tab contains a list of professions: 'Chiropractic', 'Massage', 'Physiotherapy', 'Podiatry', and 'Psychology'. 'Chiropractic' is selected. To the right of the list are buttons for 'Add', 'Edit', and 'Delete', and two blue arrows for reordering. On the far right are 'OK', 'Cancel', and 'Bulk Email' buttons. A 'Help' button is at the bottom right. A text box at the top of the tab says: 'Professions are used to display information about your practitioners to your patients. Each practitioner can have one or more professions.'

Click **Add** to enter a new profession.

Click **Edit** to modify a profession or **Delete** to remove a profession.

The order **Professions** appear can be adjusted using the blue arrows.



The screenshot shows the 'Edit Profession' window. The title is 'Edit Profession'. It has 'OK' and 'Cancel' buttons. The 'Profession Description' is 'Chiropractic'. There are two checked checkboxes: 'Check patient's last appointment time' and 'Require patients to read and confirm the following message'. The first checkbox has a dropdown set to '12' months. Below these are two text areas for 'Confirmation message' and 'Confirmation failed message', each with a 'Set Default' button. The 'Confirmation message' text is 'This appointment relates to my ongoing care. My health status has not changed, including any new'. The 'Confirmation failed message' text is 'As your health status has changed which may require an extended appointment time, we would like one of'. Below these is a section 'Show Appointment Fees' with a checkbox 'Display appointment fees on Patient Booking Gateway'. The 'Appointment Type Options' section has two radio buttons: 'Use patient's default Appointment Type, then the clinic default' (unselected) and 'Allow the patient to select from these Appointment Types' (selected). Below this are two lists: 'Existing Patient Appointment Types' with 'Standard Consultation' and 'New Patient Appointment Types' with 'Initial Consultation'. Each list has 'Add', 'Delete', and 'Edit' buttons.

PATIENT BOOKING GATEWAY

Patient Booking Gateway Configuration

Select **Check patient's last appointment time** to restrict online booking for patients who have not been treated under the profession in a set amount of time. This can be used to ensure patients have gone through a suitable initial assessment or re-assessment prior to continuing their ongoing treatment.

☒ Check patient's last appointment time

If patient has not been in for months, do not allow them to make an appointment

Select **Require patients to read and confirm the following message** if you wish to enter a disclaimer or confirmation message each patient must agree to prior to booking an appointment.

Enter a **Confirmation failed message** to appear if the patient does not agree to the original confirmation message. This does not apply to bookings made as a Guest.

☒ Require patients to read and confirm the following message

Confirmation message: [Set Default](#)

This appointment relates to my ongoing care. My health status has not changed, including any new

Confirmation failed message: [Set Default](#)

As your health status has changed which may require an extended appointment time, we would like one of

Select **Display appointment fees on Patient Booking Gateway** to display the fee to patients booking with this profession.

Show Appointment Fees

☐ Display appointment fees on Patient Booking Gateway

The fee displayed is determined within the Appointment Type by selecting a corresponding item code for each practitioner. Only the underlying fee will be displayed and not the item code itself.

Double-clicking on the Appointment Type within the Profession will open the Appointment Type for editing.

If this option is enabled and one or more of the allowed Appointment Types does not have a linked item code (within **System Information**), a warning will appear.

PATIENT BOOKING GATEWAY

Patient Booking Gateway Configuration

Show Appointment Fees

☒ Display appointment fees on Patient Booking Gateway

Appointment types are not linked to item codes for one or more practitioners in this profession. Fees will not be shown for the appointment types marked in red.

Appointment Type Options

☐ Use patient's default Appointment Type, then the clinic default

☒ Allow the patient to select from these Appointment Types

Existing Patient Appointment Types

Consult & Treatment

Add

Delete

Edit

New Patient Appointment Types

Add

Delete

Edit

To restrict appointment bookings to specific Appointment Types, see the **Appointment Type Options** section within each Profession.

Use patient's default Appointment Type, then the clinic default will use the patient's default appointment type where possible, or otherwise use the clinic's default appointment type.

Allow the patient to select from these Appointment Types allows the patient to select from a specified list of appointment types.

Appointment Type Options

☐ Use patient's default Appointment Type, then the clinic default

☒ Allow the patient to select from these Appointment Types

Existing Patient Appointment Types

Extended Consultation

Consult & Treatment

Follow-up Review

Add

Delete

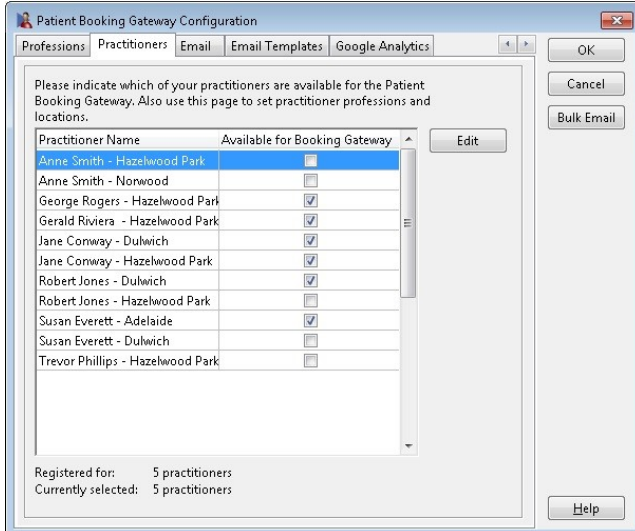
Edit

Click **OK** to complete the **Profession**.

PATIENT BOOKING GATEWAY

Patient Booking Gateway Configuration

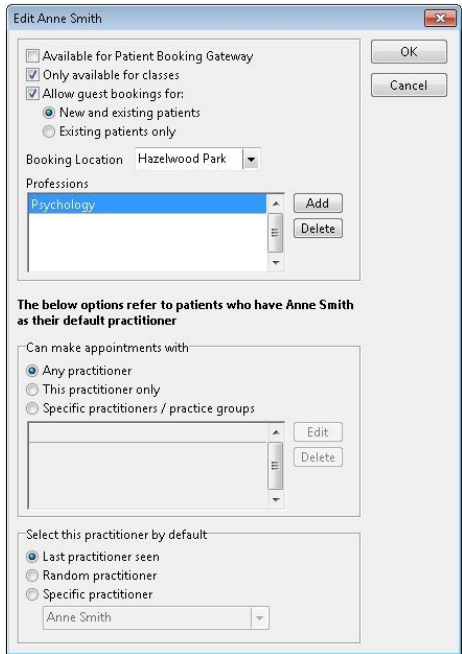
Select the **Practitioners** tab from the *Patient Booking Gateway Configuration*.



The screenshot shows the 'Practitioners' tab of the 'Patient Booking Gateway Configuration' window. It contains a table with columns 'Practitioner Name' and 'Available for Booking Gateway'. The table lists 12 practitioners, with 5 currently selected (checked). An 'Edit' button is next to the table. On the right, there are buttons for 'OK', 'Cancel', 'Bulk Email', and 'Help'. At the bottom left, it shows 'Registered for: 5 practitioners' and 'Currently selected: 5 practitioners'.

Practitioner Name	Available for Booking Gateway
Anne Smith - Hazelwood Park	<input type="checkbox"/>
Anne Smith - Nonwood	<input type="checkbox"/>
George Rogers - Hazelwood Park	<input checked="" type="checkbox"/>
Gerald Riviera - Hazelwood Park	<input checked="" type="checkbox"/>
Jane Conway - Dulwich	<input checked="" type="checkbox"/>
Jane Conway - Hazelwood Park	<input checked="" type="checkbox"/>
Robert Jones - Dulwich	<input checked="" type="checkbox"/>
Robert Jones - Hazelwood Park	<input type="checkbox"/>
Susan Everett - Adelaide	<input checked="" type="checkbox"/>
Susan Everett - Dulwich	<input type="checkbox"/>
Trevor Phillips - Hazelwood Park	<input type="checkbox"/>

Select a practitioner to setup for the Patient Booking Gateway and click **Edit**.



The screenshot shows the 'Edit Anne Smith' window. It has several sections: 'Available for Patient Booking Gateway' with a checkbox; 'Only available for classes' with a checked checkbox; 'Allow guest bookings for:' with radio buttons for 'New and existing patients' (selected) and 'Existing patients only'; 'Booking Location' set to 'Hazelwood Park'; 'Professions' list with 'Psychology' selected and 'Add'/'Delete' buttons; 'The below options refer to patients who have Anne Smith as their default practitioner' section with 'Can make appointments with' radio buttons for 'Any practitioner' (selected), 'This practitioner only', and 'Specific practitioners / practice groups'; and 'Select this practitioner by default' radio buttons for 'Last practitioner seen' (selected), 'Random practitioner', and 'Specific practitioner' with a dropdown showing 'Anne Smith'.

To enable the practitioner for the Patient Booking Gateway, select **Available for Patient Booking Gateway**.

Enable **Only available for classes** to only allow class bookings for this practitioner.

Enable **Allow guest bookings** to allow un-registered patients to make appointments with this practitioner online. This can be configured to allow **New and existing patients** or **Existing patients only**.

PATIENT BOOKING GATEWAY

Patient Booking Gateway Configuration

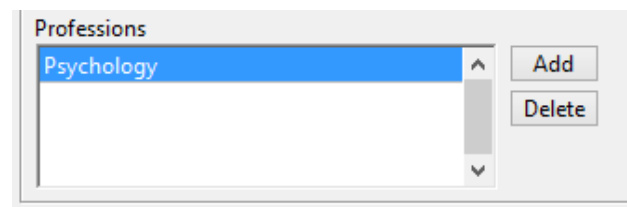
Select a **Booking Location** for the practitioner.



A dropdown menu for 'Booking Location'. The selected item is 'Hazelwood Park'. The dropdown list shows 'Adelaide' and 'Hazelwood Park'.

This will determine at which location patients can make an appointment with this practitioner.

Click **Add** to select one or more **Professions** for the practitioner.

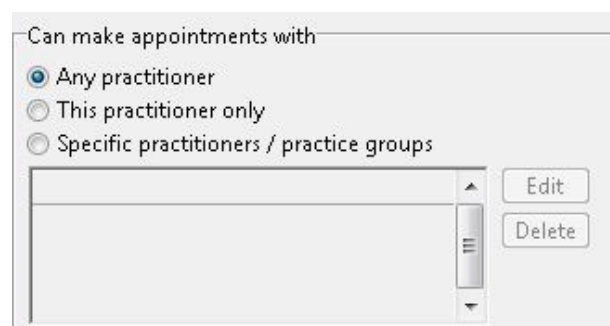


A list box titled 'Professions' containing 'Psychology'. To the right are 'Add' and 'Delete' buttons.

The **This practitioner's patients can make appointments with** option can be used to specify which practitioners a patient can make appointments with when this practitioner is selected as their **Default Practitioner**.

Any practitioner will allow the patient to make appointments with any practitioner available.

This practitioner only will allow the patient to make appointments only with their set Default Practitioner.

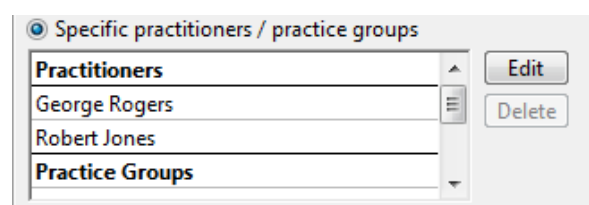


A section titled 'Can make appointments with' containing three radio buttons: 'Any practitioner' (selected), 'This practitioner only', and 'Specific practitioners / practice groups'. Below the radio buttons is a list box and 'Edit' and 'Delete' buttons.

Specific practitioners / practice groups will allow the patient to make appointments with specifically selected practitioners and practice groups.

Click **Edit** to select practitioners and practice groups.

Click **OK** to confirm the selection.



A list box showing selected items under the heading 'Specific practitioners / practice groups'. The list includes 'Practitioners' (a sub-header), 'George Rogers', 'Robert Jones', and 'Practice Groups' (another sub-header). To the right are 'Edit' and 'Delete' buttons.

PATIENT BOOKING GATEWAY

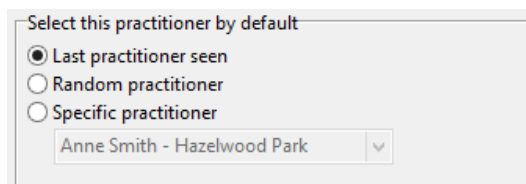
Patient Booking Gateway Configuration

The **Select this practitioner by default** option allows the user to specify which practitioner will be the default for patients with this practitioner is selected as their **Default Practitioner**.

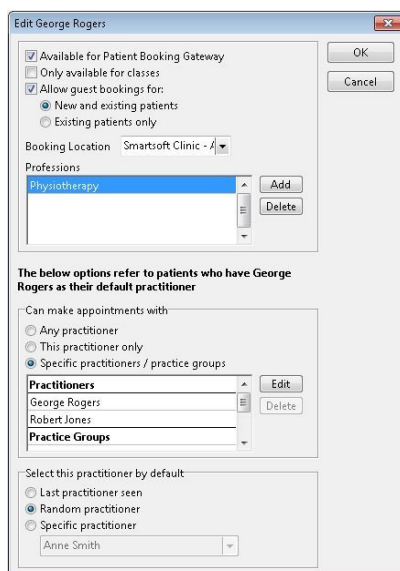
Last practitioner seen will set the last practitioner seen by the patient as the default.

Random practitioner will randomise the practitioner selected by default.

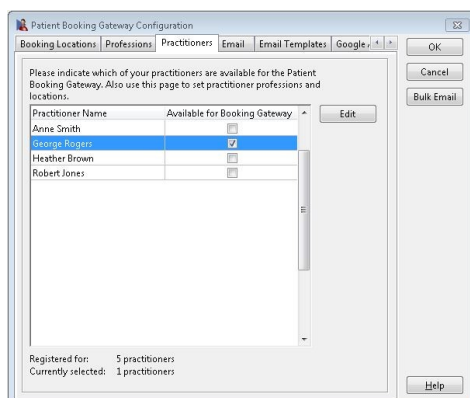
Specific practitioner will set a specific practitioner as the default.



Click **OK** to complete the practitioner setup.



Practitioners set as **Available for Patient Booking Gateway** will appear with a tick next to their name, and are now setup for the Patient Booking Gateway.



PATIENT BOOKING GATEWAY

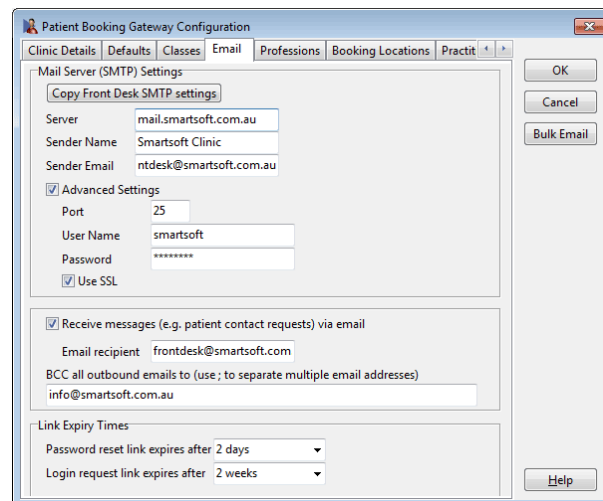
Patient Booking Gateway Configuration

Select the **Email** tab from the *Patient Booking Gateway Configuration*.

Enter your **Mail Server (SMTP) Settings**.

If you have already entered your SMTP settings within the **Email** tab of **System Information**, these details can be automatically copied using the **Copy Front Desk SMTP settings** button.

If you are unsure of your SMTP email settings please contact your system administrator or ISP (Internet Service Provider) for further assistance.



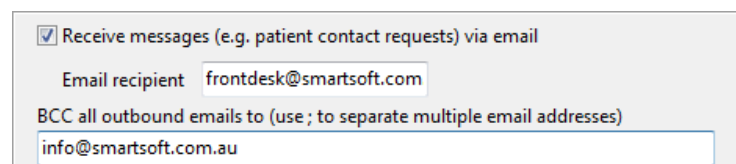
The screenshot shows the 'Patient Booking Gateway Configuration' window with the 'Email' tab selected. The 'Mail Server (SMTP) Settings' section includes a 'Copy Front Desk SMTP settings' button, fields for 'Server' (mail.smartsoft.com.au), 'Sender Name' (Smartsoft Clinic), and 'Sender Email' (ntdesk@smartsoft.com.au). The 'Advanced Settings' section is checked, showing 'Port' (25), 'User Name' (smartsoft), and 'Password' (masked). The 'Use SSL' checkbox is also checked. Below this, the 'Receive messages (e.g. patient contact requests) via email' checkbox is checked, with 'Email recipient' (frontdesk@smartsoft.com) and 'BCC all outbound emails to (use ; to separate multiple email addresses)' (info@smartsoft.com.au). The 'Link Expiry Times' section shows 'Password reset link expires after' (2 days) and 'Login request link expires after' (2 weeks). Buttons for 'OK', 'Cancel', 'Bulk Email', and 'Help' are on the right.

Enable **Receive messages (e.g. patient contact requests) via email** and enter an **Email recipient** to receive email notifications from patients requesting to be contacted.

A *Blind Carbon Copy* or BCC can be sent to nominated email addresses for all outbound emails by entering an email address into the **BCC all outbound emails to** field.

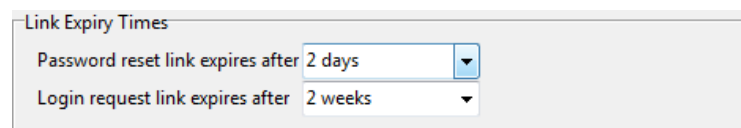
Multiple email addresses can be separated with a semicolon as below:

info@smartsoft.com.au; bookinggateway@smartsoft.com.au; frontdesk@smartsoft.com.au



This close-up shows the 'Receive messages (e.g. patient contact requests) via email' section. The checkbox is checked. The 'Email recipient' field contains 'frontdesk@smartsoft.com'. The 'BCC all outbound emails to (use ; to separate multiple email addresses)' field contains 'info@smartsoft.com.au'.

Link Expiry Times can be set to expire password reset links and login request links after a set period of time.



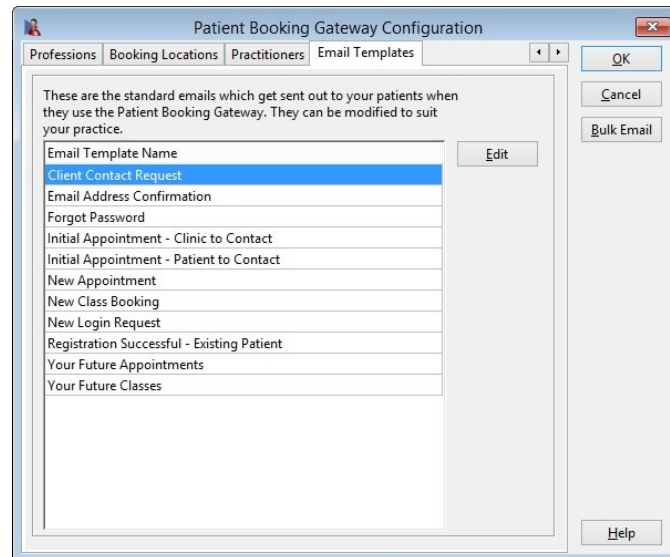
This close-up shows the 'Link Expiry Times' section. The 'Password reset link expires after' dropdown is set to '2 days'. The 'Login request link expires after' dropdown is set to '2 weeks'.

PATIENT BOOKING GATEWAY

Patient Booking Gateway Configuration

Select the **Email Templates** tab from the *Patient Booking Gateway Configuration*.

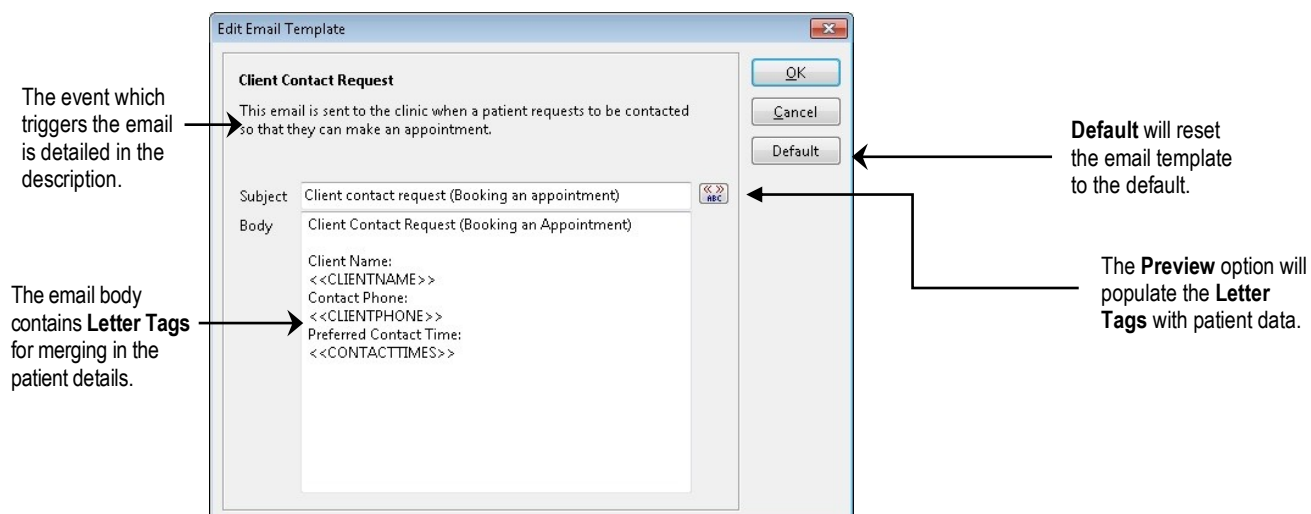
When using the Patient Booking Gateway an email notification may be sent to either the patient or the practice when certain events are triggered. These email templates can be modified to suit the practice.



Select an **Email Template Name** and click **Edit** to modify an existing email template.

The **Subject** and **Body** information can be adjusted by typing over the existing text.

Please note the *Letter Tags* within the body of the email will populate with patient information vital to the email's purpose.

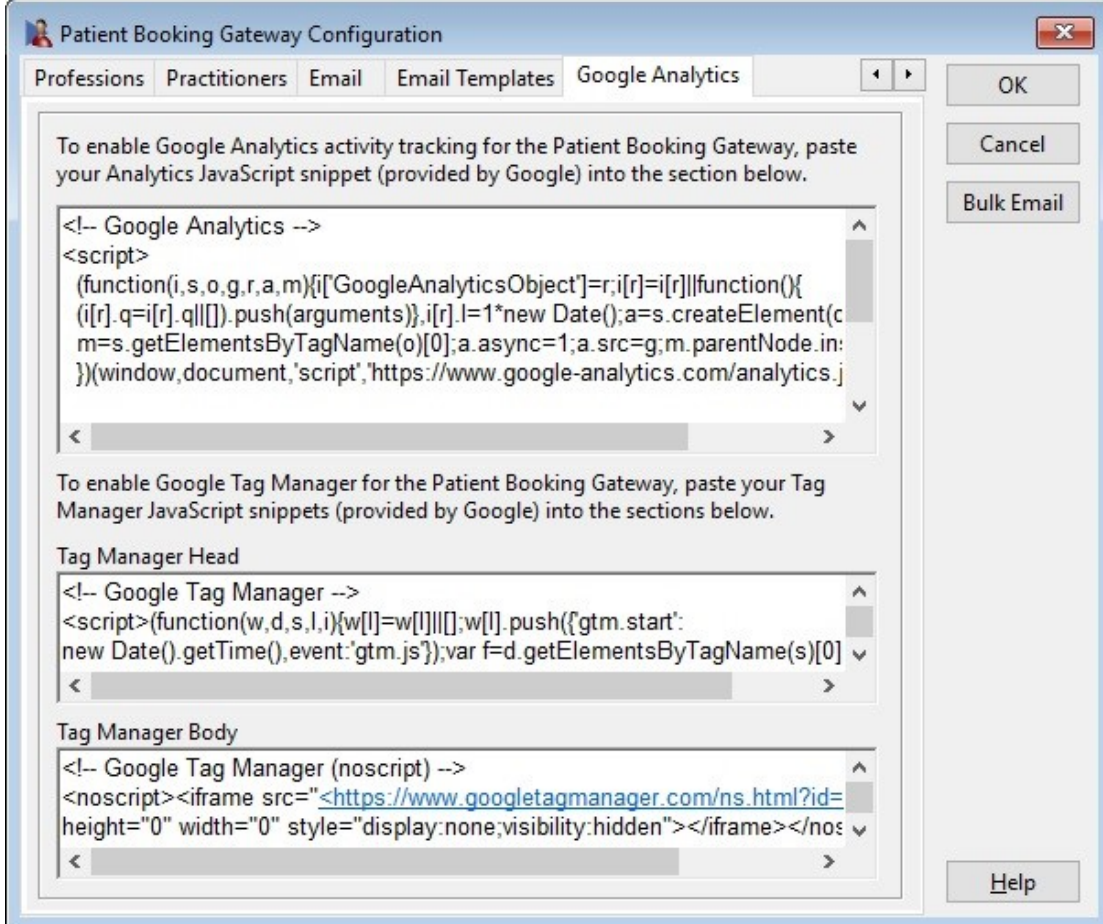


Click **OK** to complete the **Email Template**.

PATIENT BOOKING GATEWAY

Patient Booking Gateway Configuration

Select the **Google Analytics** tab from the *Patient Booking Gateway Configuration*.



The screenshot shows a window titled "Patient Booking Gateway Configuration" with a tabbed interface. The "Google Analytics" tab is selected. The window contains instructions and text areas for pasting Google Analytics and Google Tag Manager code.

Professions **Practitioners** **Email** **Email Templates** **Google Analytics**

To enable Google Analytics activity tracking for the Patient Booking Gateway, paste your Analytics JavaScript snippet (provided by Google) into the section below.

```
<!-- Google Analytics -->
<script>
(function(i,s,o,g,r,a,m){i['GoogleAnalyticsObject']=r;i[r]=i[r]||function(){
(i[r].q=i[r].q||[]).push(arguments)},i[r].l=1*new Date();a=s.createElement(c
m=s.getElementsByTagName(o)[0];a.async=1;a.src=g;m.parentNode.in
})(window,document,'script','https://www.google-analytics.com/analytics.j
```

To enable Google Tag Manager for the Patient Booking Gateway, paste your Tag Manager JavaScript snippets (provided by Google) into the sections below.

Tag Manager Head

```
<!-- Google Tag Manager -->
<script>(function(w,d,s,l,i){w[l]=w[l]||[];w[l].push({'gtm.start':
new Date().getTime(),event:'gtm.js'});var f=d.getElementsByTagName(s)[0]
</script>
```

Tag Manager Body

```
<!-- Google Tag Manager (noscript) -->
<noscript><iframe src="<a href="https://www.googletagmanager.com/ns.html?id=
height="0" width="0" style="display:none;visibility:hidden"></iframe></noscript>
```

Buttons: OK, Cancel, Bulk Email, Help

Google Analytics activity tracking can be enabled for the Patient Booking Gateway by pasting your Analytics JavaScript snippet (provided by Google) into this window.

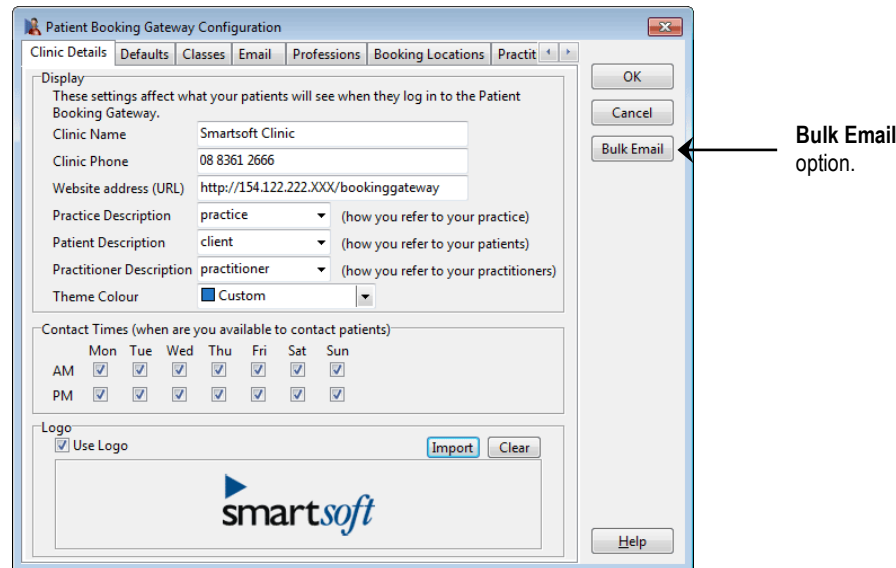
Google Tag Manager can also be used to further integrate the Booking Gateway with Google Analytics.

PATIENT BOOKING GATEWAY

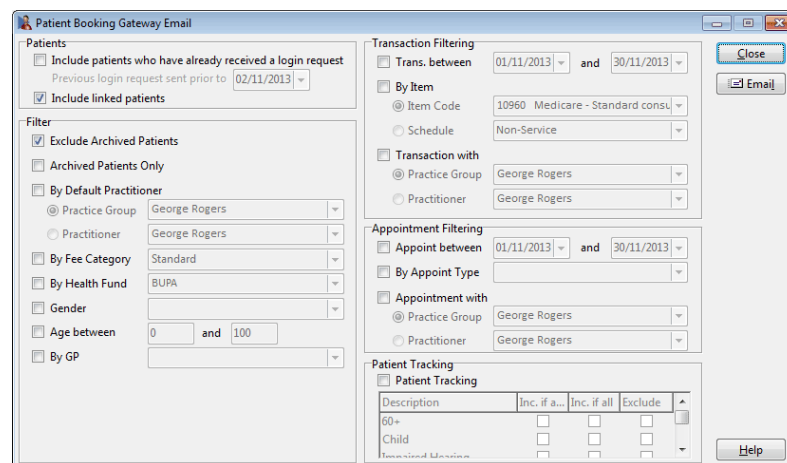
Patient Booking Gateway Configuration

Select the **Bulk Email** option from the *Patient Booking Gateway Configuration*.

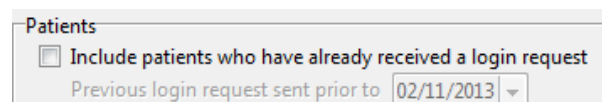
The **Bulk Email** option allows users to send bulk emails to patients within the Front Desk database. This is used to send a personalised invitation to patients to register and begin using the Patient Booking Gateway.



The following window will appear.



By default **Include patients who have already received a login request** is not enabled.



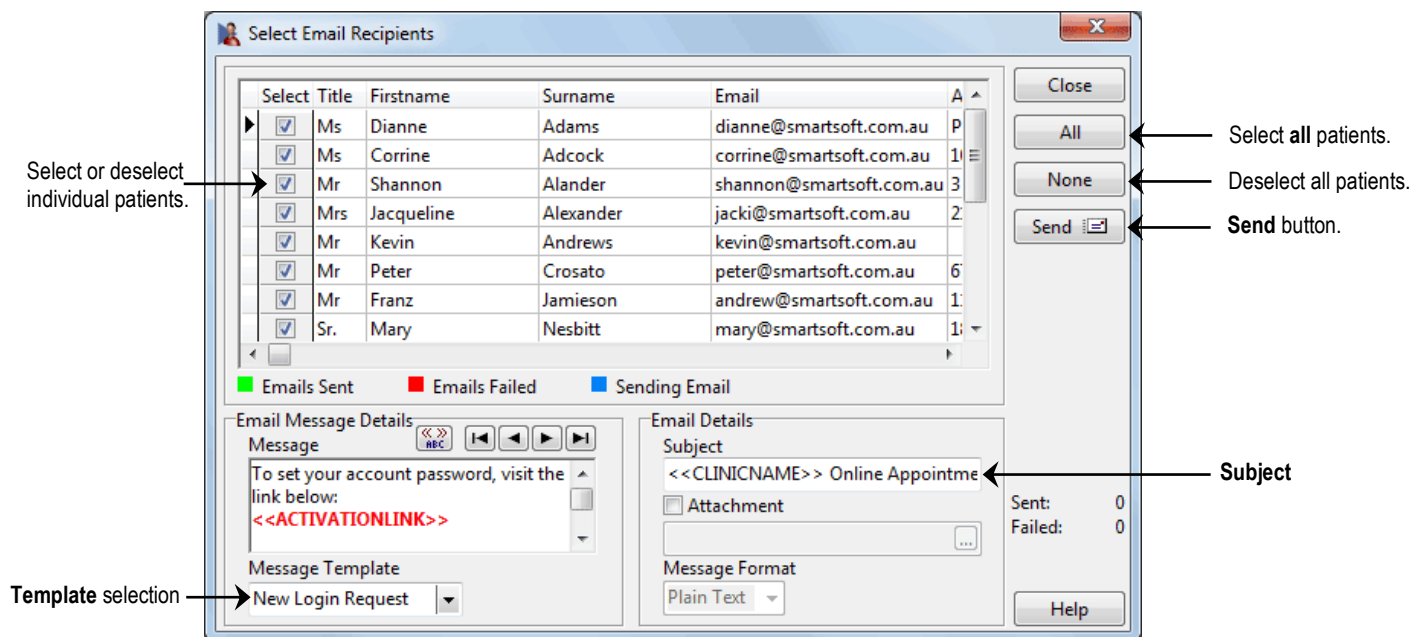
The **Filter** options can be used to select only patients who meet the selected criteria.

For example enabling both **Appoint between** and the **Appointment with** filter will select patients who have had an appointment during a set date range with a certain practitioner or practice group.

PATIENT BOOKING GATEWAY

Patient Booking Gateway Configuration

Click **Email** to send an email to those patients with an email address.



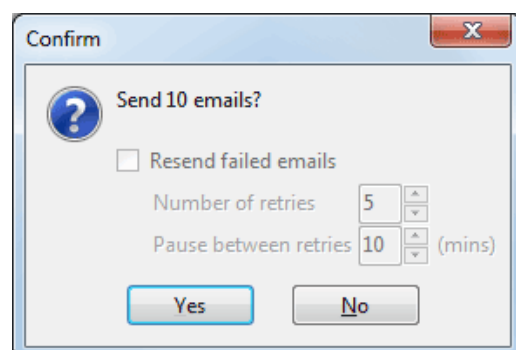
Individual patients can be selected or deselected from the **Select** column.

Click **All** to select all patients within the list, or click **None** to deselect all patients.

The **Message Template** can be adjusted from within the **Email Templates** tab of the *Patient Booking Gateway Configuration*.

Click **Send** to send the selected emails.

Click **Yes** to confirm the selection.

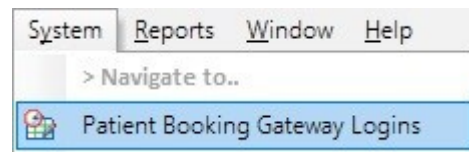


The selected patients will now receive an email invitation to begin using the Patient Booking Gateway.

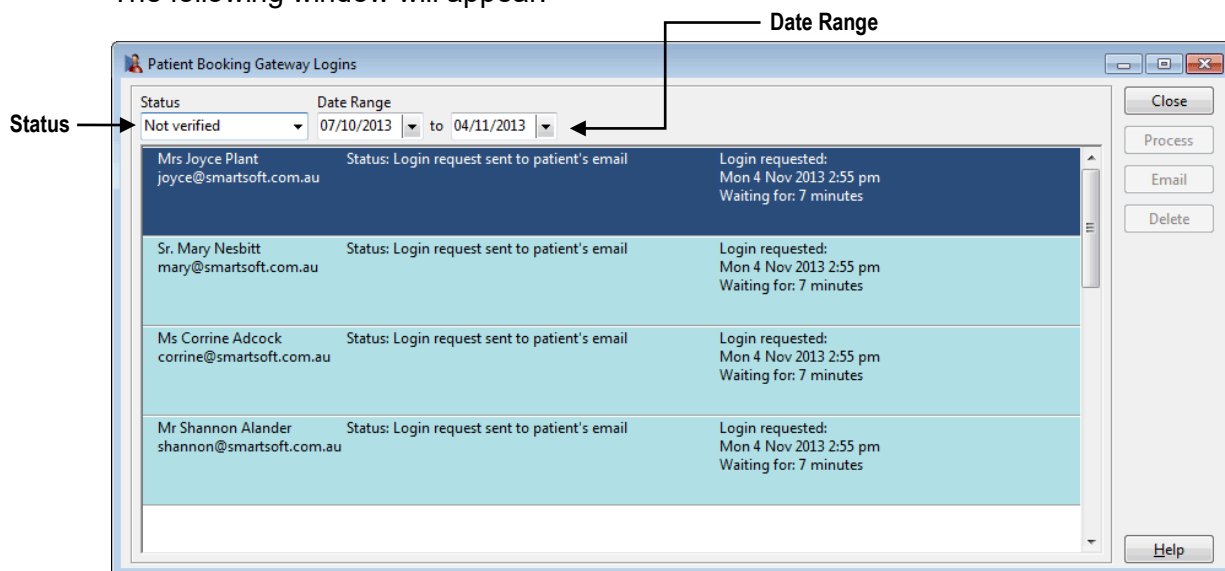
PATIENT BOOKING GATEWAY

Patient Booking Gateway Logins

To view the current Patient Booking Gateway users, select **Patient Booking Gateway Logins** from the *System* menu.



The following window will appear.



By default the listing will show the last four weeks of unverified login details. This can be adjusted with the **Date Range** and **Status** options.

Not verified will list patient logins which are awaiting verification or partially verified.

Verified will list patient logins which have been successfully verified and are ready to use within the Patient Booking Gateway.

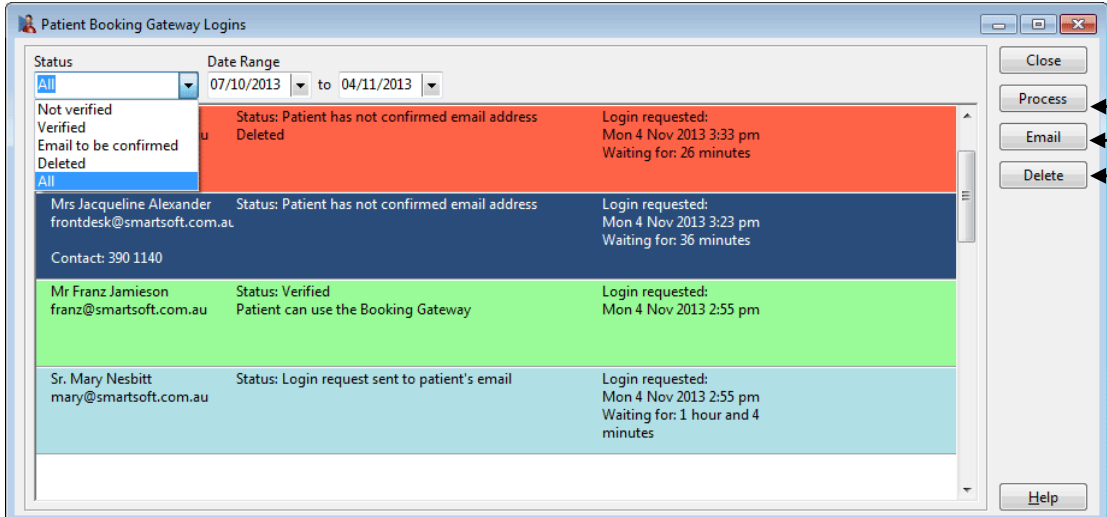
Email to be confirmed will show patient logins which have been registered via the Patient Booking Gateway website, but not been confirmed via email.

Deleted will list patient logins which have been deleted from the system.

All will list patient login details of any status.

PATIENT BOOKING GATEWAY

Patient Booking Gateway Logins



The 'Patient Booking Gateway Logins' window displays a list of login requests. On the right side, there are three buttons: 'Process', 'Email', and 'Delete', each with an arrow pointing to it from the right. The window also has a 'Close' button at the top right and a 'Help' button at the bottom right.

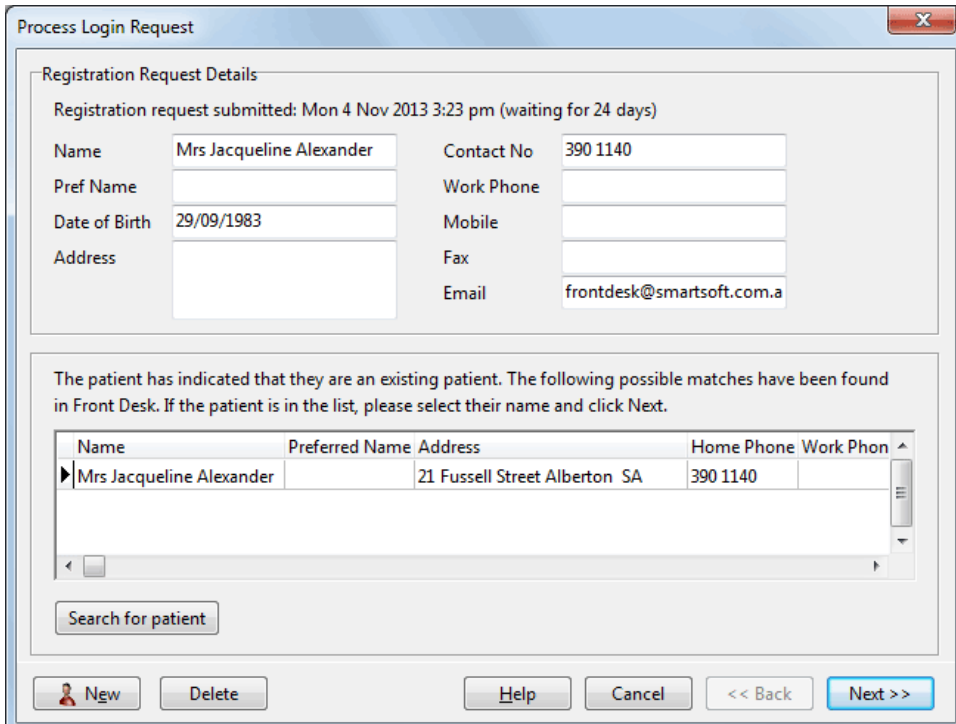
Status	Date Range	Close
All	07/10/2013 to 04/11/2013	Process
Not verified		Email
Verified		Delete
Email to be confirmed		
Deleted		
All		

Name	Status	Login requested
Mrs Jacqueline Alexander frontdesk@smartsoft.com.au	Status: Patient has not confirmed email address Deleted	Login requested: Mon 4 Nov 2013 3:33 pm Waiting for: 26 minutes
Mrs Jacqueline Alexander frontdesk@smartsoft.com.au	Status: Patient has not confirmed email address	Login requested: Mon 4 Nov 2013 3:23 pm Waiting for: 36 minutes
Mr Franz Jamieson franz@smartsoft.com.au	Status: Verified Patient can use the Booking Gateway	Login requested: Mon 4 Nov 2013 2:55 pm
Sr. Mary Nesbitt mary@smartsoft.com.au	Status: Login request sent to patient's email	Login requested: Mon 4 Nov 2013 2:55 pm Waiting for: 1 hour and 4 minutes

Help

When a patient has registered via the website, the option to **Process**, **Email**, or **Delete** the login request becomes available.

Select **Process** to link the registration request to a patient file. This can be an existing patient file, or a new patient file. The following **Process Login Requests** window will appear.



The 'Process Login Request' window displays the registration request details for Mrs Jacqueline Alexander. It includes fields for Name, Pref Name, Date of Birth, Address, Contact No, Work Phone, Mobile, Fax, and Email. Below the details, there is a message stating that the patient is an existing patient and a list of possible matches found in Front Desk. The list includes Mrs Jacqueline Alexander with address 21 Fussell Street Alberton SA and home phone 390 1140. At the bottom, there are buttons for 'New', 'Delete', 'Help', 'Cancel', '<< Back', and 'Next >>'.

Process Login Request

Registration Request Details

Registration request submitted: Mon 4 Nov 2013 3:23 pm (waiting for 24 days)

Name	Pref Name	Date of Birth	Address	Contact No	Work Phone	Mobile	Fax	Email
Mrs Jacqueline Alexander		29/09/1983		390 1140				frontdesk@smartsoft.com.a

The patient has indicated that they are an existing patient. The following possible matches have been found in Front Desk. If the patient is in the list, please select their name and click Next.

Name	Preferred Name	Address	Home Phone	Work Phone
Mrs Jacqueline Alexander		21 Fussell Street Alberton SA	390 1140	

Search for patient

New Delete Help Cancel << Back Next >>

PATIENT BOOKING GATEWAY

Patient Booking Gateway Logins

The **Registration Request Details** will be listed at the top of the window. This can be used to compare the requesting patient details against an existing patient file.

Registration Request Details

Registration request submitted: Mon 4 Nov 2013 3:23 pm (waiting for 1 day)

Name	Mrs Jacqueline Alexander	Contact No:	390 1140
Pref Name		Work Phone	
Date of Birth	29/09/1983	Mobile	
Address		Fax	
		Email	frontdesk@smartsoft.com.a

If the patient has indicated they are an existing patient, the Front Desk system will automatically attempt to find patient files with matching information.

The patient has indicated that they are an existing patient. The following possible matches have been found in Front Desk. If the patient is in the list, please select their name and click Next.

Name	Preferred Name	Address	Home Phone	Work Phon
▶ Mrs Jacqueline Alexander		21 Fussell Street Alberton SA	390 1140	

If the returned results do not match sufficiently, users can search the database for a better matching patient file by selecting **Search for patient**.

Search on Patient

Search Characters: Alexander, jacqueline Search on: Surname Total Patients 1192

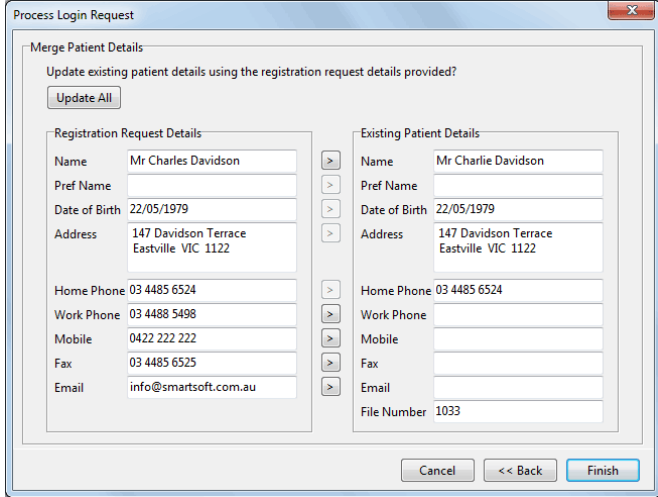
Surname	Name	Address	Practitioner	Ph
▶ Alexander	Jacqueline	21 Fussell Street Alberton SA	George Rogers	39

☐ Show Archived Patients
☐ Show All

PATIENT BOOKING GATEWAY

Patient Booking Gateway Logins

Once a patient file suitable to link with the registration request has been found and selected, click **Next** to begin the **Merge Patient Details** process.

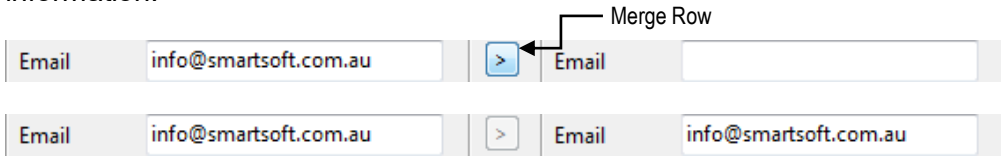


The 'Process Login Request' window displays the 'Merge Patient Details' section. It prompts the user to 'Update existing patient details using the registration request details provided?' with an 'Update All' button. Below this, there are two columns of form fields. The left column, 'Registration Request Details', contains fields for Name (Mr Charles Davidson), Pref Name, Date of Birth (22/05/1979), Address (147 Davidson Terrace, Eastville VIC 1122), Home Phone (03 4485 6524), Work Phone (03 4488 5498), Mobile (0422 222 222), Fax (03 4485 6525), and Email (info@smartsoft.com.au). The right column, 'Existing Patient Details', contains fields for Name (Mr Charlie Davidson), Pref Name, Date of Birth (22/05/1979), Address (147 Davidson Terrace, Eastville VIC 1122), Home Phone (03 4485 6524), Work Phone, Mobile, Fax, Email, and File Number (1033). Blue arrow buttons are positioned between corresponding rows in the two columns. At the bottom are 'Cancel', '<< Back', and 'Finish' buttons.

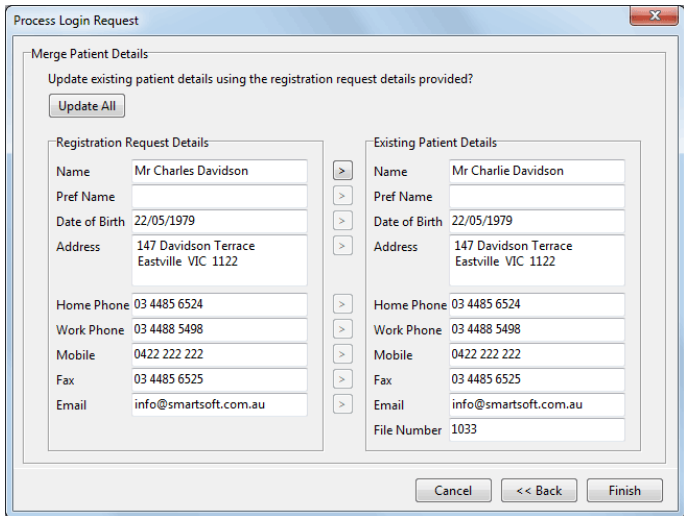
The **Merge Patient Details** window allows users to update the existing patient file with the details registered for the Patient Booking Gateway by the patient.

Select **Update All** to update all available patient details.

Otherwise, selecting the arrow between each row will replace that specific line of information.



This diagram illustrates the 'Merge Row' action. It shows two rows of data. The first row has 'Email' and 'info@smartsoft.com.au' in the first column, and an empty 'Email' field in the second column. A blue arrow points from the first column to the second. The second row has 'Email' and 'info@smartsoft.com.au' in both columns. An arrow labeled 'Merge Row' points to the blue arrow in the first row.



This screenshot shows the 'Process Login Request' window with the 'Merge Patient Details' section. The 'Email' field in the 'Existing Patient Details' column now contains 'info@smartsoft.com.au', matching the 'Registration Request Details'. An arrow points from the 'Updated information in existing patient file.' text to this field.

Updated information
in existing patient file.

Click **Finish** to complete the registration process.

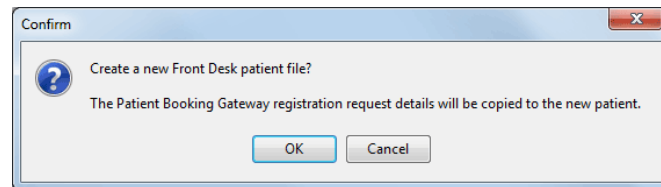
Click **Back** to return to the **Registration Request Details**, or **Cancel** to close the window without processing.

PATIENT BOOKING GATEWAY

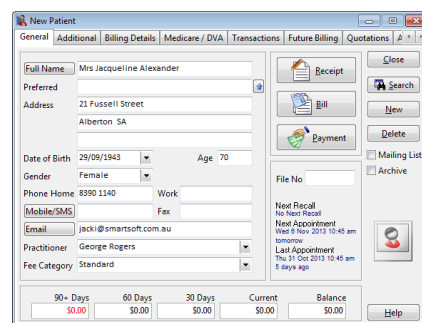
Patient Booking Gateway Logins

If the registration request cannot be linked to an existing patient file, click **New** to create a new patient file.

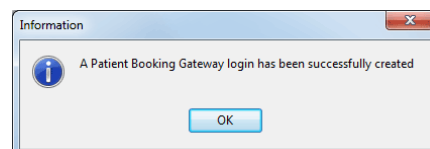
The registration request details will be copied to the new patient file automatically.



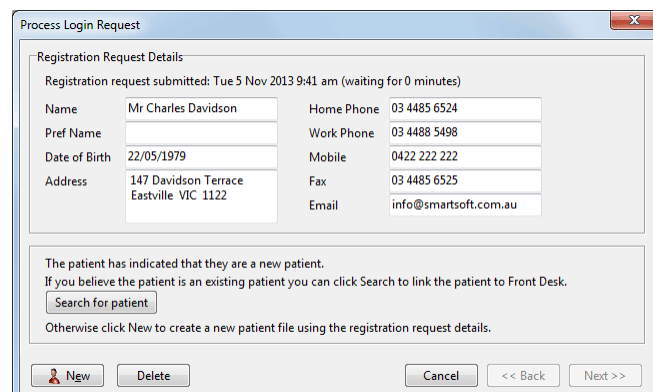
Click **OK** to complete the patient file creation.

A 'New Patient' form with multiple tabs: General, Additional, Billing Details, Medicare / DVA, Transactions, Future Billing, Quotations. The 'General' tab is active, showing fields for Full Name (Mrs Jacqueline Alexander), Preferred, Address (21 Fussell Street, Alberton SA), Date of Birth (29/09/1943), Age (70), Gender (Female), Phone Home (8390 1140), Work, Mobile/SMS, Fax, Email (Jacki@smartsoft.com.au), Practitioner (George Rogers), and Fee Category (Standard). There are also buttons for Receipt, Bill, Payment, Search, New, Delete, and Archive. A 'Next Recall' section shows 'No Next Recall', 'Next Appointment' (Wed 6 Nov 2013 10:45 am), and 'Last Appointment' (Thu 31 Oct 2013 10:45 am, 5 days ago). At the bottom, there are financial summary boxes for 90+ Days, 60 Days, 30 Days, Current, and Balance, all showing \$0.00.

Upon closing and saving the patient file, the following window will appear.



If the patient has registered indicating they are a new patient, the following window will appear.

A 'Process Login Request' form. The 'Registration Request Details' section shows 'Registration request submitted: Tue 5 Nov 2013 9:41 am (waiting for 0 minutes)'. Below this are fields for Name (Mr Charles Davidson), Pref Name, Date of Birth (22/05/1979), Address (147 Davidson Terrace, Eastville VIC 1122), Home Phone (03 4485 6524), Work Phone (03 4488 5498), Mobile (0422 222 222), Fax (03 4485 6525), and Email (info@smartsoft.com.au). A message states 'The patient has indicated that they are a new patient. If you believe the patient is an existing patient you can click Search to link the patient to Front Desk.' There is a 'Search for patient' button. Below this, it says 'Otherwise click New to create a new patient file using the registration request details.' At the bottom, there are buttons for 'New', 'Delete', 'Cancel', '<< Back', and 'Next >>'.

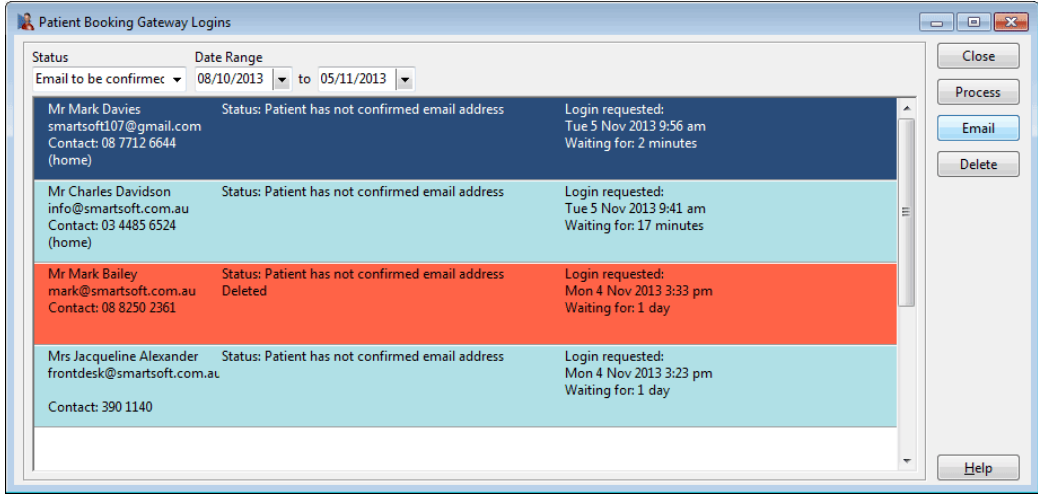
By selecting the **Search for patient** option users can search for an existing patient file to link the registration to if required.

Otherwise click **New** to create a new patient file using the registration request details.

PATIENT BOOKING GATEWAY

Patient Booking Gateway Logins

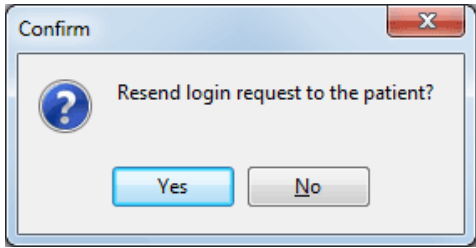
Click **Email** to resend the Patient Booking Gateway activation email to the patient.



The screenshot shows the 'Patient Booking Gateway Logins' window. It features a 'Status' dropdown menu set to 'Email to be confirmed', a 'Date Range' from '08/10/2013' to '05/11/2013', and a table of patient login requests. The table has three columns: patient details, status, and login request details. The first row is for Mr Mark Davies, with status 'Patient has not confirmed email address' and a login request from Tue 5 Nov 2013 9:56 am. The second row is for Mr Charles Davidson, with status 'Patient has not confirmed email address' and a login request from Tue 5 Nov 2013 9:41 am. The third row is for Mr Mark Bailey, with status 'Patient has not confirmed email address Deleted' and a login request from Mon 4 Nov 2013 3:33 pm. The fourth row is for Mrs Jacqueline Alexander, with status 'Patient has not confirmed email address' and a login request from Mon 4 Nov 2013 3:23 pm. On the right side of the window, there are buttons for 'Close', 'Process', 'Email', 'Delete', and 'Help'.

Patient Details	Status	Login Request Details
Mr Mark Davies smartsoft107@gmail.com Contact: 08 7712 6644 (home)	Patient has not confirmed email address	Login requested: Tue 5 Nov 2013 9:56 am Waiting for: 2 minutes
Mr Charles Davidson info@smartsoft.com.au Contact: 03 4485 6524 (home)	Patient has not confirmed email address	Login requested: Tue 5 Nov 2013 9:41 am Waiting for: 17 minutes
Mr Mark Bailey mark@smartsoft.com.au Contact: 08 8250 2361	Patient has not confirmed email address Deleted	Login requested: Mon 4 Nov 2013 3:33 pm Waiting for: 1 day
Mrs Jacqueline Alexander frontdesk@smartsoft.com.au Contact: 390 1140	Patient has not confirmed email address	Login requested: Mon 4 Nov 2013 3:23 pm Waiting for: 1 day

The following window will appear.

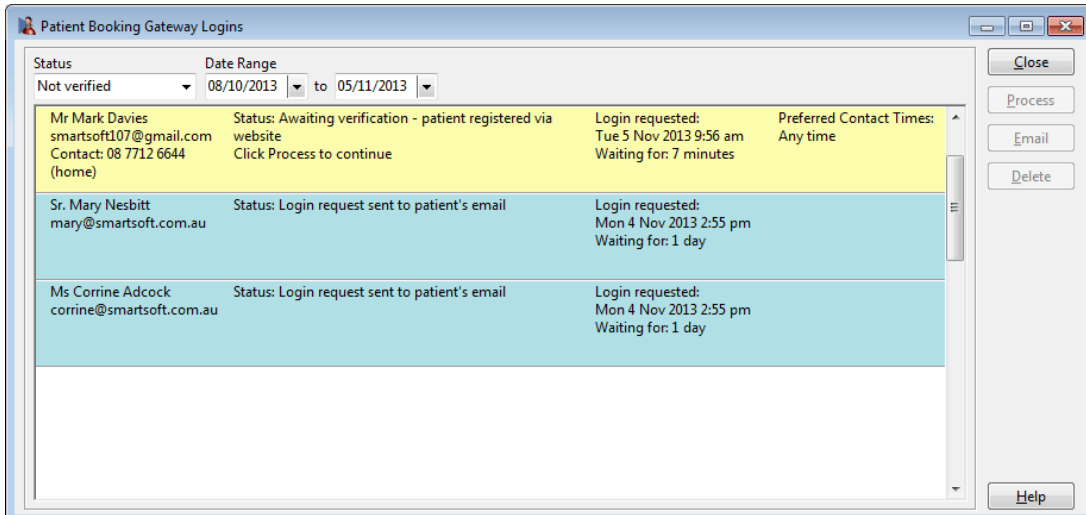


The screenshot shows a 'Confirm' dialog box with a question mark icon and the text 'Resend login request to the patient?'. There are two buttons: 'Yes' and 'No'.

Click **Yes** to resend the login request, or click **No** to cancel.

Once a patient has confirmed their registration request via email, the **Status** becomes *Awaiting verification - patient registered via website*.

The patient can then be **processed** and linked to a patient file.



The screenshot shows the 'Patient Booking Gateway Logins' window after processing. The 'Status' dropdown menu is now set to 'Not verified'. The table shows three rows. The first row is for Mr Mark Davies, with status 'Awaiting verification - patient registered via website' and a login request from Tue 5 Nov 2013 9:56 am. The second row is for Sr. Mary Nesbitt, with status 'Login request sent to patient's email' and a login request from Mon 4 Nov 2013 2:55 pm. The third row is for Ms Corrine Adcock, with status 'Login request sent to patient's email' and a login request from Mon 4 Nov 2013 2:55 pm. On the right side of the window, there are buttons for 'Close', 'Process', 'Email', 'Delete', and 'Help'.

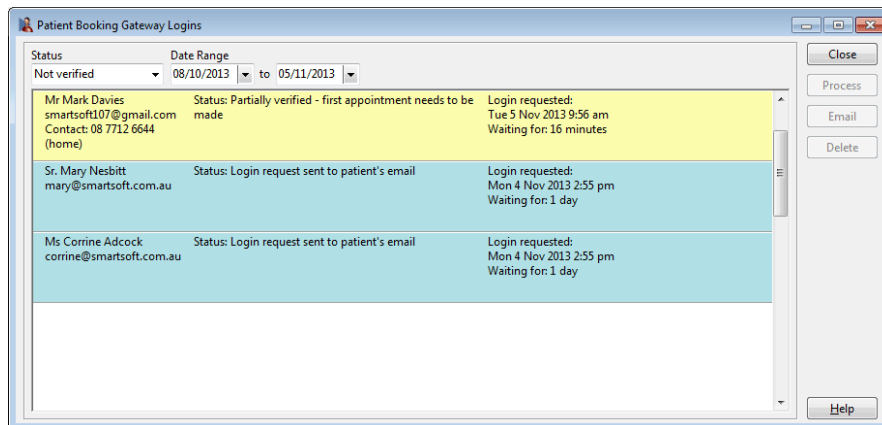
Patient Details	Status	Login Request Details	Preferred Contact Times
Mr Mark Davies smartsoft107@gmail.com Contact: 08 7712 6644 (home)	Awaiting verification - patient registered via website Click Process to continue	Login requested: Tue 5 Nov 2013 9:56 am Waiting for: 7 minutes	Any time
Sr. Mary Nesbitt mary@smartsoft.com.au	Login request sent to patient's email	Login requested: Mon 4 Nov 2013 2:55 pm Waiting for: 1 day	
Ms Corrine Adcock corrine@smartsoft.com.au	Login request sent to patient's email	Login requested: Mon 4 Nov 2013 2:55 pm Waiting for: 1 day	

PATIENT BOOKING GATEWAY

Patient Booking Gateway Logins

If a new patient file is created, or the linked existing patient file has not had an appointment with a practitioner of the same **Profession**, the first appointment will need to be made manually by the clinic.

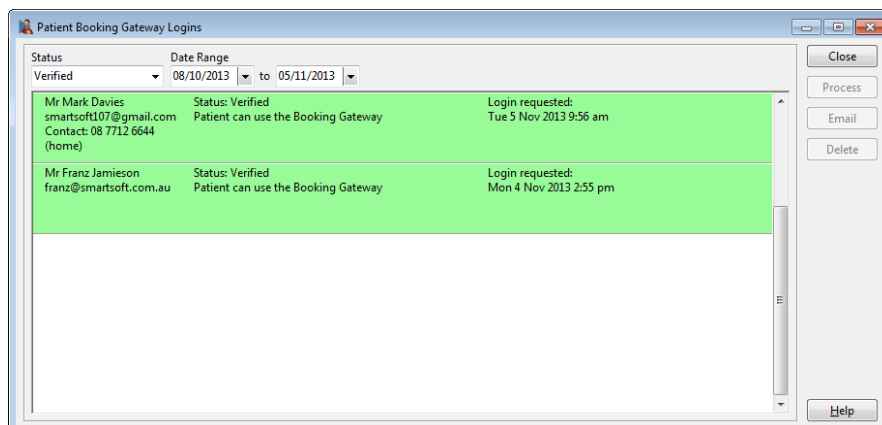
When this occurs the **Status** becomes *Partially verified - first appointment needs to be made*.



The screenshot shows the 'Patient Booking Gateway Logins' window. The 'Status' dropdown is set to 'Not verified'. The 'Date Range' is from 08/10/2013 to 05/11/2013. The table lists three patients with a status of 'Partially verified - first appointment needs to be made'.

Patient Name	Status	Login requested
Mr Mark Davies smartsoft107@gmail.com Contact: 08 7712 6644 (home)	Partially verified - first appointment needs to be made	Tue 5 Nov 2013 9:56 am Waiting for: 16 minutes
Sr. Mary Nesbitt mary@smartsoft.com.au	Login request sent to patient's email	Mon 4 Nov 2013 2:55 pm Waiting for: 1 day
Ms Corrine Adcock corrine@smartsoft.com.au	Login request sent to patient's email	Mon 4 Nov 2013 2:55 pm Waiting for: 1 day

If the linked patient file has previously had an appointment with a practitioner of the same **Profession**, or an appointment has since been made, the **Status** will become *Verified - Patient can use the Booking Gateway*.



The screenshot shows the 'Patient Booking Gateway Logins' window. The 'Status' dropdown is set to 'Verified'. The 'Date Range' is from 08/10/2013 to 05/11/2013. The table lists two patients with a status of 'Verified - Patient can use the Booking Gateway'.

Patient Name	Status	Login requested
Mr Mark Davies smartsoft107@gmail.com Contact: 08 7712 6644 (home)	Verified Patient can use the Booking Gateway	Tue 5 Nov 2013 9:56 am
Mr Franz Jamieson franz@smartsoft.com.au	Verified Patient can use the Booking Gateway	Mon 4 Nov 2013 2:55 pm

The Patient Booking Gateway login registration is now complete.

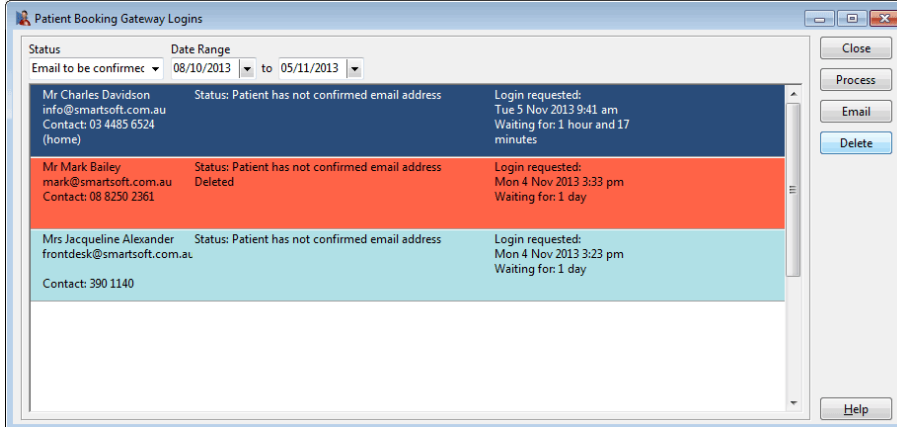
Completed registrations can be viewed under the **Verified** status option.

PATIENT BOOKING GATEWAY

Patient Booking Gateway Logins

Click **Delete** to remove an incomplete login request.

Please note that only login requests listed under the **Email to be confirmed** status can be deleted.



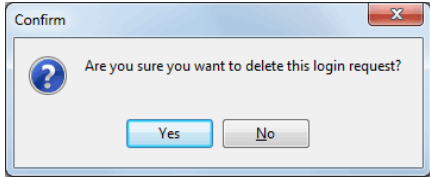
The screenshot shows the 'Patient Booking Gateway Logins' window. It features a table with three rows of login requests. The first row is for Mr Charles Davidson, the second for Mr Mark Bailey, and the third for Mrs Jacqueline Alexander. The status for all three is 'Email to be confirmed'. The table columns include patient details, status, and login request information. On the right side of the window, there are buttons for 'Close', 'Process', 'Email', 'Delete', and 'Help'.

Status	Date Range
Email to be confirmed	08/10/2013 to 05/11/2013

Patient Name	Status	Login requested
Mr Charles Davidson info@smartsoft.com.au Contact: 03 4485 6524 (home)	Patient has not confirmed email address	Tue 5 Nov 2013 9:41 am Waiting for: 1 hour and 17 minutes
Mr Mark Bailey mark@smartsoft.com.au Contact: 08 8250 2361	Patient has not confirmed email address Deleted	Mon 4 Nov 2013 3:33 pm Waiting for: 1 day
Mrs Jacqueline Alexander frontdesk@smartsoft.com.au Contact: 390 1140	Patient has not confirmed email address	Mon 4 Nov 2013 3:23 pm Waiting for: 1 day

A confirmation window will appear.

Click **Yes** to delete the login request, or click **No** to cancel.

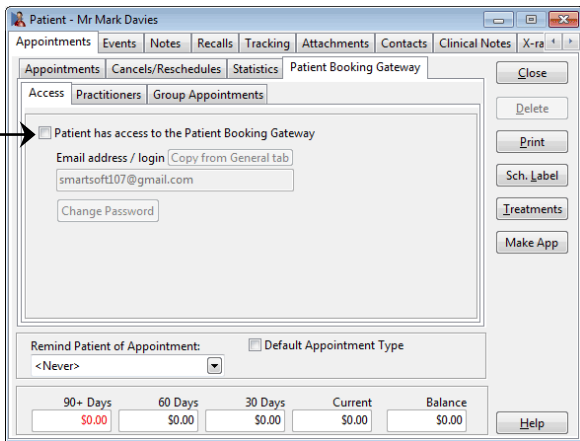


The screenshot shows a 'Confirm' dialog box with a question mark icon. The text inside asks, 'Are you sure you want to delete this login request?'. There are two buttons: 'Yes' and 'No'.

Please note that once a login request has been deleted it cannot be undeleted and must be resubmitted manually.

If required, access to the Booking Gateway can be revoked for patients who have already been verified from the **Appointments** tab of the patient file.

To remove access to the Booking Gateway deselect **Patient has access to the Patient Booking Gateway** as below.



The screenshot shows the 'Patient - Mr Mark Davies' window. The 'Appointments' tab is selected. Within this tab, the 'Access' sub-tab is active. A checkbox labeled 'Patient has access to the Patient Booking Gateway' is shown, and an arrow points to it with the text 'Deselect to remove access.' Below this checkbox, there is a text field for 'Email address / login' containing 'smartsoft107@gmail.com' and a 'Change Password' button. On the right side of the window, there are buttons for 'Close', 'Delete', 'Print', 'Sch. Label', 'Treatments', and 'Make App'. At the bottom, there is a section for 'Remind Patient of Appointment' with a dropdown menu set to '<Never>' and a table showing payment status for 90+ Days, 60 Days, 30 Days, Current, and Balance, all with a value of \$0.00.

Deselect to remove access. →

☐ Patient has access to the Patient Booking Gateway

Email address / login Copy from General tab
smartsoft107@gmail.com

Change Password

Remind Patient of Appointment: Default Appointment Type
<Never>

90+ Days	60 Days	30 Days	Current	Balance
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

WEB APPOINTMENT BOOK



Web Appointment Book (Standard)

Front Desk includes a read only Web Appointment Book, which allows users to view their appointments using a standard web browser. This functionality is ideal for allowing practitioners and staff to view the appointment book while off-site.

Firefox Smartsoft Clinic - Front Desk: WebPlus +

www.smartsoft.com.au/WebPlusDemo/Default.aspx

Smartsoft Clinic

Friday 5 April 2013

Practice Group(s): All Practice Groups

Day Week Month

Today	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	S
	Robert Jones							Anne Smith		Heather Brown
9:00 am	(S) Miss Stephanie Randall									(S) Mr Brenton Glatz
9:15 am	(F) Mr Kirk Lennox							(S) Mrs Patricia Badger		
9:30 am								(S) Mr Alan Routley		(W) Mrs Gwen Watts
9:45 am	(W) Mrs Ruth Hales									
10:00 am								(N) Mr Russell Nicola		(W) Mrs Angela Iannace
10:15 am	(N) Miss Megan McLeod							(F) Miss Elizabeth Reeves		
10:30 am										(W) Miss Deborah Kerley
10:45 am								(N) Mrs Yvonne Thomas		
11:00 am	(W) Mrs Alina Jones									(W) Mr Albert Sarti
11:15 am	(S) Mr David Allison							(S) Mr Andrew Thomas		
11:30 am								(H) Mr Steve Tanner		
11:45 am	(S) Mrs Judith Hanson									(N) Mr Matthew Bowley
12:00 pm	(N) Mr Marco Keune							Lunch		
12:15 pm								Lunch		(S) Mr Trevor Woolford
12:30 pm	(S) Mr Phil Alexander							Lunch		
12:45 pm	(N) Mrs Mareta Miller									
1:00 pm	(H/V) Mrs Lioudmilla Latta									
1:15 pm										
1:30 pm	Lunch									

Appointment Details

Mrs Lioudmilla Latta (H/V)
 File No:
 Item Code: 535
 App Made: 16/08/2012 12:35:41 PM
 Made By: Admin

Next Appointment: Wed 3 Apr 2013 03:30 PM (Anne Smith)
 Previous Appointment: Wed 3 Apr 2013 03:30 PM (two days ago)

Status: Patient Not Arrived

WEB APPOINTMENT BOOK



Web Appointment Book

A prerequisite for installing the Front Desk Web Appointment Book is one of the following operating systems:

- Windows Server 2008
- Windows Server 2008 R2
- Windows Server 2012
- Windows Server 2012 R2
- Windows Vista Home Premium (or above)
- Windows 7 Home Premium (or above)
- Windows 8 / 8.1
- Windows 10

There are two main steps to install the Web Appointment Book.

- 1) Installing the Front Desk Web Appointment Book
- 2) Configuring Port Forwarding in your Modem/Router

Step 1 – Install the Front Desk Web Appointment Book Utility

Insert the **Front Desk 2018** CD into your CD-ROM.

The dialog below should automatically appear on your screen.



*Please note: If the dialog above does not appear automatically you may need to open the Front Desk CD manually. From the **Start Menu** click **Computer** and then double click on the CD-ROM drive labelled **Smartsoft**.*

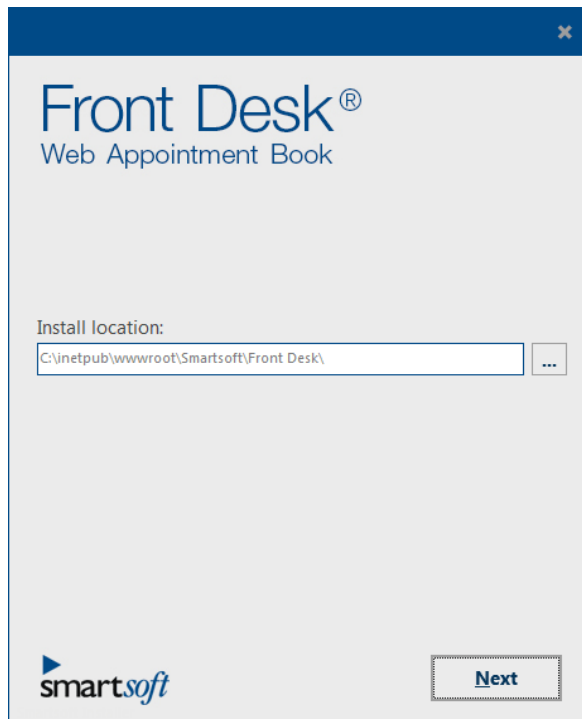
WEB APPOINTMENT BOOK



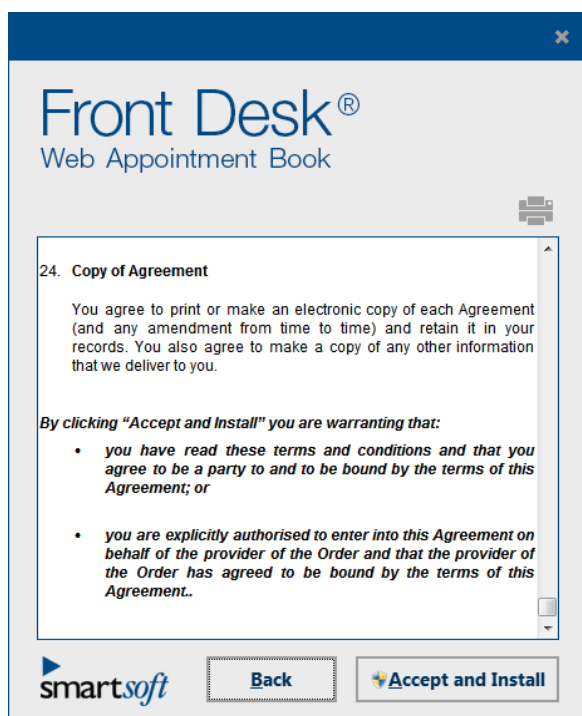
Web Appointment Book (Installation)

From the left hand side menu select **Web Appointment Book** and then click **Install Web Appointment Book**.

The following dialog will appear on your screen. Click **Next** to continue.



Please read and accept the End-User License Agreement and then **Accept and Install**.



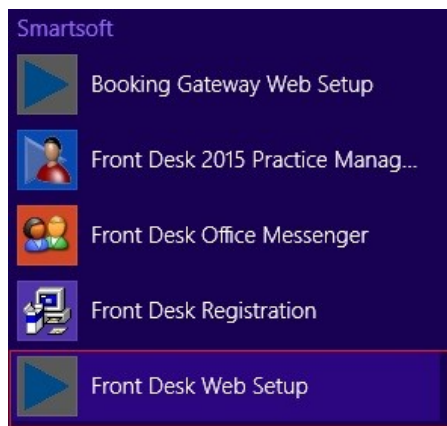
WEB APPOINTMENT BOOK

Web Appointment Book (Installation)

Follow the prompts to complete the installation. This install should take approximately 5 minutes.

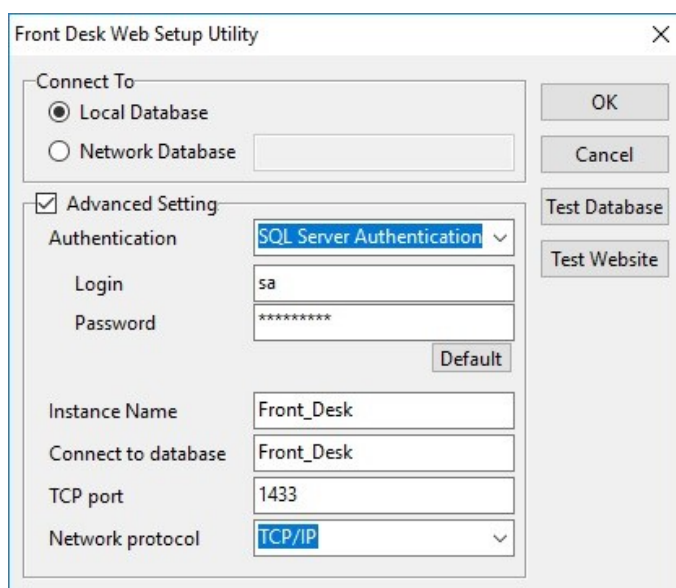
We recommend that you install the Web Appointment book in the default destination folder.

Once you have successfully completed the installation you will find the **Front Desk Web Setup** icon under the Smartsoft program listing.



Click **Front Desk Web Setup** and select the location of the Front Desk database.

Select **Local Database** if the Front Desk database is on the same machine, or **Network Database** to select another computer on your network by either entering the machine name or network IP address of the machine.



Once you have selected the database location click **Test Database** to check your database connection. To test the website click **Test Website**.

Click **OK** to save your configuration settings.

WEB APPOINTMENT BOOK



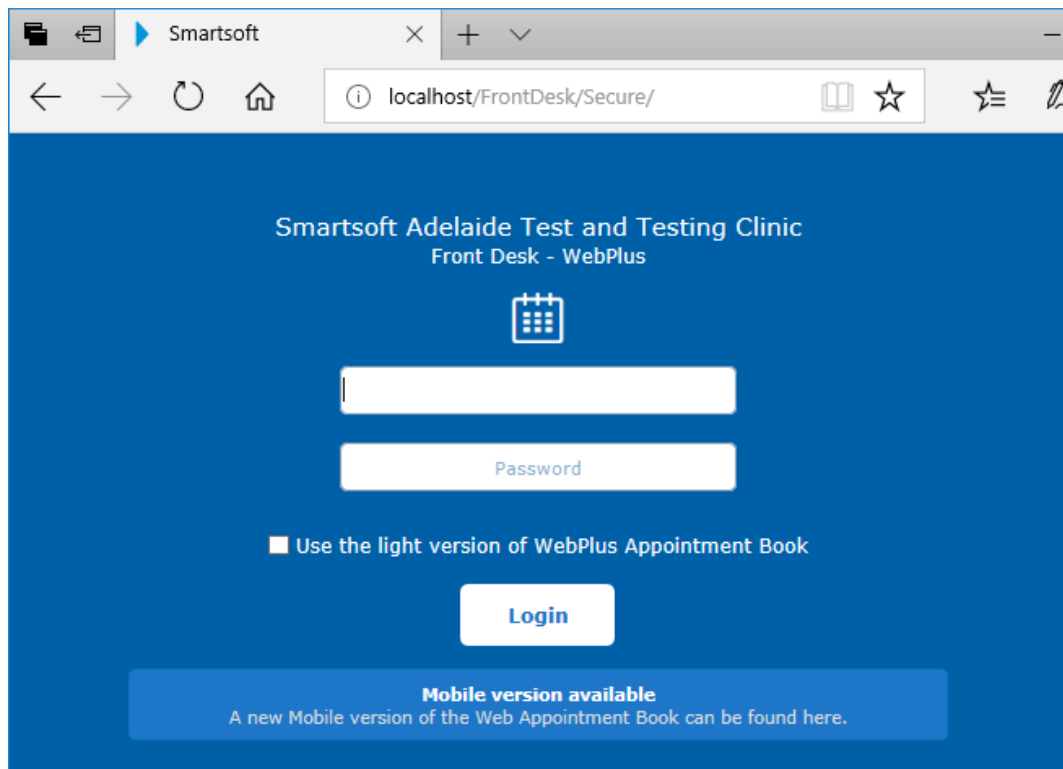
Web Appointment Book (Installation)

Step 2 – Port Forwarding

To access the Web Appointment Book from outside of the practice, port forwarding will need to be setup in your modem/router. Please refer to your technical support specialist for assistance with this.

Accessing the Web Appointment Book on a local PC

To view the *Front Desk Web Appointment Book* on a PC, open a web browser and navigate to <http://localhost/FrontDesk/>. Alternatively, you can replace 'localhost' with the local IP address or the computer name.



Accessing the Web Appointment Book on a local Mobile device

To view the *Front Desk Web Appointment Book* on a mobile, such as an iPhone or Android device, open a web browser and navigate to <http://computername/FrontDesk/Mobile>. Once again 'computername' can be replaced with the local IP address if needed.

Accessing the Web Appointment Book from outside the practice

Once port forwarding has been configured, the Web Appointment Book can be accessed from outside the practice using the same links as above, however 'localhost' or 'computername' must be replaced by the Public IP address of the practice.

Please note the machine hosting your Web Appointment Book must be powered on and connected to the network or internet for the page to be accessible.

**Congratulations, you have successfully installed the
Front Desk Web Appointment Book.**

ICALNDAR



How to Enable iCalendar in Front Desk

iCalendar integration allows a practitioner's Front Desk appointment book to be exported to iCalendar format. This format can be used with iCalendar compatible applications such as Microsoft Outlook, Apple Calendar, or Mozilla Thunderbird.

On the **Appointment Book** tab in **System Information**, enter the URL for your Front Desk Web Appointment Book (e.g. appointments.myhealthclinic.com.au/frontdesk). Your Web Appointment Book address generally includes the directory /frontdesk.

The screenshot shows the 'System Information' window with the 'Appointment Book' tab selected. The 'General' sub-tab is active, displaying settings for the calendar and appointment book appearance. The 'Calendar' section includes dropdowns for Time Interval (15 Minutes), Appointment Start Time (09:00 am), Appointment End Time (07:00 pm), and First Day of Week (Monday). The 'Appointment Book Appearance' section has checkboxes for Show Titles, Use Colour in Reports, Show Privacy Option, Show patient notes on Appointment Book, and Show available resources on Appointment Book. It also includes dropdowns for Display Name (First Name (Preferred)) and Mouse Wheel Scrolls By (Row). The 'Web Appointment Book' section has a text field for the URL, which is set to <http://myhealthclinic.com.au/FrontDesk>. On the right side of the window, there are buttons for Close, Prac. Days, Rules, Holidays, Statuses, Colours, App Types, Class Types, Resources, and Help.

On the **Appointment Book** tab of the **Practitioner** file, check **Enable iCalendar for this practitioner**. This will generate a URL, which will be used by your iCalendar compatible application.

Click **Email** to send it to the practitioner, or **Copy to Clipboard** if you will be pasting it into another application on the same computer.

ICALENDAR



How to Enable iCalendar in Front Desk

Practitioner - Anne Smith

General | Provider Numbers | Default Items | **Appointment Book** | Reminders

Close

Default Appointment Type: Standard Consultation ▼

Default New Patient: Initial Consultation ▼

Default Class Type: <No Default Class Type> ▼

☒ Email practitioner when an appointment is cancelled

iCalendar Integration

Requires a Web Appointment Book installation

☒ Enable iCalendar for this practitioner

URL [\(please enter your Web Appointment Book URL\)](#)

How many appointments should be synced to iCalendar

Previous weeks	Weeks in future
<input type="text" value="1"/>	<input type="text" value="2"/>

This section of *Front Desk* also allows users to choose how many appointments they would like to be sent to iCalendar. By default this is set to 1 week in the past, and 2 weeks in the future, both can be set up to 12 weeks. The current week's appointments are always included.

ICALENDAR



How to Setup iOS (iPhone / iPad) Integration

The following guide details how to sync the Front Desk Appointment book with an iOS device through the use of an iCalendar link.

Go to **Settings**, then **Mail, Contacts, Calendars**.

Select **Add Account...**

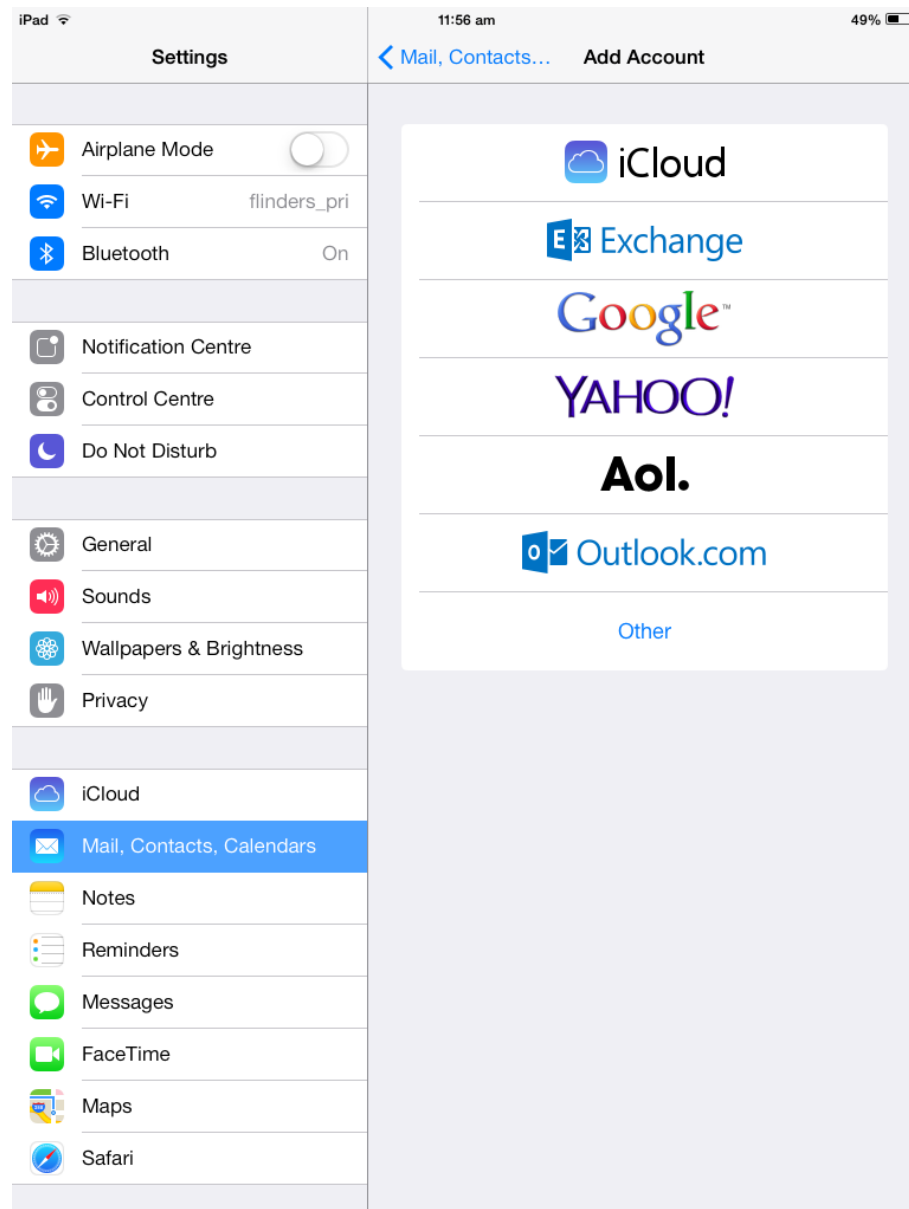


ICALENDAR



How to Setup iOS (iPhone / iPad) Integration

Select **Other**.

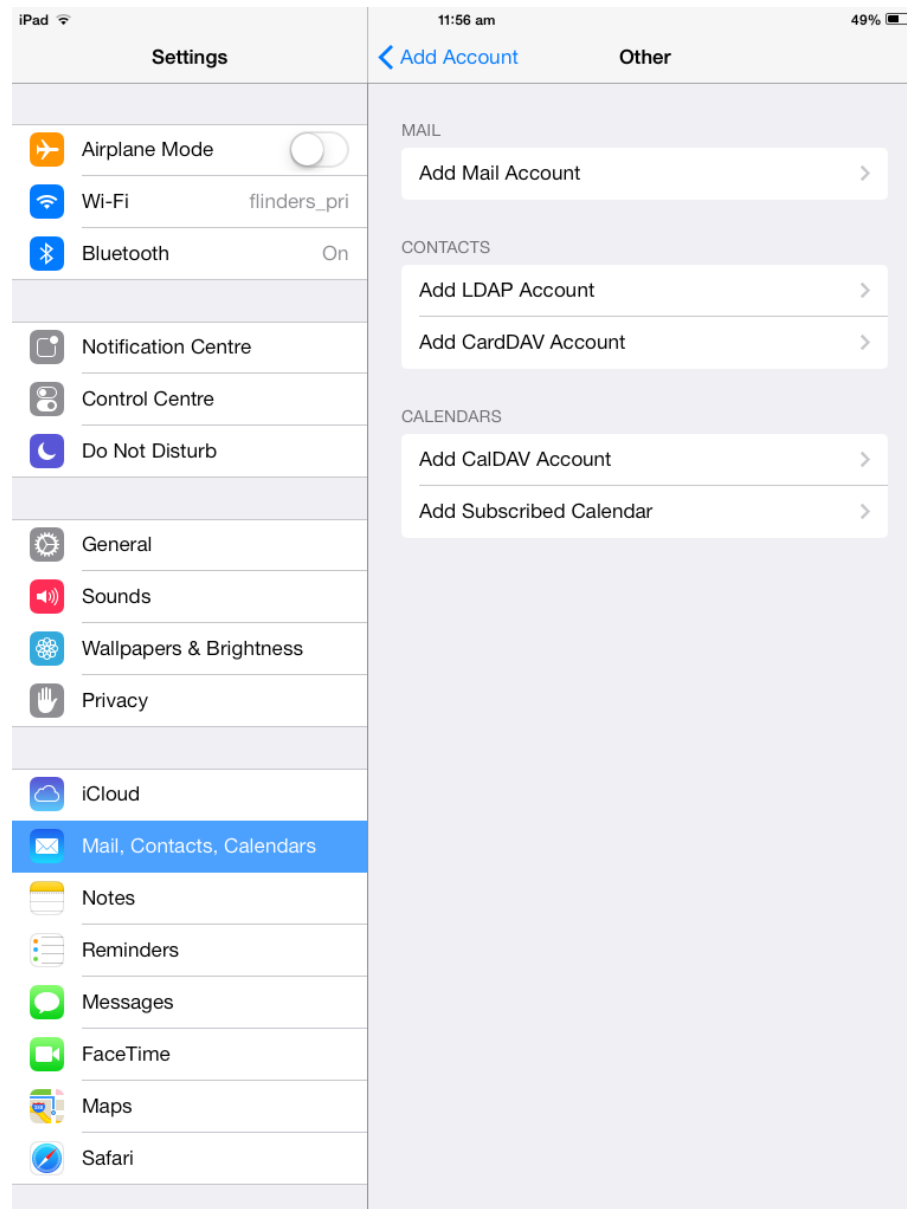


ICALENDAR



How to Setup iOS (iPhone / iPad) Integration

Select **Add Subscribed Calendar**

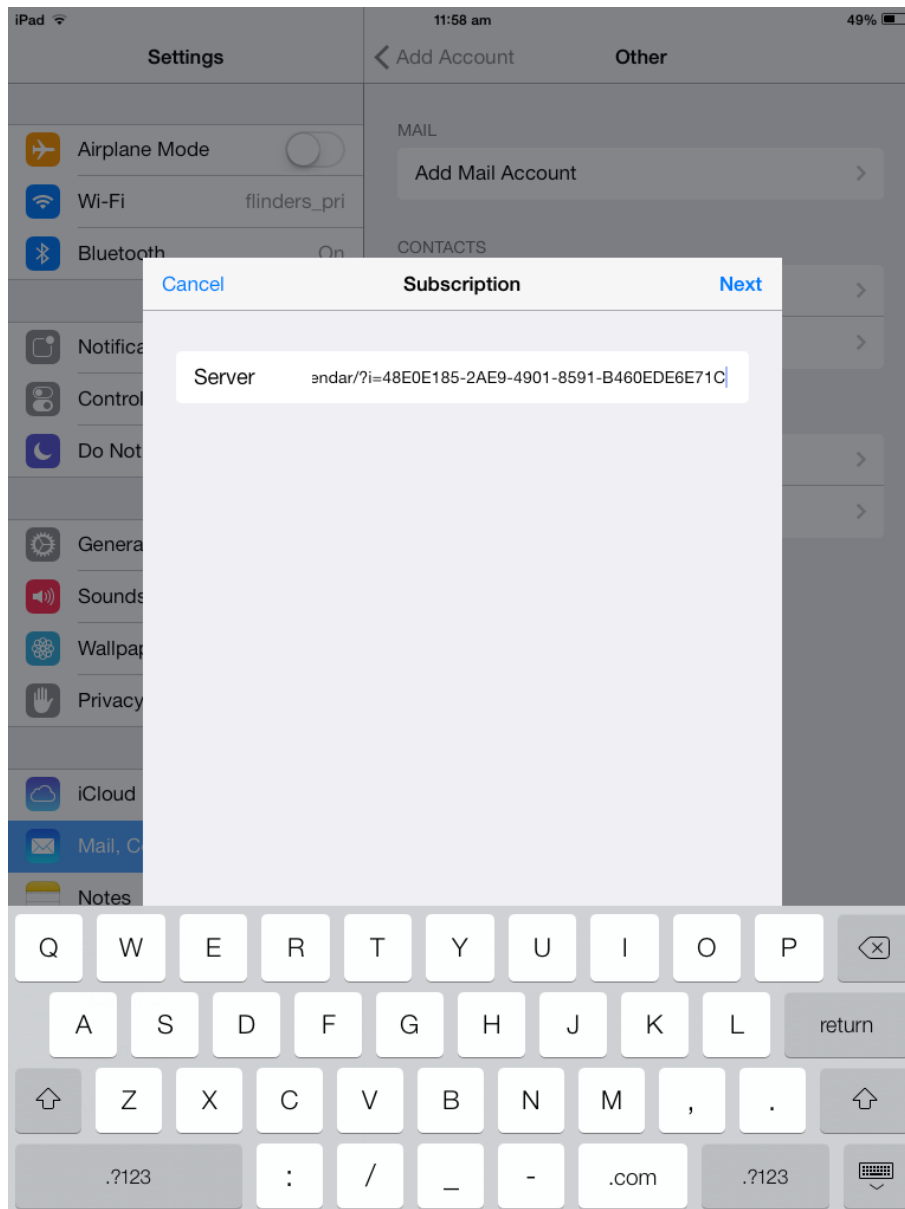


ICALENDAR



How to Setup iOS (iPhone / iPad) Integration

Copy and paste your iCalendar URL into the **Server** field, and press **Next**.

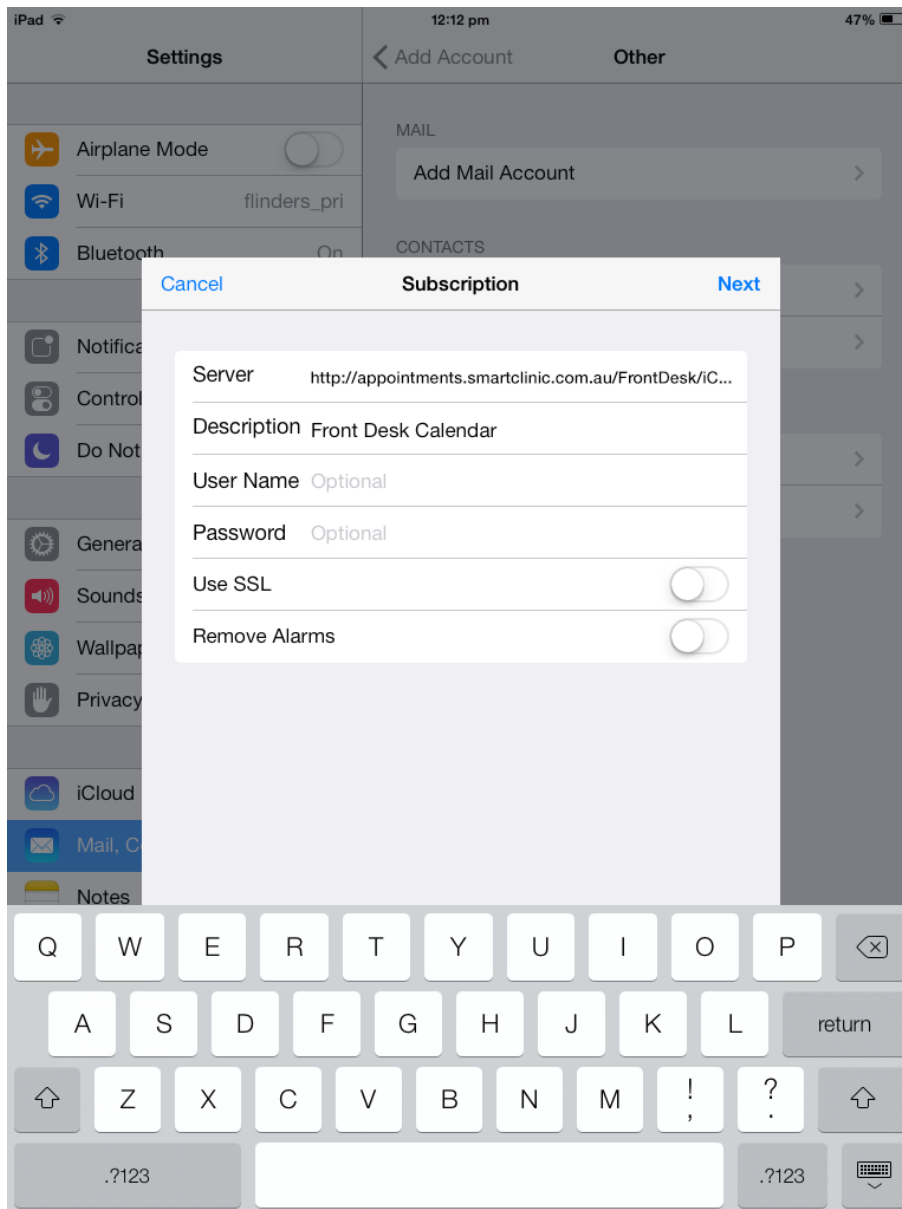


Press **Next/Save**.

ICALENDAR



How to Setup iOS (iPhone / iPad) Integration



Your Front Desk Appointment Book should now be synced with your iOS Calendar.

ICALENDAR



How to Setup iOS (iPhone / iPad) Integration

You can now open the Calendar App on your iOS device to view the synchronised appointment details.

iPad 1:11 pm 56%

March 2014 Day Week Month Year

Sun 9 Mon 10 Tue 11 Wed 12 Thu 13 Fri 14 Sat 15

8

9

10

11

Noon

1

2

3

4

5

6

7

8

9

Today Calendars Inbox

Mr Peter Jones (S)

Thursday, 13 Mar 2014 12:20 pm to 1 pm

Calendar • <http://appointments.smar...>

Notes

Mr Peter Jones (S)
File No: 971829
Item Code: -
Appointment Made: 27/02/2014, 03:00 PM
Appointment Made By: Admin

Status: Patient Not Arrived

Appointment Notes: <none>

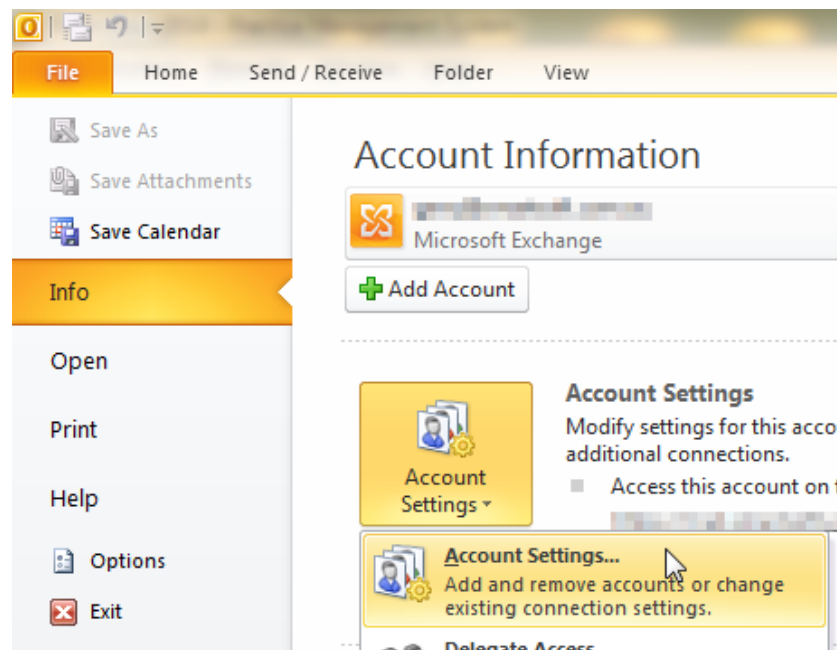
ICALNDAR



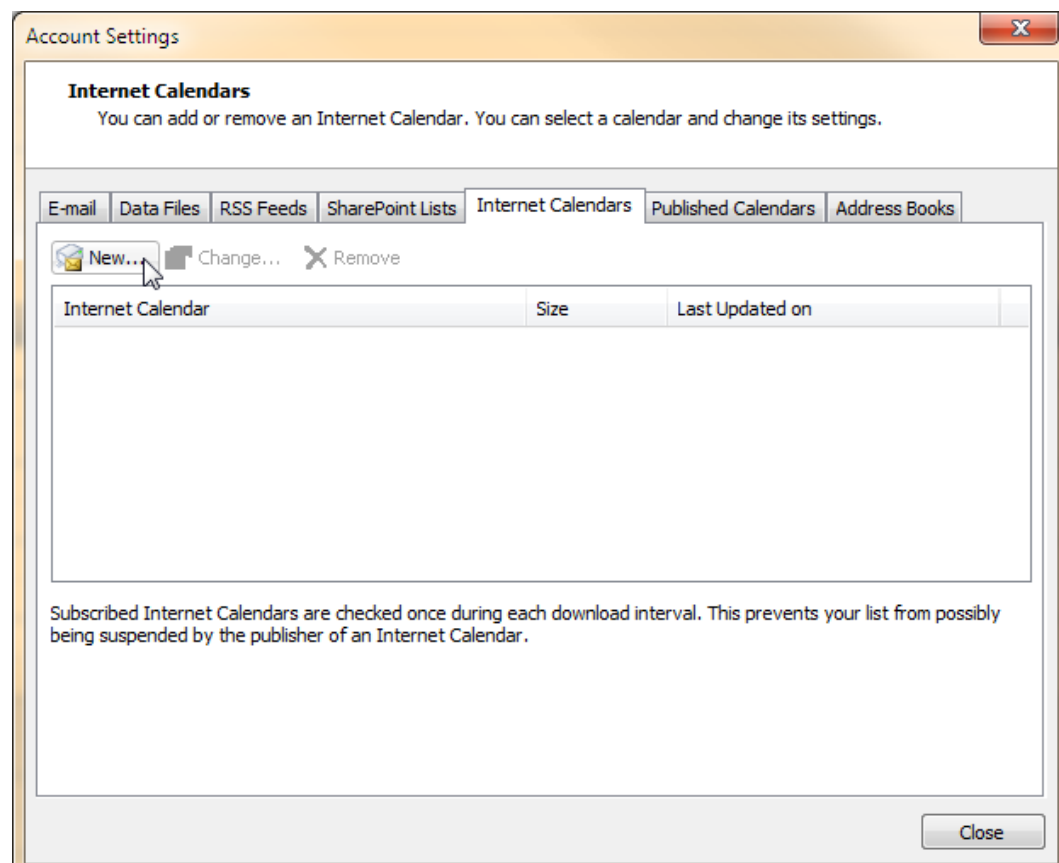
How to Setup Microsoft Outlook 2010 Integration

Select the **File** tab.

From the **Account Settings** drop-down, select **Account Settings**.



Select the **Internet Calendars** tab, and click **New**.

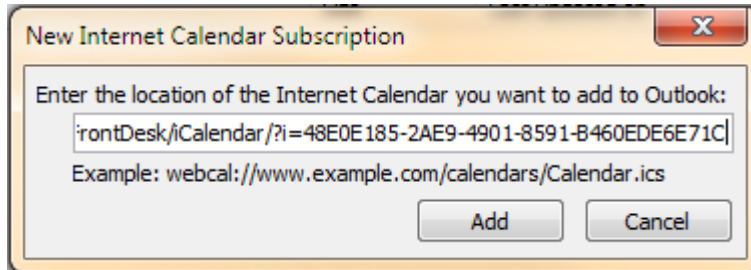


ICALNDAR

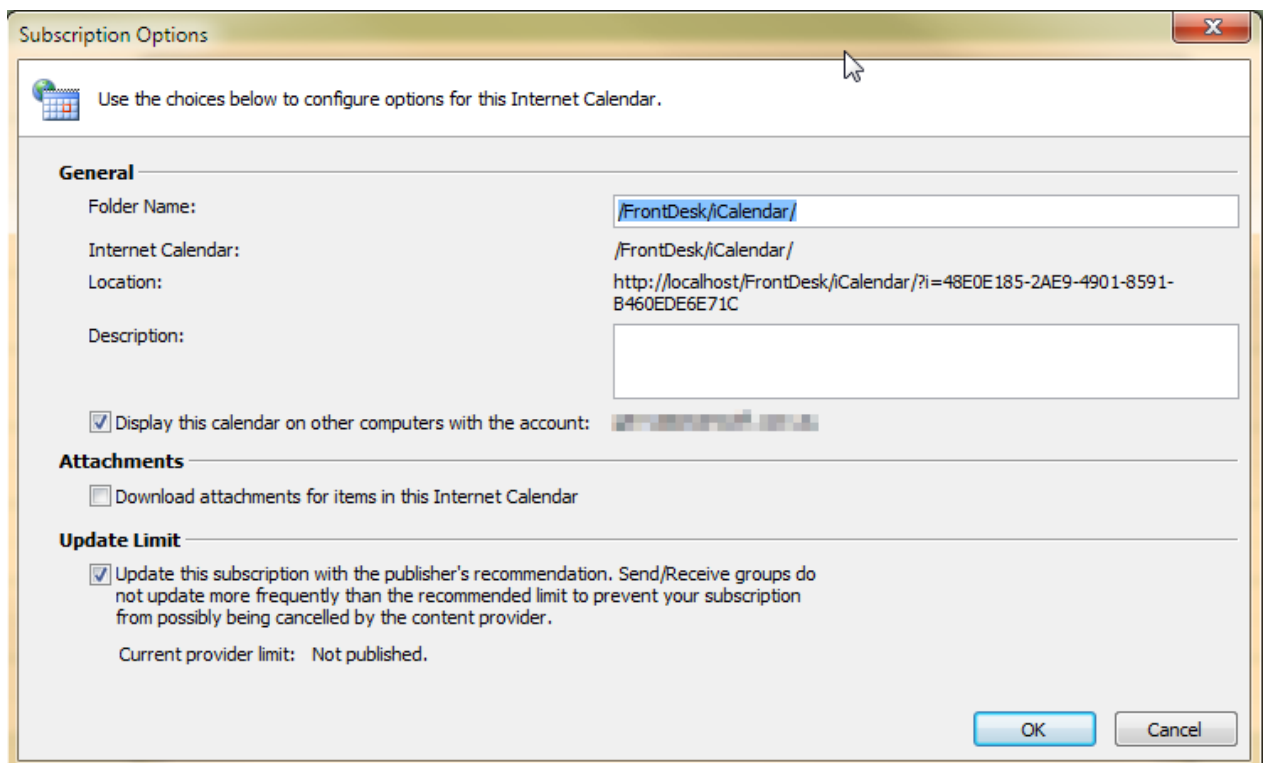


How to Setup Microsoft Outlook 2010 Integration

Paste your iCalendar URL into the **New Internet Calendar Subscription** dialog, and click **Add**.



The following window will be displayed. Click **OK**.

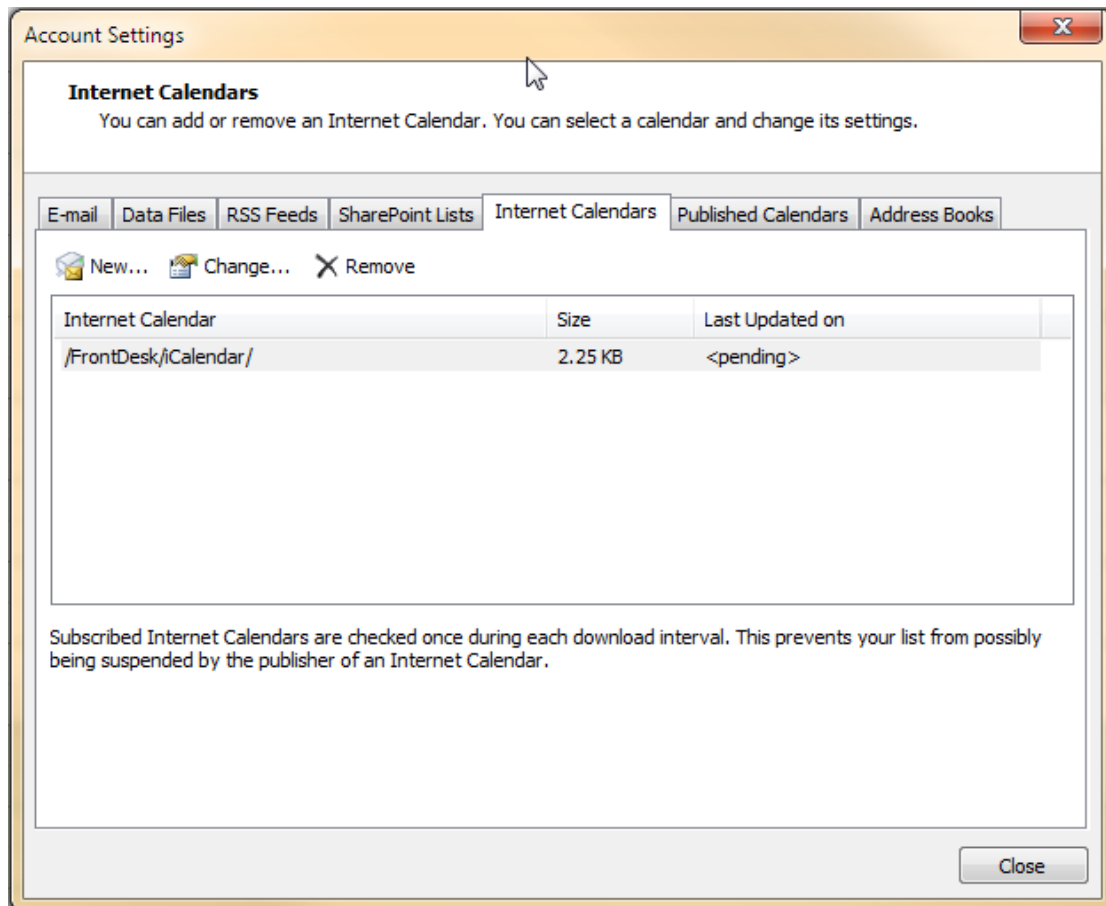


You will now see your calendar listed, as below:

ICALNDAR



How to Setup Microsoft Outlook 2010 Integration



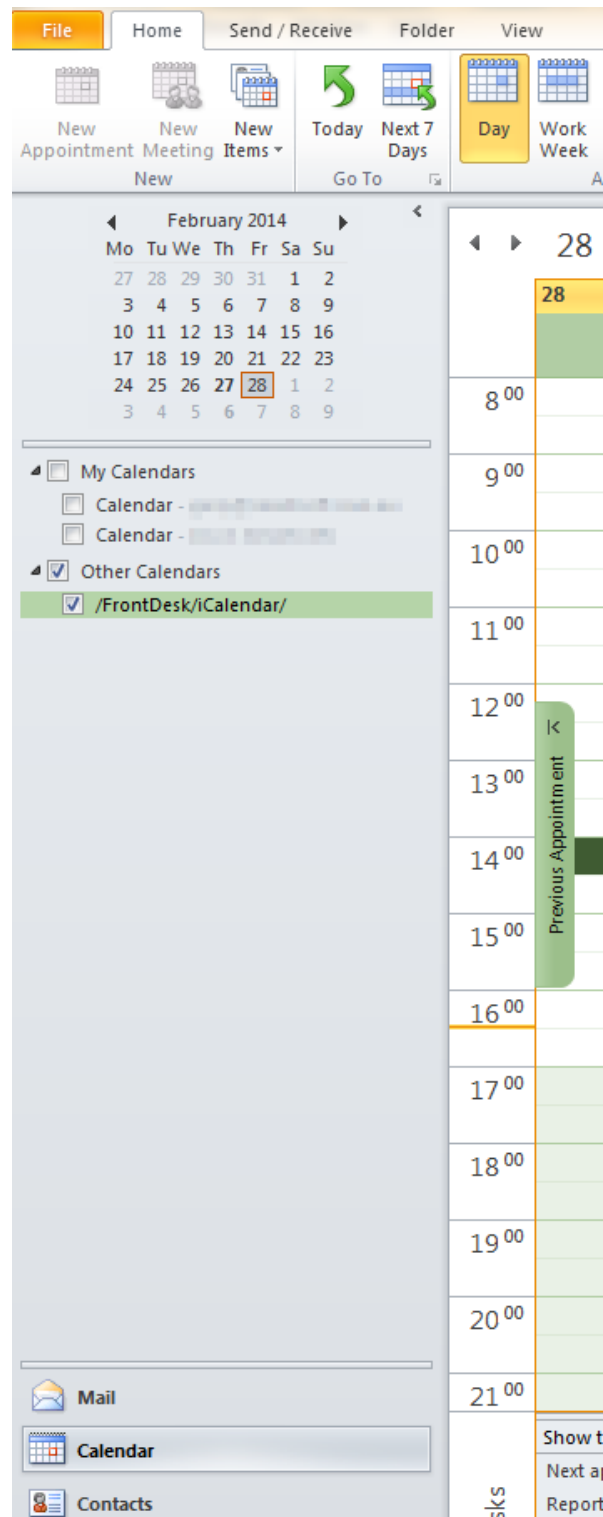
To display your calendar, go to **Calendar** in Outlook. Under **Other Calendars** on the left-hand side you should see your Front Desk iCalendar. Check this option to display it. You may need to restart Outlook for these changes to take effect.

ICALNDAR



How to Setup Microsoft Outlook 2010 Integration

Your Front Desk Appointment Book should now be synced with Outlook.



ICALENDAR



How to Setup Microsoft Outlook 2010 Integration

The following is an example of some Appointments in Front Desk

N.A.A.	Dr Vanessa Thomas	Dr Vanessa Thomas
10:00 am		
10:10 am		
10:20 am		
10:30 am		
10:40 am	Miss Jennifer Martin (S)	
10:50 am		
11:00 am	Ms Elisa White (S)	
11:10 am		
11:20 am	Mr Phillip Charles Anderson (S)	
11:30 am		
11:40 am		
11:50 am	Mast Alex Thompson (NP)	
12:00 pm		
12:10 pm		
12:20 pm	Mr Peter Jones (S)	Mr Carl Smith (S)
12:30 pm		
12:40 pm		
12:50 pm		
1:00 pm		
1:10 pm		
1:20 pm		
1:30 pm	Michael Nguyen (S)	Mr Greg Brown (S)
1:40 pm		
1:50 pm	Miss Erin Williams (S)	
2:00 pm		
2:10 pm		
2:20 pm	Mrs Kellie Wilson (S)	
2:30 pm		
2:40 pm	Mr Jason Taylor (NP)	
2:50 pm		
3:00 pm		
3:10 pm	Mrs Denice Morton (S)	
3:20 pm		
3:30 pm		
3:40 pm		

And below is the corresponding information viewed in a synconronised Microsoft Outlook Calendar

ICALNDAR



How to Setup Microsoft Outlook 2010 Integration

◀ ▶ 13 March 2014

Search /FrontDesk/iCalendar/ (Ctrl+E) 🔍

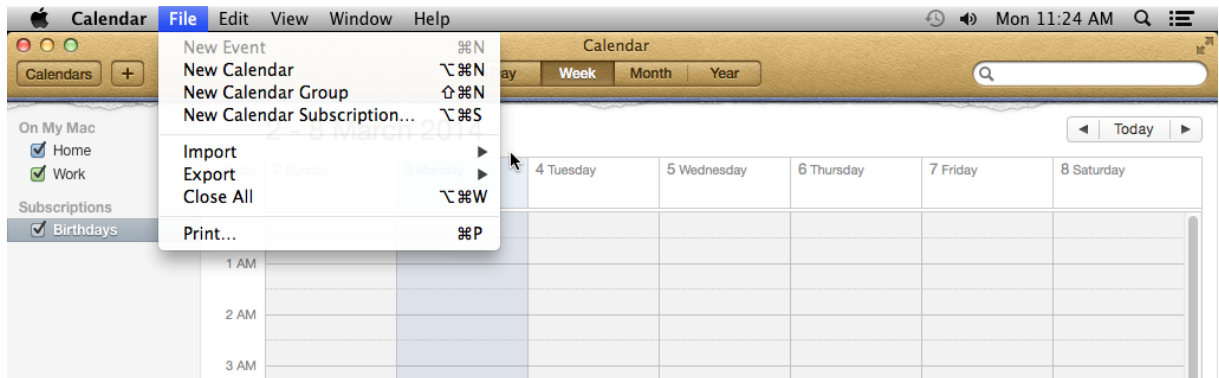
13	Thursday	
	Miss Jennifer Martin (S)	
11 ⁰⁰	Ms Elisa White (S)	
	Mr Phillip Charles Anderson (S)	
	Mast Alex Thompson (NP)	
12 ⁰⁰		
	Mr Carl Smith (S)	Mr Peter Jones (S)
13 ⁰⁰		
	Michael Nguyen (S)	Mr Greg Brown (S)
	Miss Erin Williams (S)	
14 ⁰⁰		
	Mrs Kellie Wilson (S)	
	Mr Jason Taylor (NP)	

ICALENDAR

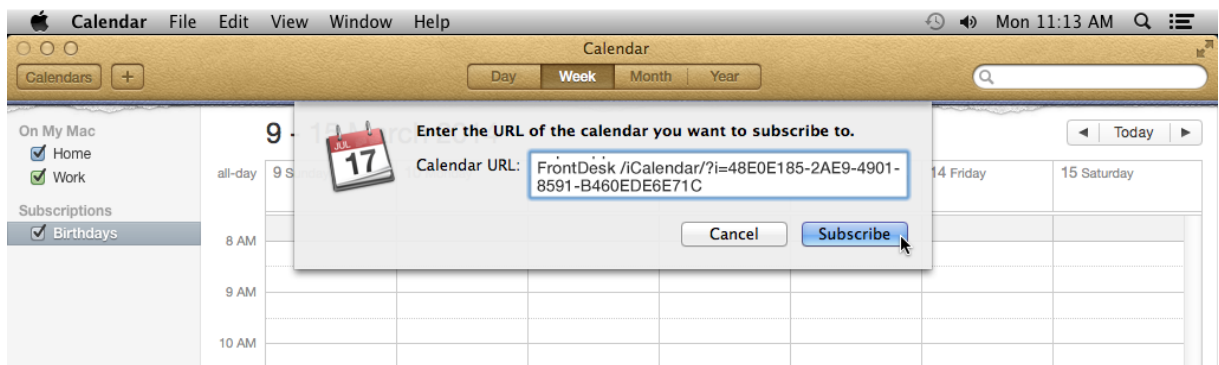


How to Setup Mac OS Calendar Integration

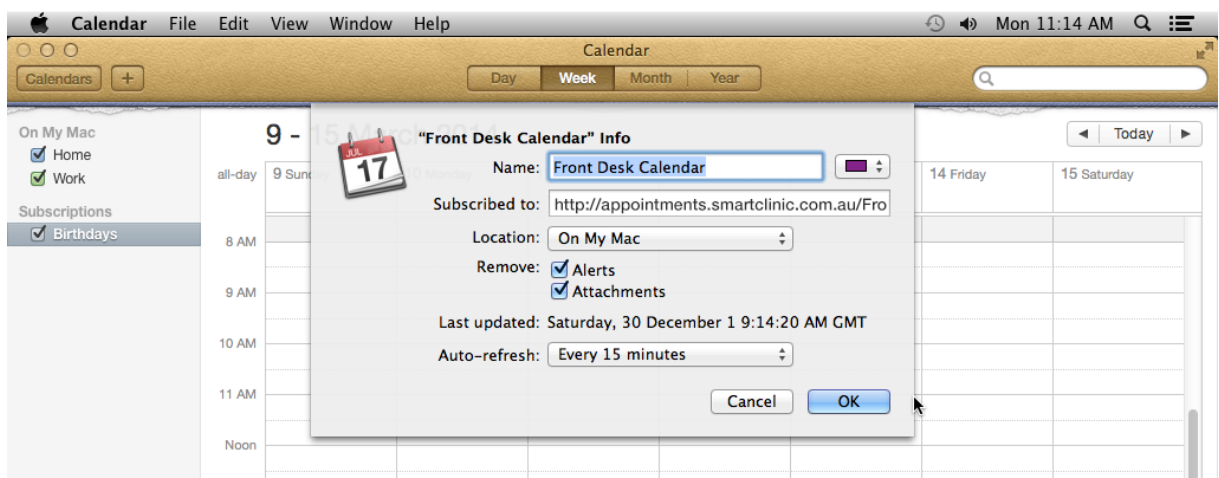
Open the Calendar. Select **New Calendar Subscription...** from the **File** menu.



Copy and paste your iCalendar URL into the **Calendar URL** window. Click **Subscribe**.



Click **OK**.

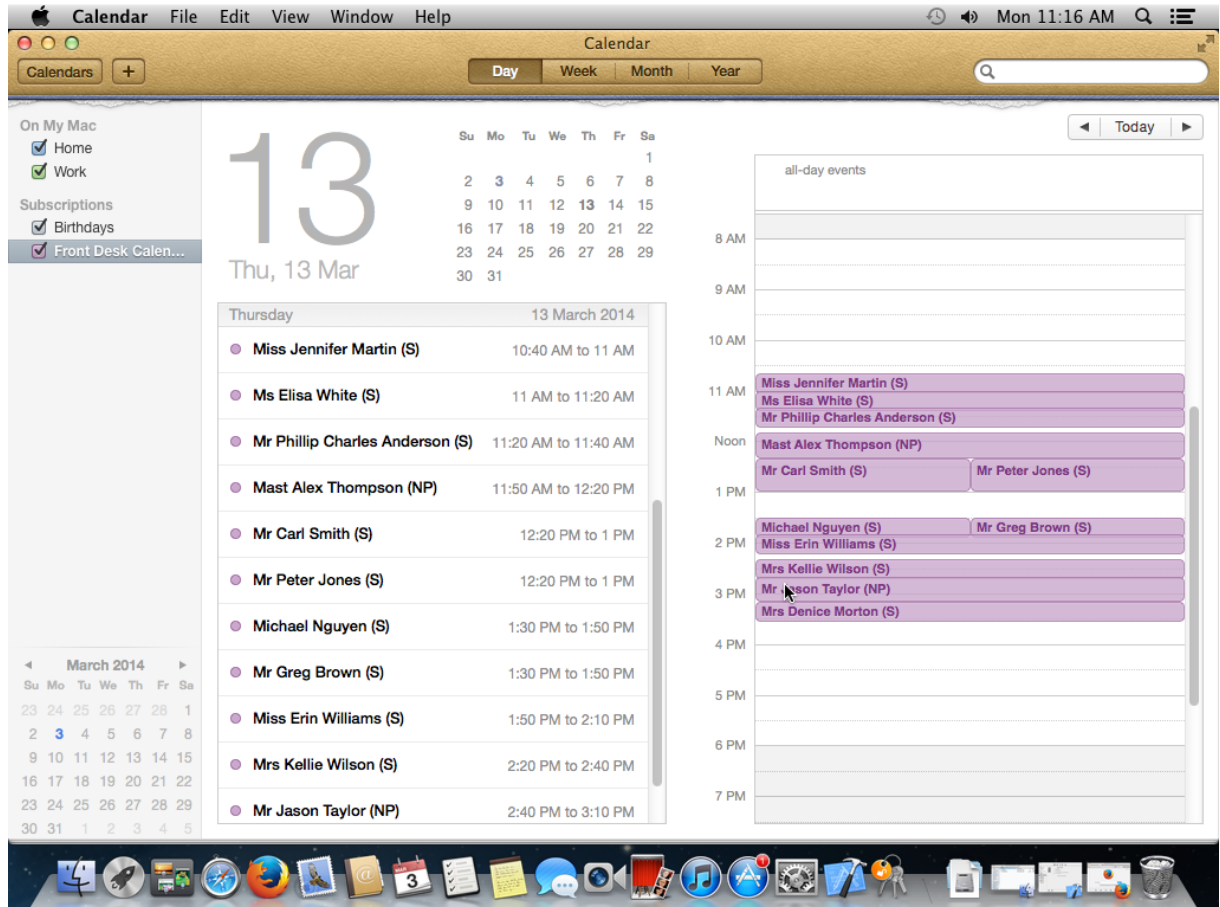


ICALENDAR



How to Setup Mac OS Calendar Integration

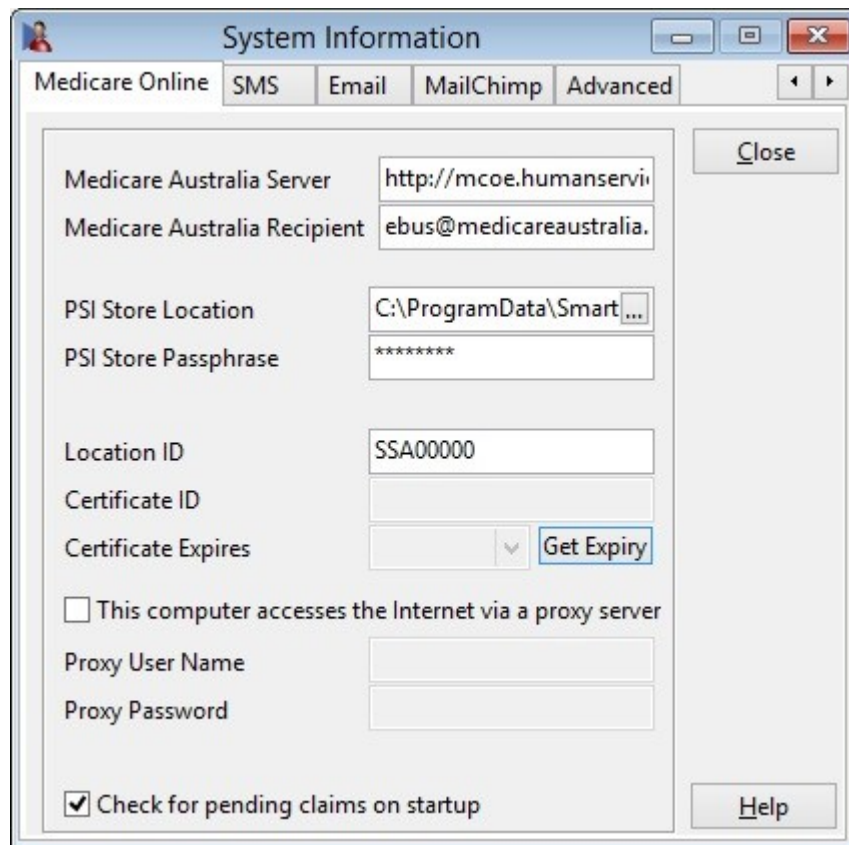
You should see your Front Desk Subscribed Calendar listed on the left-hand side. Your Front Desk Appointment Book should now be synced with your Apple Calendar.



MEDICARE / DVA ONLINE CLAIMING

Medicare / DVA Online Claiming (System Information)

Select the **Medicare Online** tab from the **System Information** dialog.



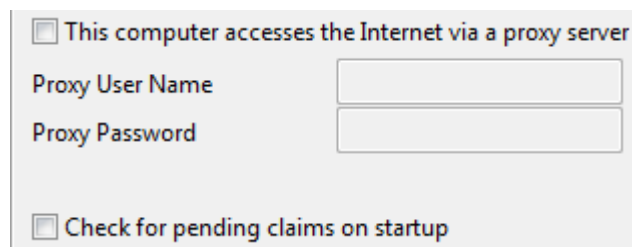
The screenshot shows the 'System Information' dialog box with the 'Medicare Online' tab selected. The dialog has a title bar with standard Windows window controls. Below the title bar are tabs for 'Medicare Online', 'SMS', 'Email', 'MailChimp', and 'Advanced'. The 'Medicare Online' tab is active, showing various configuration fields. On the right side of the dialog are 'Close' and 'Help' buttons.

Medicare Australia Server	http://mcoe.humanservi...
Medicare Australia Recipient	ebus@medicareaustralia.
PSI Store Location	C:\ProgramData\Smart...
PSI Store Passphrase	*****
Location ID	SSA00000
Certificate ID	
Certificate Expires	Get Expiry
<input type="checkbox"/> This computer accesses the Internet via a proxy server	
Proxy User Name	
Proxy Password	
<input checked="" type="checkbox"/> Check for pending claims on startup	

The settings available from this window are vital to the **Medicare/DVA Online Claiming** integration within the Front Desk - Practice Management System.

Please do not adjust these settings without Smartsoft assistance.

If required, the following settings can safely be adjusted without negative effects:



This close-up shows the 'This computer accesses the Internet via a proxy server' section. It includes a checkbox, two text input fields for 'Proxy User Name' and 'Proxy Password', and the 'Check for pending claims on startup' checkbox at the bottom.

<input type="checkbox"/> This computer accesses the Internet via a proxy server	
Proxy User Name	
Proxy Password	
<input type="checkbox"/> Check for pending claims on startup	

Select **This computer accesses the Internet via a proxy server** and enter the appropriate server details if required.

Select **Check for pending claims on startup** to be prompted when pending PCI claims have been stored and are available to be sent.

PCI Claim

Front Desk allows users to process 2 different types of Patient Claims; these are referred to as **Patient Claims: Interactive (PCI)** and **Patient Claims: Store & Forward (PCS)**.

Patient Claims: Interactive (PCI) allows real-time processing of a single claim, and is available during Medicare Australia operating hours. PCI allows claims to be transmitted and assessed at the time of billing, and will return an outcome immediately.

Patient Claims: Store & Forward (PCS) involves preparing and authorising the claim, storing the claim, and then forwarding it to Medicare at a more convenient time. PCS is the required method of transmitting claims outside Medicare Australia operating hours.

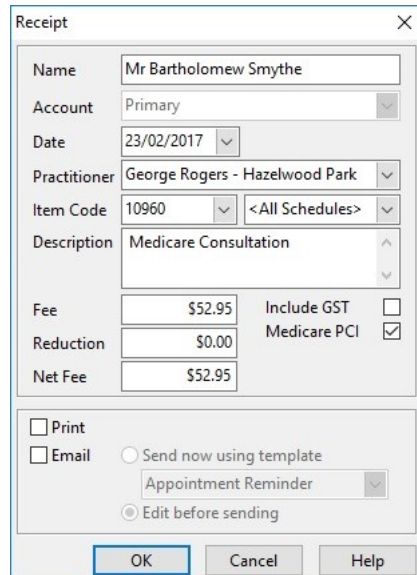
**Note: Medicare Australia operating hours are:
7am to 9pm (AEST), Monday to Friday (except National Public Holidays)**

MEDICARE / DVA ONLINE CLAIMING

PCI Claim

PCI claims are generally sent to Medicare at the time of billing or receipting the patient, but a claim can be submitted to Medicare up to 2 years after the treatment date.

Submitting A Patient Claim From The Receipt Screen

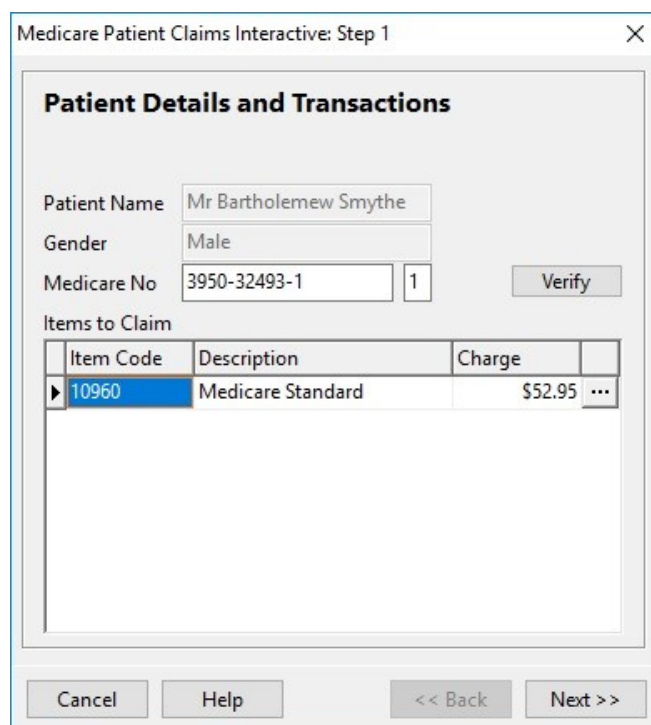


The Receipt dialog box contains the following fields and options:

- Name: Mr Bartholomew Smythe
- Account: Primary
- Date: 23/02/2017
- Practitioner: George Rogers - Hazelwood Park
- Item Code: 10960
- Description: Medicare Consultation
- Fee: \$52.95
- Reduction: \$0.00
- Net Fee: \$52.95
- Include GST: ☐
- Medicare PCI: ☒
- Print: ☐
- Email: ☐ Send now using template
- Appointment Reminder: Appointment Reminder
- Edit before sending: ☒
- Buttons: OK, Cancel, Help

If the patient would like to claim their Medicare rebate on the spot, tick the **Medicare PCI** option on the **Receipt** screen.

After payment has been taken, the **Medicare Claiming Wizard** will be displayed.



The Medicare Patient Claims Interactive: Step 1 dialog box contains the following fields and options:


- Patient Name: Mr Bartholomew Smythe
- Gender: Male
- Medicare No: 3950-32493-1
- Verify:
- Items to Claim:

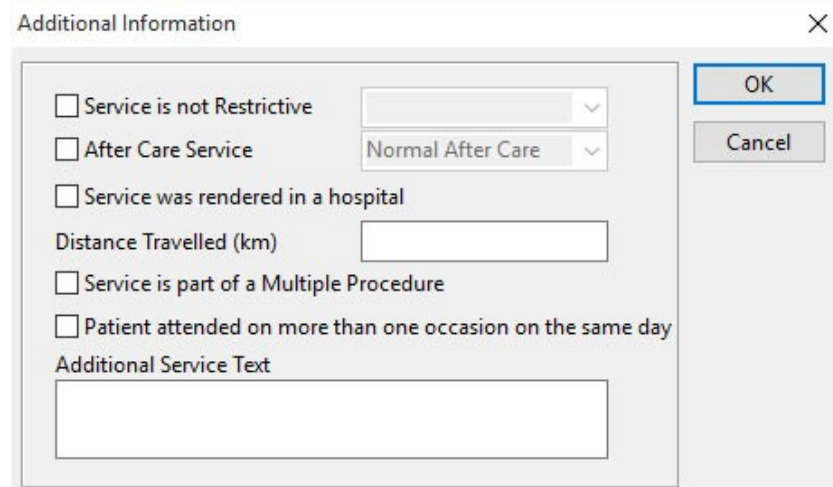
Item Code	Description	Charge	
▶ 10960	Medicare Standard	\$52.95	...

Buttons: Cancel, Help, << Back, Next >>

MEDICARE / DVA ONLINE CLAIMING

PCI Claim

The first page displays patient information and a list of the items to be claimed through Medicare. Clicking on the  button allows additional information to be entered about the claim.



Additional Information

☐ Service is not Restrictive

☐ After Care Service

☐ Service was rendered in a hospital

Distance Travelled (km)

☐ Service is part of a Multiple Procedure

☐ Patient attended on more than one occasion on the same day

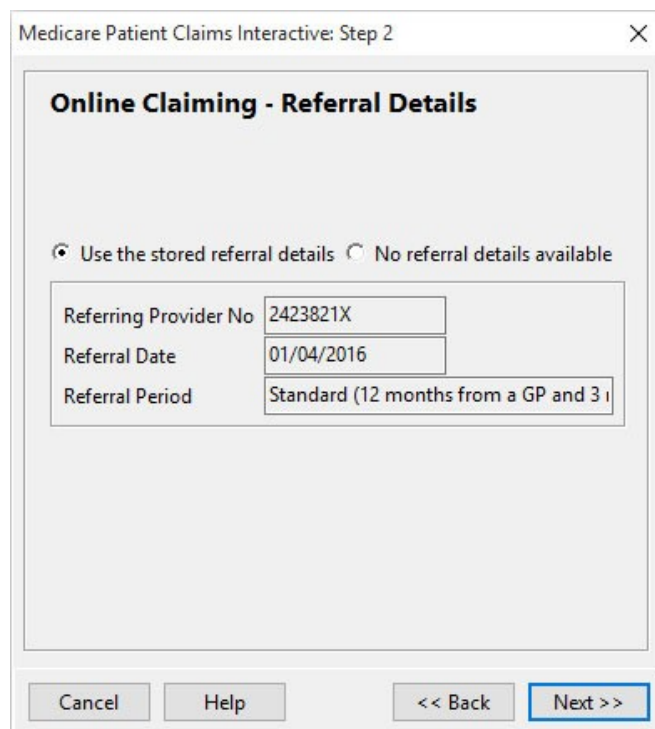
Additional Service Text

OK

Cancel

Select any relevant options and click **OK** to return to the Wizard.

Click **Next** to continue to the next page.



Medicare Patient Claims Interactive: Step 2

Online Claiming - Referral Details

☒ Use the stored referral details ☐ No referral details available

Referring Provider No 2423821X

Referral Date 01/04/2016

Referral Period Standard (12 months from a GP and 3 months from a specialist)

Cancel Help << Back Next >>

The Online Claiming - Referral Details page is displayed. If referral details were entered for the patient these will be displayed here. If there are no referral details then the **No referral details available** option will be selected, and a reason must be selected from the list.

MEDICARE / DVA ONLINE CLAIMING

PCI Claim

Medicare Patient Claims Interactive: Step 2

Online Claiming - Referral Details

☐ Use the stored referral details ☒ No referral details available

Referral Override Type

- Lost
- Emergency
- Hospital
- Not required (Non-Referred)

Cancel Help << Back Next >>

If **Hospital** is selected, the following page will be displayed to enter the name of the hospital where the treatment took place.

Medicare Patient Claims Interactive: Step 3

Hospital Details

Please provide the name of the hospital

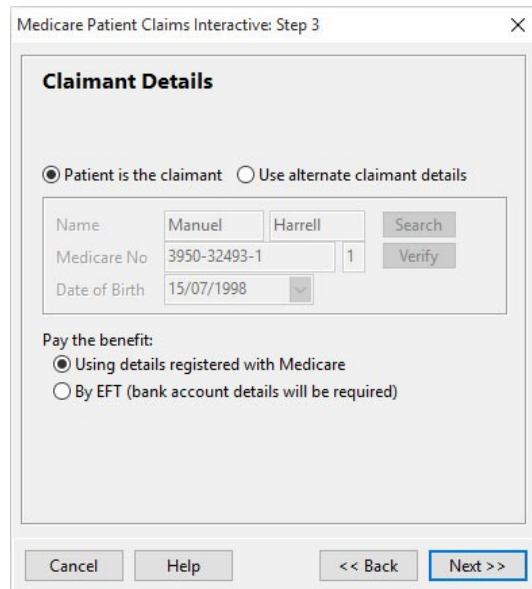
Huerta Memorial Hospital

Cancel Help << Back Next >>

Click **Next** to continue.

MEDICARE / DVA ONLINE CLAIMING

PCI Claim



Medicare Patient Claims Interactive: Step 3

Claimant Details

☒ Patient is the claimant ☐ Use alternate claimant details

Name: Manuel Harrell

Medicare No: 3950-32493-1 1

Date of Birth: 15/07/1998

Pay the benefit:

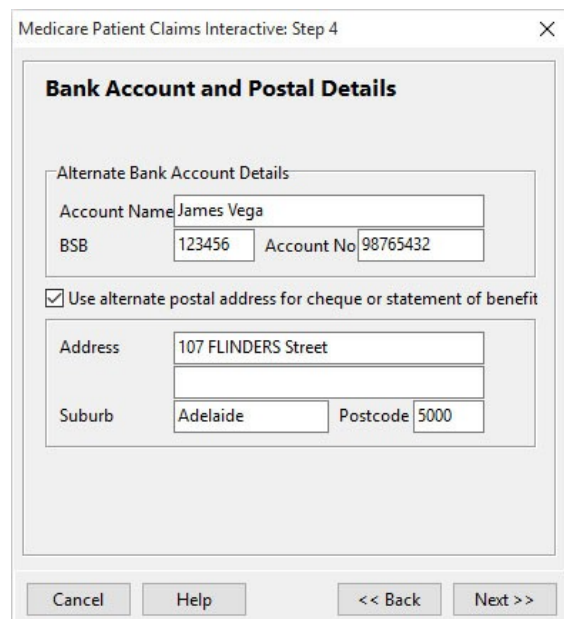
☒ Using details registered with Medicare

☐ By EFT (bank account details will be required)

The next page allows **Claimant Details** to be entered. If the patient will not be the one claiming the rebate from Medicare, then select **Use alternate claimant details**. This will automatically display claimant details if they have been entered on the patient's file, or it will allow users to search for a claimant. This would typically be used in the case where a child is the patient, and the rebate will be sent to a parent.

This page also allows the patient to select whether they would prefer the benefit to be paid **Using details registered with Medicare** or if they would like an **EFT** payment directly into their bank account.

Click **Next** to continue.



Medicare Patient Claims Interactive: Step 4

Bank Account and Postal Details

Alternate Bank Account Details

Account Name: James Vega

BSB: 123456 Account No: 98765432

☒ Use alternate postal address for cheque or statement of benefit

Address: 107 FLINDERS Street

Suburb: Adelaide Postcode: 5000

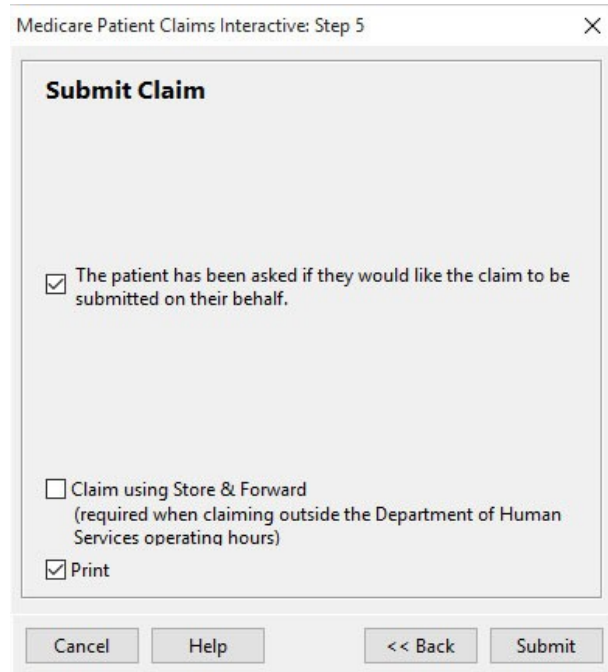
The **Bank Account and Postal Details** page is displayed.

MEDICARE / DVA ONLINE CLAIMING

PCI Claim

This page allows bank account details to be entered (if **EFT** was selected on the previous page), and allows an alternate postal address to be specified if the cheque (or statement, for EFT payments) is to go to an address other than the one in Medicare Australia's records.

Click **Next** to continue.



The **Submit Claim** page is displayed.

The patient must then give their consent to have the claim submitted electronically to Medicare Australia.

Check **The patient has been asked if they would like the claim to be submitted on their behalf** if they agree.

If submitting a **PCS** claim, check the **Claim using Store & Forward** option.

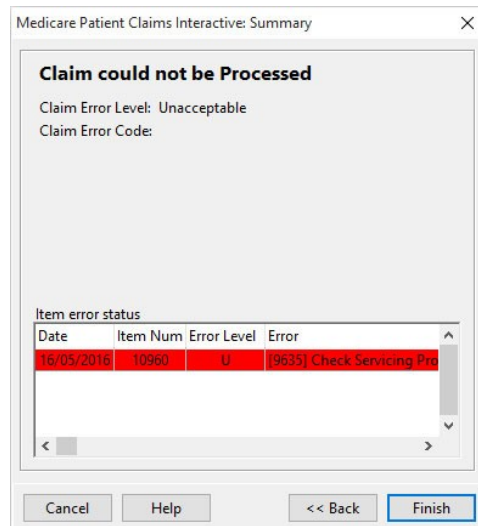
Click **Submit**. The claim will then be sent to Medicare Australia.

If the claim is accepted, a **Statement of Claim and Benefit Payment** will be printed (if the **Print** option is selected).

If the claim is rejected, the following screen will be displayed.

MEDICARE / DVA ONLINE CLAIMING

PCI Claim



Medicare Patient Claims Interactive: Summary

Claim could not be Processed

Claim Error Level: Unacceptable
Claim Error Code:

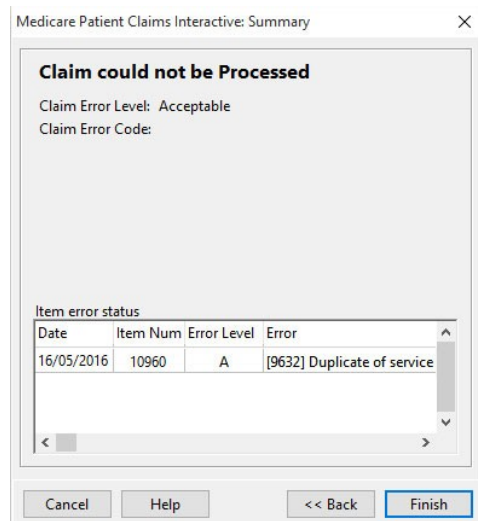
Item error status

Date	Item Num	Error Level	Error
16/05/2016	10960	U	[9635] Check Servicing Pro

< >

Cancel Help << Back Finish

An **Unacceptable** error level means that the claim cannot be accepted with the current details. It must be cancelled and started again.



Medicare Patient Claims Interactive: Summary

Claim could not be Processed

Claim Error Level: Acceptable
Claim Error Code:

Item error status

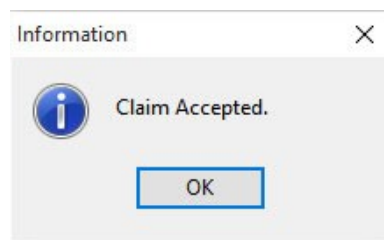
Date	Item Num	Error Level	Error
16/05/2016	10960	A	[9632] Duplicate of service

< >


Cancel Help << Back Finish

An **Acceptable** error level means that the claim cannot be processed automatically and it needs to be referred to Medicare and processed manually. To do this, click **Accept**.

The following message will be displayed



Information

 Claim Accepted.

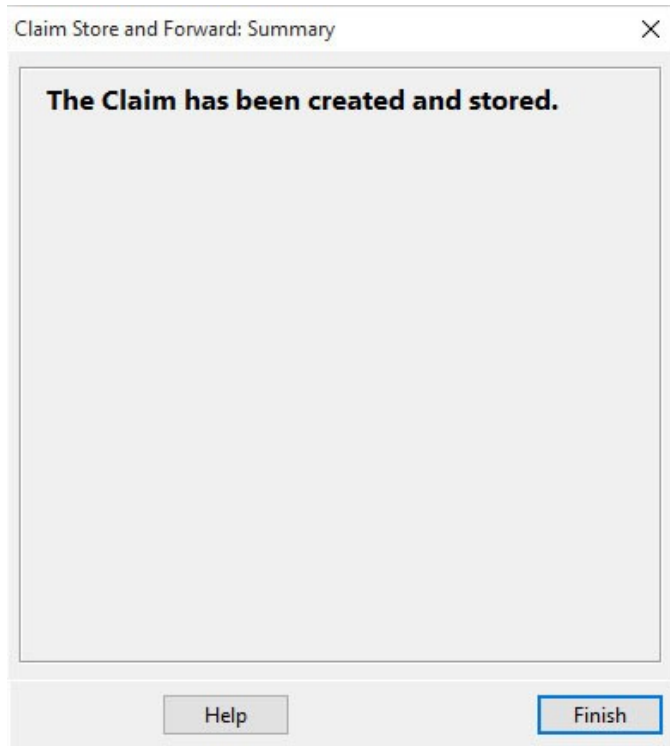
OK

MEDICARE / DVA ONLINE CLAIMING

PCI Claim

A **Lodgement Advice** will then be printed.

If the **Claim using Store & Forward** option is checked, a **Lodgement Advice** will be printed (If selected), and the following page will be displayed.

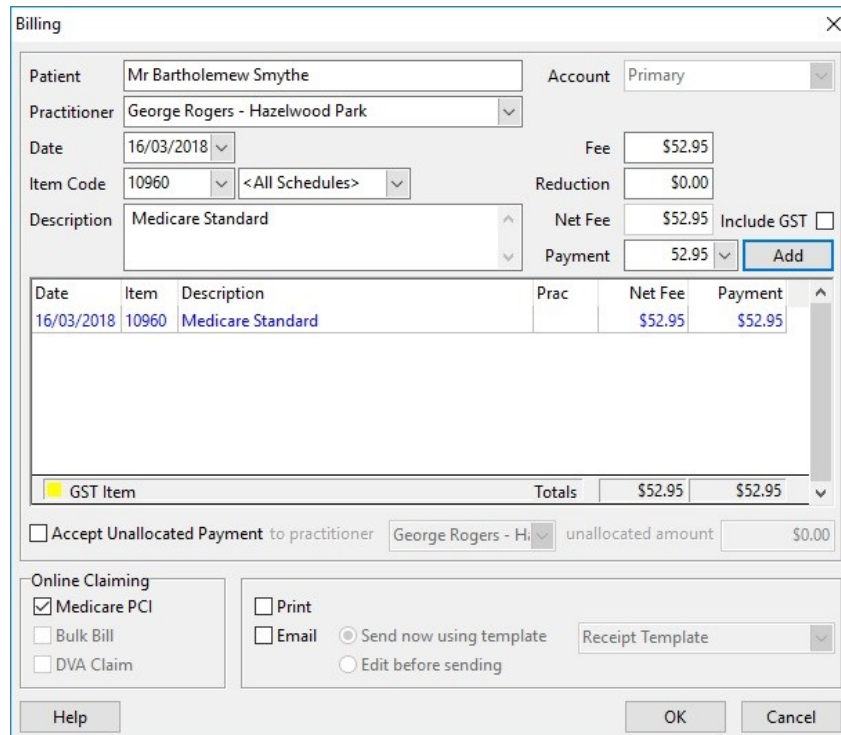


Click **Finish** to close the Wizard.

MEDICARE / DVA ONLINE CLAIMING

PCI Claim

It is also possible to claim directly from the Billing screen.



Billing

Patient: Mr Bartholemew Smythe Account: Primary

Practitioner: George Rogers - Hazelwood Park

Date: 16/03/2018 Fee: \$52.95

Item Code: 10960 <All Schedules> Reduction: \$0.00

Description: Medicare Standard Net Fee: \$52.95 Include GST ☐

Payment: 52.95 Add

Date	Item	Description	Prac	Net Fee	Payment
16/03/2018	10960	Medicare Standard		\$52.95	\$52.95

GST Item Totals \$52.95 \$52.95

☐ Accept Unallocated Payment to practitioner: George Rogers - H unallocated amount: \$0.00

Online Claiming

☒ Medicare PCI

☐ Bulk Bill

☐ DVA Claim

☐ Print

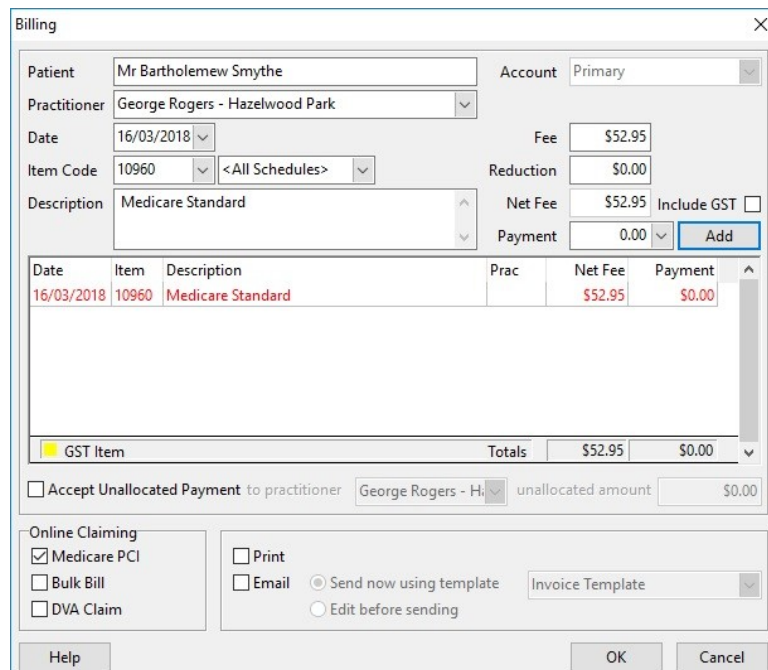
☐ Email ☒ Send now using template: Receipt Template

☐ Edit before sending

Help OK Cancel

Check the **Medicare PCI** option and then click **OK**.

If the transaction is paid in full, the claiming process is identical to claiming from the Receipt screen.



Billing

Patient: Mr Bartholemew Smythe Account: Primary

Practitioner: George Rogers - Hazelwood Park

Date: 16/03/2018 Fee: \$52.95

Item Code: 10960 <All Schedules> Reduction: \$0.00

Description: Medicare Standard Net Fee: \$52.95 Include GST ☐

Payment: 0.00 Add

Date	Item	Description	Prac	Net Fee	Payment
16/03/2018	10960	Medicare Standard		\$52.95	\$0.00

GST Item Totals \$52.95 \$0.00

☐ Accept Unallocated Payment to practitioner: George Rogers - H unallocated amount: \$0.00

Online Claiming

☒ Medicare PCI

☐ Bulk Bill

☐ DVA Claim

☐ Print

☐ Email ☒ Send now using template: Invoice Template

☐ Edit before sending

Help OK Cancel

If no payment or a part-payment has been made, the Medicare Online Claiming Wizard will appear differently.

MEDICARE / DVA ONLINE CLAIMING

PCI Claim

Medicare Patient Claims Interactive: Step 1

Patient Details and Transactions

Items not paid in full. Claim will be made on the provider's behalf.

Patient Name: Mr Bartholemew Smythe
Gender: Male
Medicare No: 3950-32493-1 1

Items to Claim

Item Code	Description	Charge	
▶ 10960	Medicare Standard	\$52.95	...

The first page displays the text “Items not paid in full. Claim will be made on the provider’s behalf.”

This means that no benefit will be paid to the patient. The benefit will instead be paid to the practitioner.

Click **Next** to continue.

Medicare Patient Claims Interactive: Step 2

Online Claiming - Referral Details

☒ Use the stored referral details ☐ No referral details available

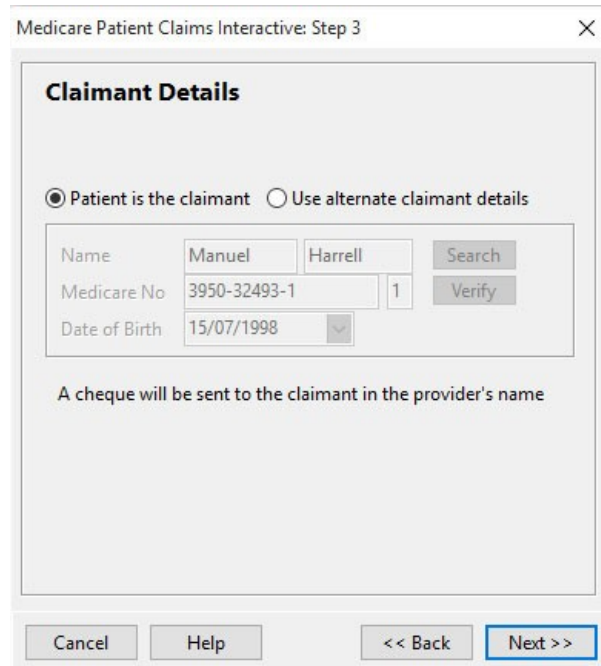
Referring Provider No: 2423821X
Referral Date: 01/04/2016
Referral Period: Standard (12 months from a GP and 3 months from a specialist)

The **Online Claiming - Referral Details** page is displayed.

MEDICARE / DVA ONLINE CLAIMING

PCI Claim

Click **Next** to continue.



Medicare Patient Claims Interactive: Step 3

Claimant Details

☒ Patient is the claimant ☐ Use alternate claimant details

Name: Manuel Harrell Search

Medicare No: 3950-32493-1 1 Verify

Date of Birth: 15/07/1998

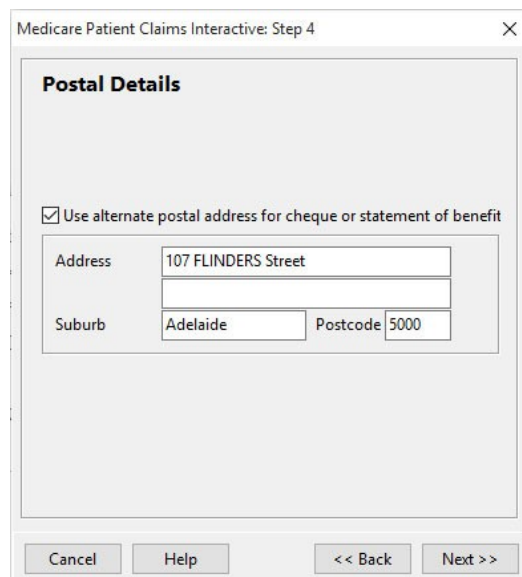
A cheque will be sent to the claimant in the provider's name

Cancel Help << Back Next >>

The **Claimant Details** page is displayed. If the patient has paid on the day, users can select whether to pay the benefit **Using details registered with Medicare** or **By EFT (bank account details will be required)**.

When the benefit is paid to the practitioner, the only option is to have a cheque sent out. This cheque will be posted to the patient / claimant who will then have to present it to the practitioner.

Click **Next** to continue.



Medicare Patient Claims Interactive: Step 4

Postal Details

☒ Use alternate postal address for cheque or statement of benefit

Address: 107 FLINDERS Street

Suburb: Adelaide Postcode: 5000

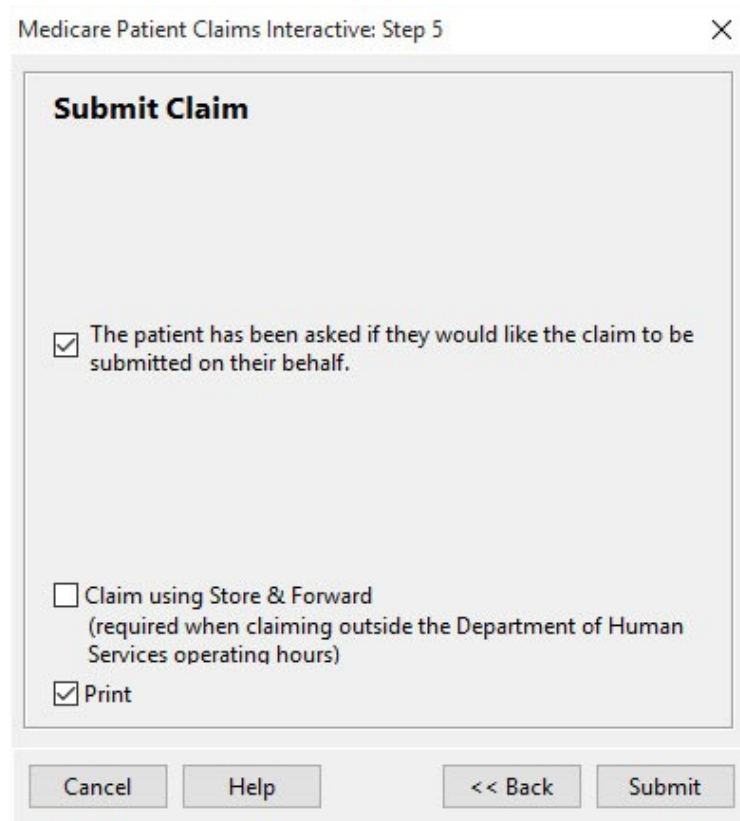
Cancel Help << Back Next >>

The **Postal Details** page is displayed.

MEDICARE / DVA ONLINE CLAIMING

PCI Claim

Enter any relevant details and click **Next** to continue.



Medicare Patient Claims Interactive: Step 5

Submit Claim

☒ The patient has been asked if they would like the claim to be submitted on their behalf.

☐ Claim using Store & Forward
(required when claiming outside the Department of Human Services operating hours)

☒ Print

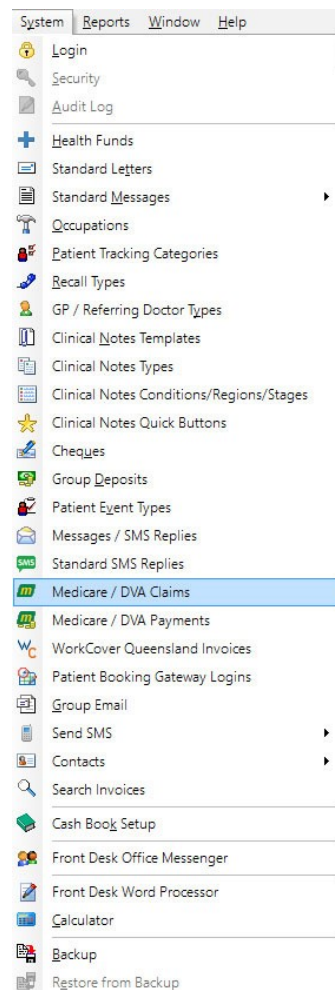
Cancel Help << Back Submit

The **Submit Claim** page is displayed. Once the patient has given consent for the claim to be submitted, click **Submit** to send the claim to Medicare Australia.

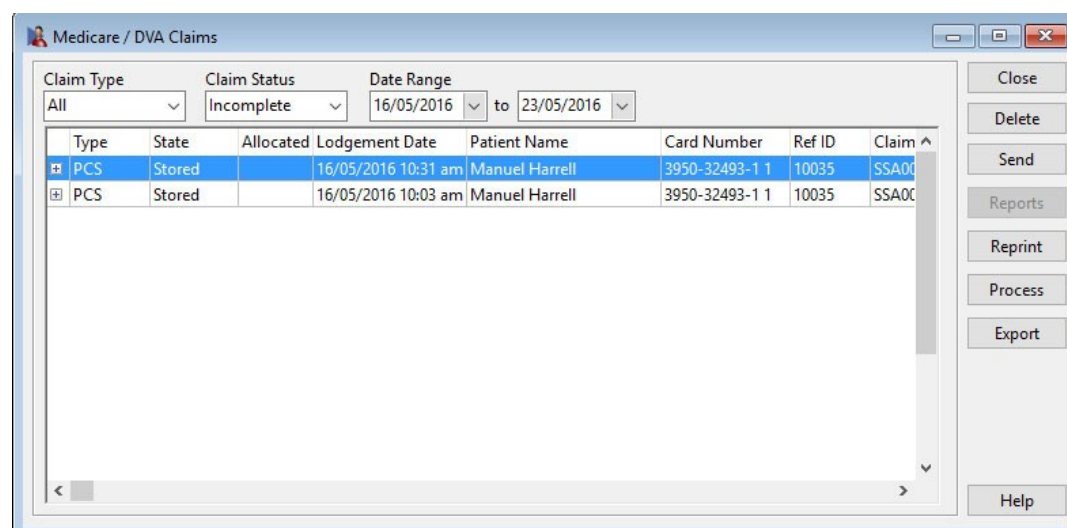
MEDICARE / DVA ONLINE CLAIMING

Forward PCS Claim

To forward a stored PCS Claim, go to the **System** menu and select **Medicare Claims**.



The following screen is displayed.



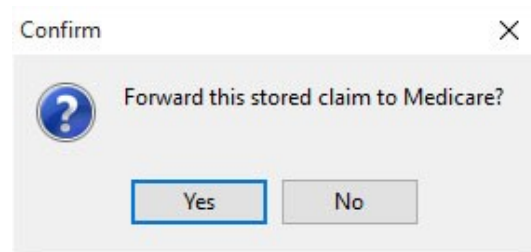
MEDICARE / DVA ONLINE CLAIMING

Forward PCS Claim

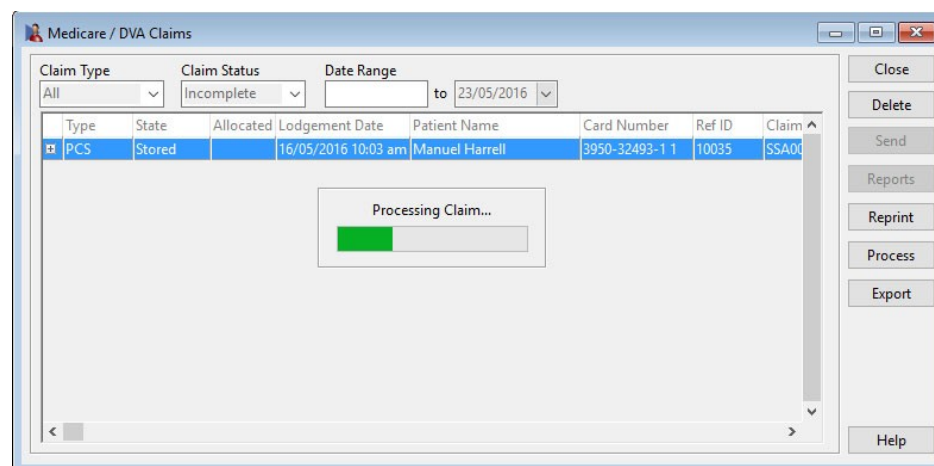
PCS claims that have not yet been forwarded will have the state **Stored** and will be displayed when the **Claim State** is set to **Incomplete**.

Find the PCS claim that you wish to forward to Medicare Australia, highlight it and click on the **Send** button.

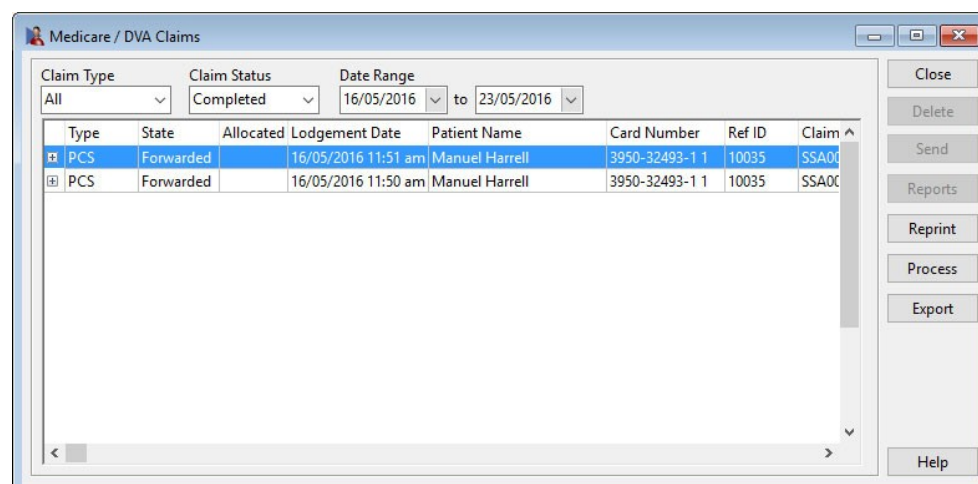
You will be asked if you want to forward the stored claim.



Click **Yes**. A progress bar will be displayed while the claim is being submitted.



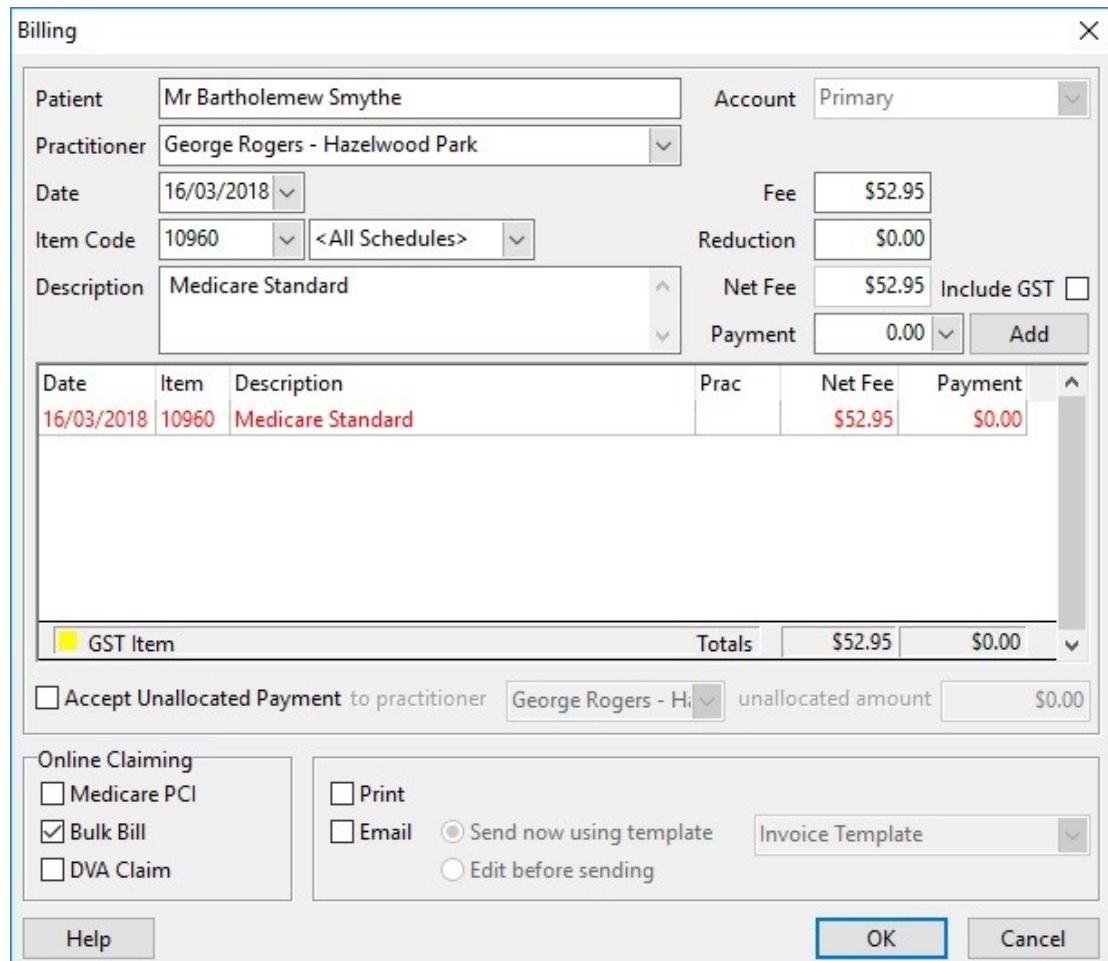
Once the claim has been submitted, the State will change to **Forwarded** and it will no longer be displayed on the screen. To view all **Forwarded** claims, select **Completed** from the **Claim State** drop-down list at the top of the screen.



MEDICARE / DVA ONLINE CLAIMING

Medicare Bulk Bill

Front Desk also provides the ability to send Bulk Bill claims to Medicare Australia over the Internet.



The screenshot shows a 'Billing' window with the following fields and values:

- Patient: Mr Bartholemew Smythe
- Practitioner: George Rogers - Hazelwood Park
- Date: 16/03/2018
- Item Code: 10960
- Description: Medicare Standard
- Account: Primary
- Fee: \$52.95
- Reduction: \$0.00
- Net Fee: \$52.95
- Payment: 0.00
- Include GST: ☐
- Add:

Date	Item	Description	Prac	Net Fee	Payment
16/03/2018	10960	Medicare Standard		\$52.95	\$0.00

Totals: \$52.95, \$0.00

☐ Accept Unallocated Payment to practitioner: George Rogers - H: unallocated amount: \$0.00

Online Claiming:

- ☐ Medicare PCI
- ☒ Bulk Bill
- ☐ DVA Claim

☐ Print

☐ Email: ☒ Send now using template (Invoice Template) ☐ Edit before sending

Buttons: Help, OK, Cancel

To submit a Bulk Bill claim from the Billing screen, check the **Bulk Bill** option at the bottom of the screen.

Note: this option is only available when no payment has been made.

Click **OK**. The Medicare Online Claiming Wizard will be displayed.

MEDICARE / DVA ONLINE CLAIMING

Medicare Bulk Bill

Medicare Bulk Bill Claims: Step 1

Patient Details and Transactions

Patient Name: Mr Bartholemew Smythe
Gender: Male
Medicare No: 3950-32493-1 1 Verify

Items to Claim

Item Code	Description	Charge	
10960	Medicare Standard	\$52.95	...

Cancel Help << Back Next >>

Click **Next** to continue.

Medicare Bulk Bill Claims: Step 2

Bulk Bill Claim - Referral Details

☒ Use the stored referral details ☐ No referral details available

Referring Provider No: 2121331W
Referral Date: 25/02/2018
Referral Period: Standard (12 months from a GP and 3 months

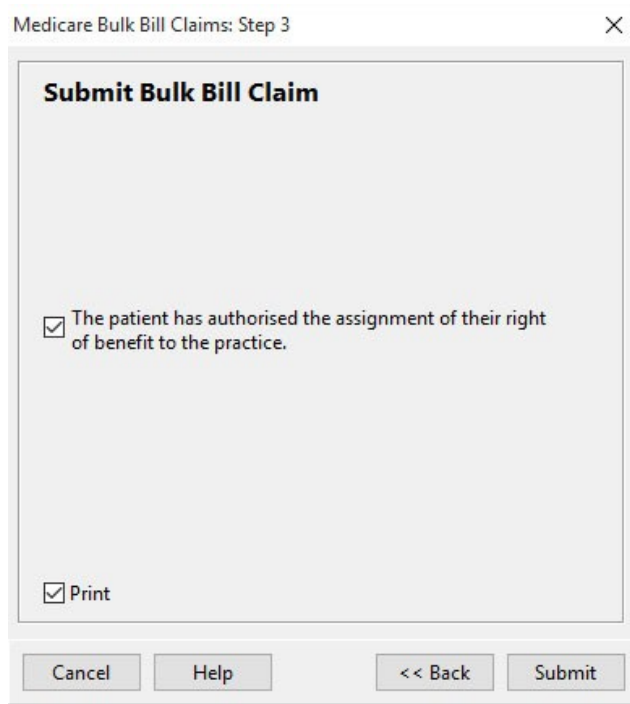
Cancel << Back Next >>

The **Bulk Bill Claim - Referral Details** page is displayed.

Click **Next** to continue.

MEDICARE / DVA ONLINE CLAIMING

Medicare Bulk Bill



Medicare Bulk Bill Claims: Step 3

Submit Bulk Bill Claim

☒ The patient has authorised the assignment of their right of benefit to the practice.

☒ Print

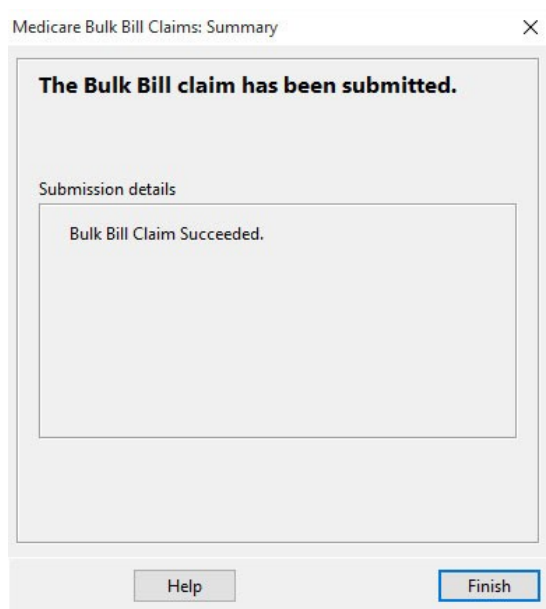
Cancel Help << Back Submit

The **Submit Bulk Bill Claim** page is displayed.

The patient must agree that they authorise the assignment of their right of benefit to the practice. Check this option and click **Submit**.

A **Bulk Bill Assignment Advice (DB4)** will be printed (if the **Print** option is selected).

The **Bulk Bill Summary** page is displayed.



Medicare Bulk Bill Claims: Summary

The Bulk Bill claim has been submitted.

Submission details

Bulk Bill Claim Succeeded.

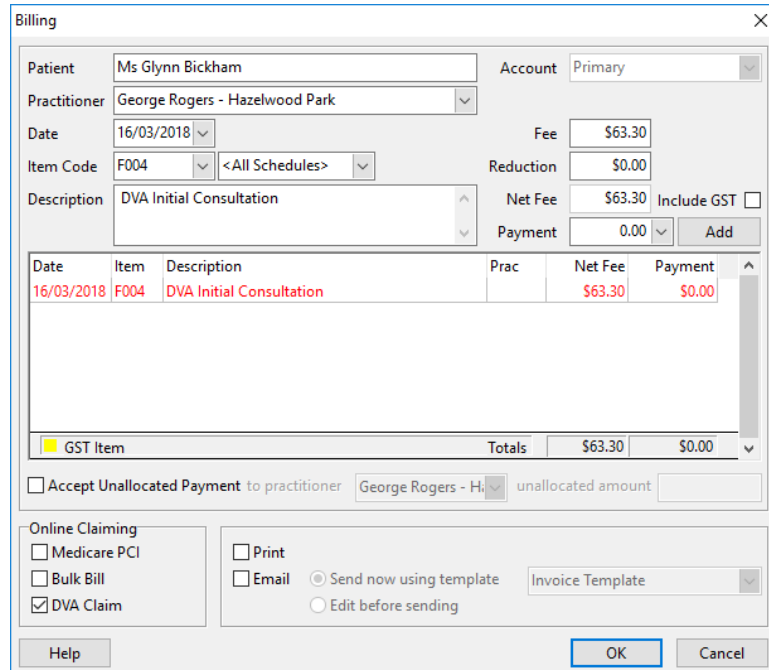
Help Finish

This will contain details of any errors in the claim. Click **Finish** to close the Wizard.

MEDICARE / DVA ONLINE CLAIMING

DVA Allied Health Claim

Front Desk also provides the ability to submit **DVA Allied Health Claims** over the Internet.



The Billing window displays patient and practitioner information, a list of items to bill, and options for online claiming. The patient is Ms Glynn Bickham, and the practitioner is George Rogers - Hazelwood Park. The date is 16/03/2018, and the item code is F004. The description is DVA Initial Consultation. The fee is \$63.30, and the net fee is \$63.30. The payment is \$0.00. The window also includes a table for items to bill, a GST item checkbox, and options for online claiming (Medicare PCI, Bulk Bill, DVA Claim) and printing/emailing the claim.

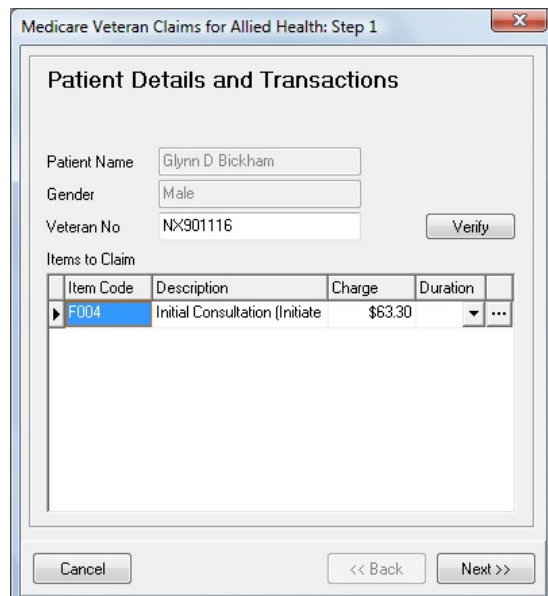
Date	Item	Description	Prac	Net Fee	Payment
16/03/2018	F004	DVA Initial Consultation		\$63.30	\$0.00

Totals		Net Fee	Payment
		\$63.30	\$0.00

To submit a DVA claim from the Billing screen, check the **DVA Claim** option at the bottom of the screen.

Note: this option is only available when no payment has been made.

Click **OK**. The Medicare Online Claiming Wizard will be displayed.




The Medicare Veteran Claims for Allied Health: Step 1 window displays patient details and transactions. The patient name is Glynn D Bickham, gender is Male, and veteran number is NX901116. The items to claim table shows item code F004, description Initial Consultation (Initiate), and charge \$63.30. The window includes a Verify button and navigation buttons (Cancel, << Back, Next >>).

Item Code	Description	Charge	Duration
F004	Initial Consultation (Initiate)	\$63.30	

MEDICARE / DVA ONLINE CLAIMING

DVA Allied Health Claim

The first page displays patient information and a list of the items to be claimed through Medicare. Clicking on the  button allows additional information to be entered about the claim.

Depending on the type of practitioner, different options are displayed on this screen:

Allied Health (including Chiropractic, Occupational Therapy, Osteopathic, Physiotherapy, Podiatry)

Additional Information ✕

<input type="checkbox"/> Service is not Restrictive	<input type="text"/>
<input type="checkbox"/> After Care Service	Normal After Care <input type="text"/>
<input type="checkbox"/> Second medical grade footwear device was provided	
<input type="checkbox"/> Service was rendered in a hospital	
Distance Travelled (km)	<input type="text"/>
<input type="checkbox"/> Service is part of a Multiple Procedure	
<input type="checkbox"/> Patient attended on more than one occasion on the same day	
Additional Service Text <input type="text"/>	

OK
Cancel

Dental

Additional Information ✕

<input type="checkbox"/> Service is not Restrictive	<input type="text"/>
<input type="checkbox"/> After Care Service	Normal After Care <input type="text"/>
<input type="checkbox"/> Upper or Lower Jaw	<input type="text"/>
<input type="checkbox"/> Number of Teeth	<input type="text"/>
Distance Travelled (km)	<input type="text"/>
<input type="checkbox"/> Service is part of a Multiple Procedure	
<input type="checkbox"/> Patient attended on more than one occasion on the same day	
Additional Service Text <input type="text"/>	

OK
Cancel

MEDICARE / DVA ONLINE CLAIMING

DVA Allied Health Claim

Psychology and Speech Pathology

Additional Information ✕

☐ Service is not Restrictive
☐ After Care Service Normal After Care
☐ Service was rendered in a hospital
Distance Travelled (km)
☐ Service is part of a Multiple Procedure
☐ Patient attended on more than one occasion on the same day
Additional Service Text

OK

Cancel

For Speech Pathology claims, a **Duration** must also be entered for each item claimed.

Medicare Veteran Claims for Allied Health: Step 2 ✕

Patient Details and Transactions

Patient Name Mark Venus

Gender Male

Veteran No NX901644

Verify

Items to Claim

Item Code	Description	Charge	Duration	
▶ 104	Medicare Consultation	\$59.90	<div>0:15 0:30 0:45 1:00 1:15 1:30 1:45 2:00</div>	...

Cancel

Help

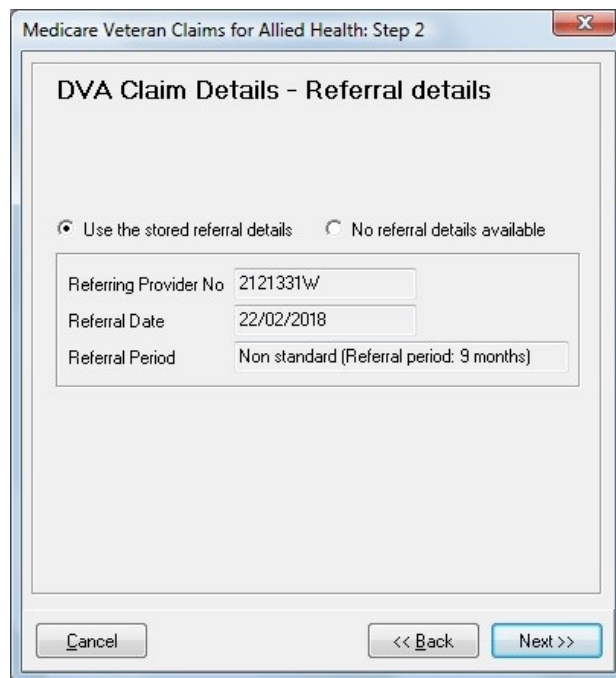
<< Back

Next >>

MEDICARE / DVA ONLINE CLAIMING

DVA Allied Health Claim

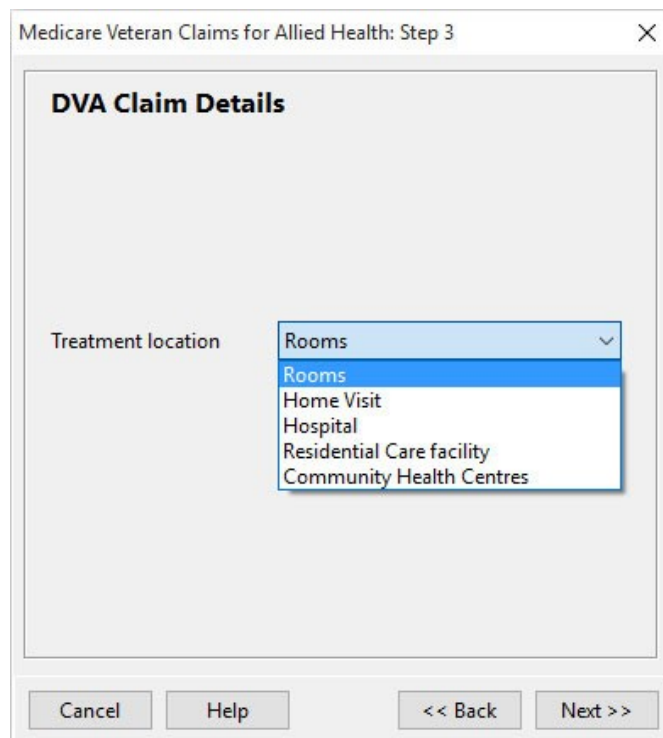
Click **Next** to continue.



The screenshot shows a window titled "Medicare Veteran Claims for Allied Health: Step 2". The main heading is "DVA Claim Details - Referral details". There are two radio buttons: "Use the stored referral details" (selected) and "No referral details available". Below this, there are three text input fields: "Referring Provider No" with the value "2121331W", "Referral Date" with the value "22/02/2018", and "Referral Period" with the value "Non standard (Referral period: 9 months)". At the bottom, there are three buttons: "Cancel", "<< Back", and "Next >>".

The **DVA Claim Details - Referral details** page is displayed.

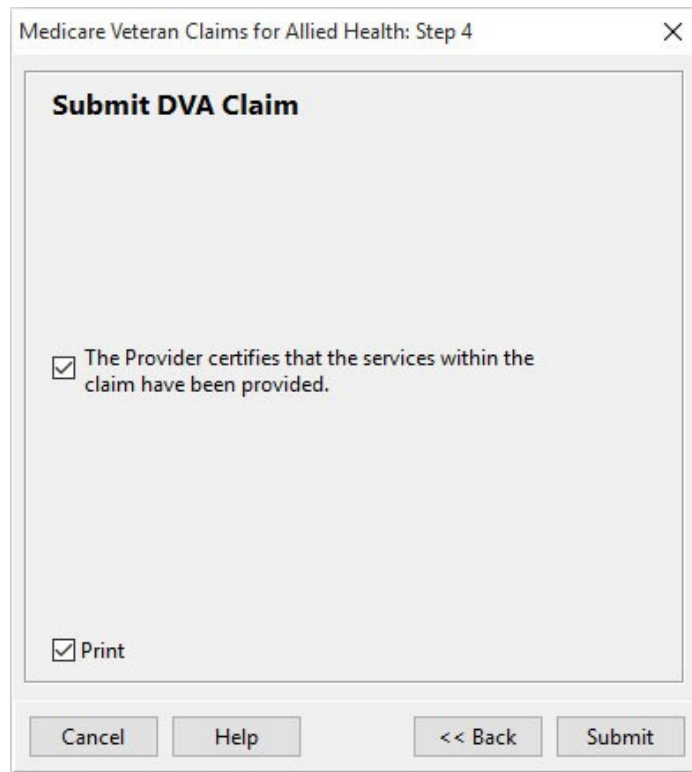
Click **Next** to continue.



The screenshot shows a window titled "Medicare Veteran Claims for Allied Health: Step 3". The main heading is "DVA Claim Details". There is a label "Treatment location" next to a dropdown menu. The dropdown menu is open, showing a list of options: "Rooms" (highlighted), "Home Visit", "Hospital", "Residential Care facility", and "Community Health Centres". At the bottom, there are four buttons: "Cancel", "Help", "<< Back", and "Next >>".

MEDICARE / DVA ONLINE CLAIMING

DVA Allied Health Claim



Medicare Veteran Claims for Allied Health: Step 4

Submit DVA Claim

☒ The Provider certifies that the services within the claim have been provided.

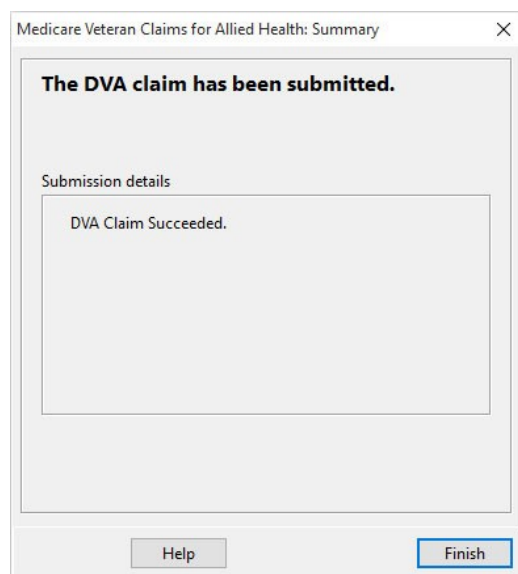
☒ Print

Cancel Help << Back Submit

The practitioner must certify that the services within the claim have been provided. Check this option then click **Submit**.

If the **Print** option is selected, **DVA Claim for Treatment Services (D1217)** will be printed, and 2 copies of a **DVA Health Practitioner Service Voucher (D1216S)** will also be printed.

The **DVA Summary** page is displayed.



Medicare Veteran Claims for Allied Health: Summary

The DVA claim has been submitted.

Submission details

DVA Claim Succeeded.

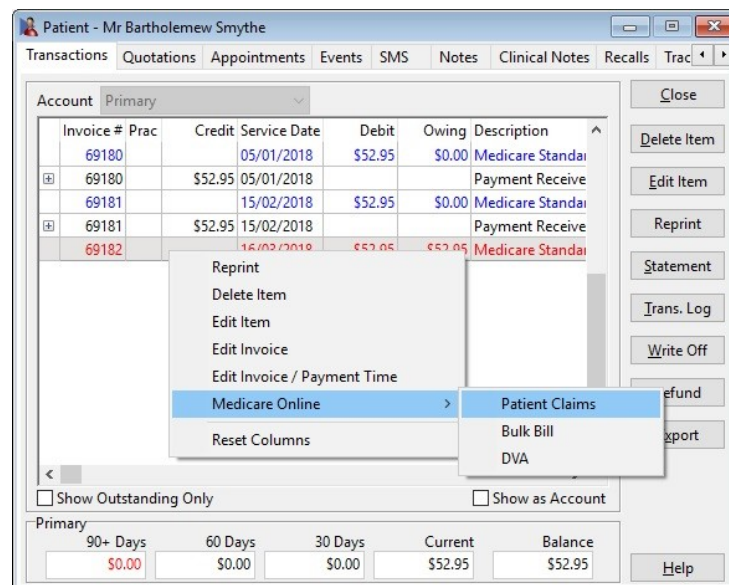
Help Finish

Click **Finish** to close the Wizard.

MEDICARE / DVA ONLINE CLAIMING


Submitting Claims from Patient Transaction tab

It is also possible to submit **Patient Claims**, **Bulk Bill Claims** and **DVA Allied Health Claims** from the Transactions tab on the Patient file.

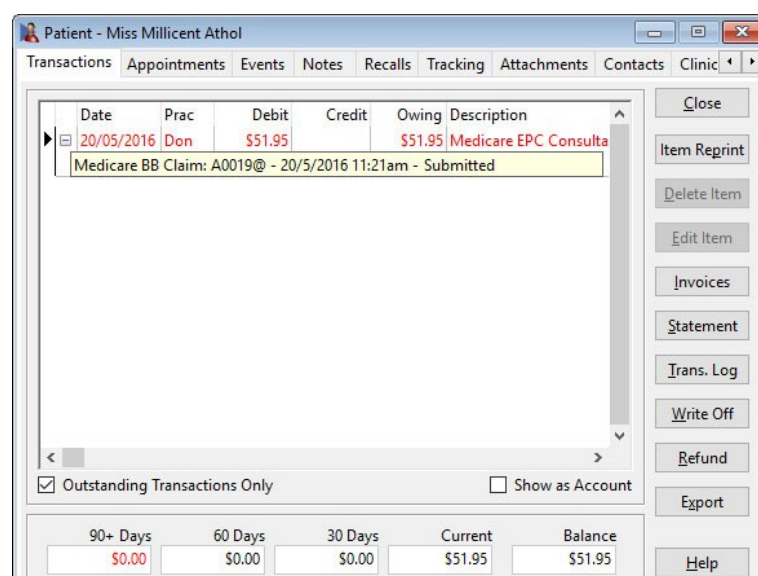


Find the transaction for which you want to submit a claim, right click and go to **Medicare Online**. You can then select to submit a **Patient Claim**, a **Bulk Bill Claim** or a **DVA Claim**.

Note: Bulk Bill and DVA claims cannot be submitted for claims where a payment has already been made. Patient Claims, Bulk Bill, and DVA Claims cannot be submitted more than once.

To determine whether an item has already been claimed through Medicare Online Claiming, click on the  symbol to the left of a billed item.

If a claim has already been submitted, the type of claim (**PCI**, **PCS**, **BB** or **DVA**), the date and time of submission, and the **Claim State** will be displayed.



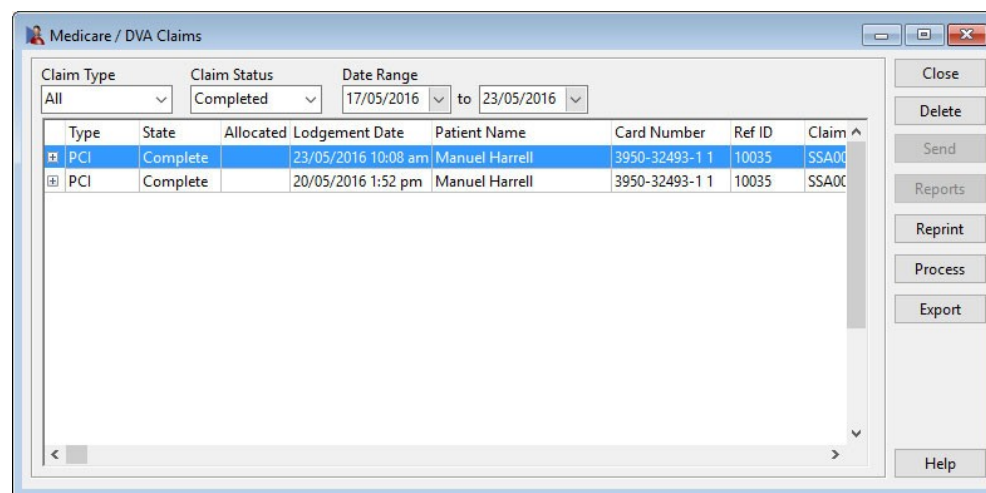
MEDICARE / DVA ONLINE CLAIMING

Same Day Delete

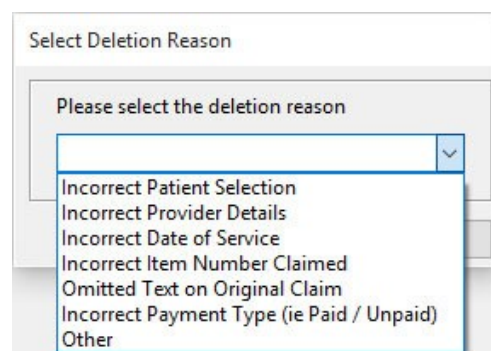
Front Desk includes functionality to delete PCI claims which have already been submitted to Medicare Australia, provided that they are deleted on the same day as they were submitted. This is called **Same Day Delete (SDD)**.



Go to the **System** menu and select **Medicare Claims**.



Find the PCI claim to be deleted, and click **Delete**. You will be asked to enter a reason for the deletion.



A progress bar will be displayed while the deletion is being processed.

Once the claim has been deleted you will be returned to the **Medicare / DVA Claims** screen.

MEDICARE / DVA ONLINE CLAIMING

Bulk Bill / DVA Reports

Bulk Bill and **DVA** reports are available within 3 business days after submitting a claim.

There are two kinds of reports available:

Processing Report - provides information relating to the claim and services within that claim.

Payment Report - details the payment to be deposited including the amount and bank account details along with the list of claims covered by the payment.

Both reports can be requested (and re-requested) as required and are available to download from Medicare / DVA for 6 months after they were generated. Once these reports have been viewed once in Front Desk they will be permanently stored and will not need to be re-requested from Medicare / DVA.

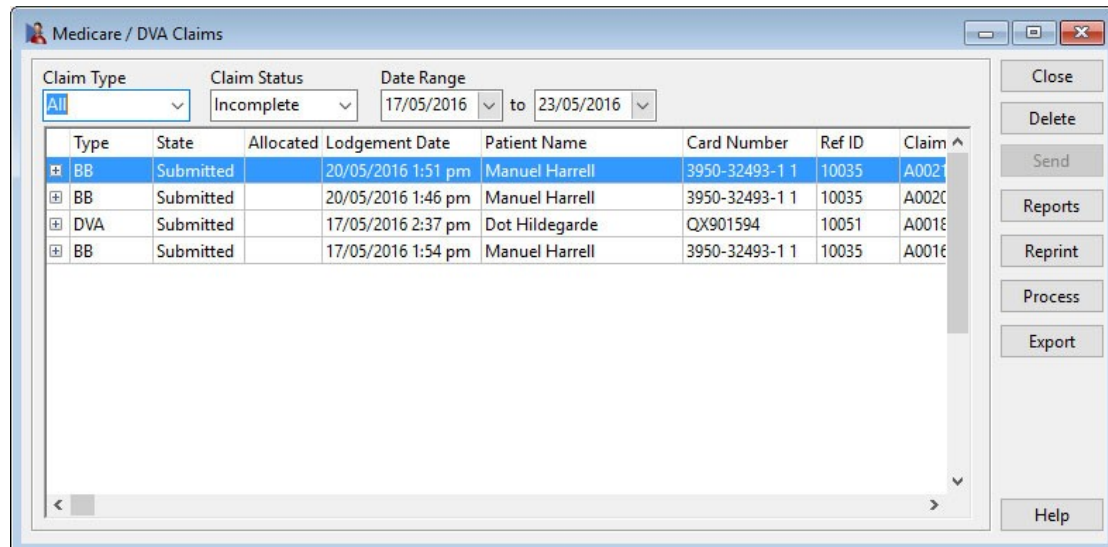
To retrieve a Processing or Payment Report, go to the **System** menu and select **Medicare / DVA Claims**.



MEDICARE / DVA ONLINE CLAIMING

Bulk Bill / DVA Reports

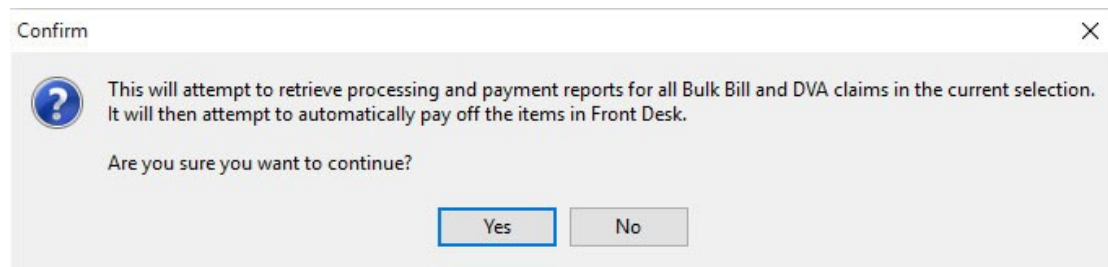
Open the **Medicare / DVA Claims** window from the System drop-down menu and select **Process**.



The screenshot shows the 'Medicare / DVA Claims' window. It features a table with columns: Type, State, Allocated, Lodgement Date, Patient Name, Card Number, Ref ID, and Claim. The table contains four rows of data. To the right of the table is a vertical toolbar with buttons: Close, Delete, Send, Reports, Reprint, Process, Export, and Help. The 'Process' button is highlighted.

Type	State	Allocated	Lodgement Date	Patient Name	Card Number	Ref ID	Claim
BB	Submitted		20/05/2016 1:51 pm	Manuel Harrell	3950-32493-1 1	10035	A0021
BB	Submitted		20/05/2016 1:46 pm	Manuel Harrell	3950-32493-1 1	10035	A0020
DVA	Submitted		17/05/2016 2:37 pm	Dot Hildegard	QX901594	10051	A0018
BB	Submitted		17/05/2016 1:54 pm	Manuel Harrell	3950-32493-1 1	10035	A0016

The following dialog will appear, click **Yes** to continue.



The screenshot shows a 'Confirm' dialog box with a question mark icon. The text inside reads: 'This will attempt to retrieve processing and payment reports for all Bulk Bill and DVA claims in the current selection. It will then attempt to automatically pay off the items in Front Desk. Are you sure you want to continue?'. There are two buttons: 'Yes' and 'No'.

Confirm

?

This will attempt to retrieve processing and payment reports for all Bulk Bill and DVA claims in the current selection. It will then attempt to automatically pay off the items in Front Desk.

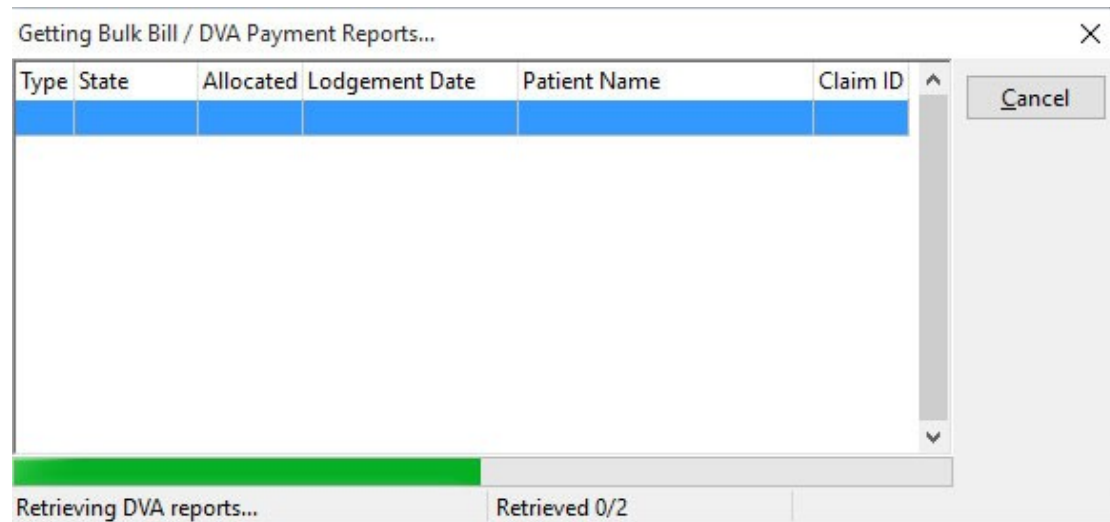
Are you sure you want to continue?

Yes No

MEDICARE / DVA ONLINE CLAIMING

Bulk Bill / DVA Reports

The following screen will appear listing patient transactions and whether a report is available.



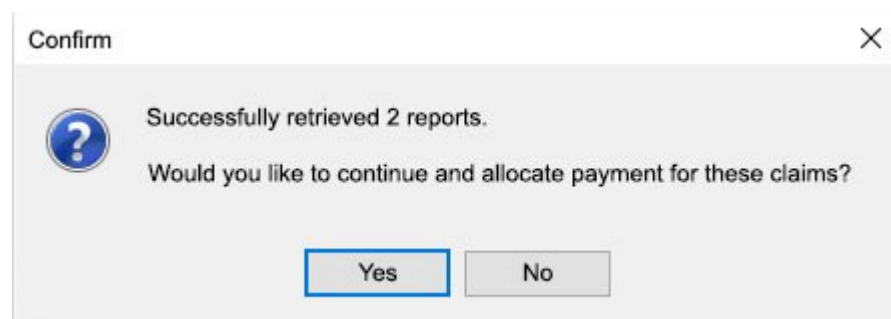
Getting Bulk Bill / DVA Payment Reports...

Type	State	Allocated	Lodgement Date	Patient Name	Claim ID

Retrieving DVA reports... Retrieved 0/2

Cancel

Once completed, you can allocate payment for each claim that has been paid.



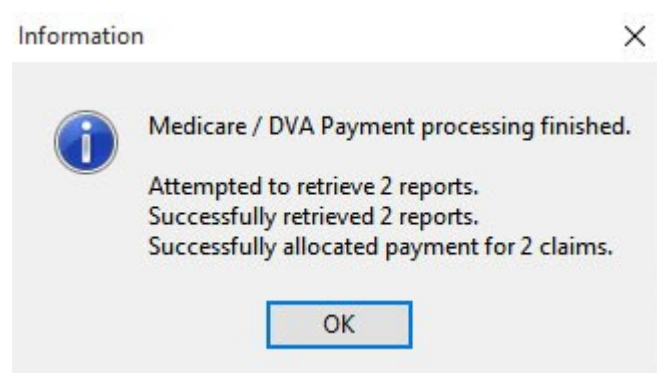
Confirm

Successfully retrieved 2 reports.

Would you like to continue and allocate payment for these claims?

Yes No

The following screen summarises how many reports were requested, how many were successfully retrieved and how many payments were allocated in Front Desk.



Information

Medicare / DVA Payment processing finished.

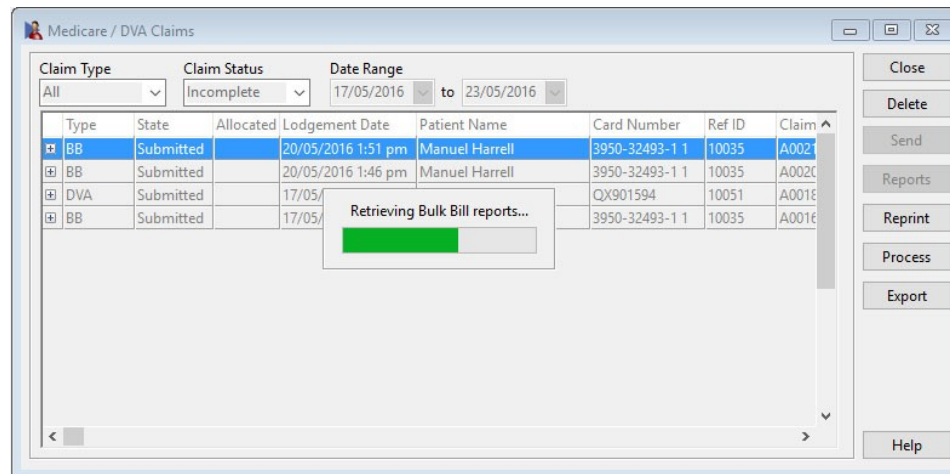
Attempted to retrieve 2 reports.
Successfully retrieved 2 reports.
Successfully allocated payment for 2 claims.

OK

MEDICARE / DVA ONLINE CLAIMING

Bulk Bill / DVA Reports

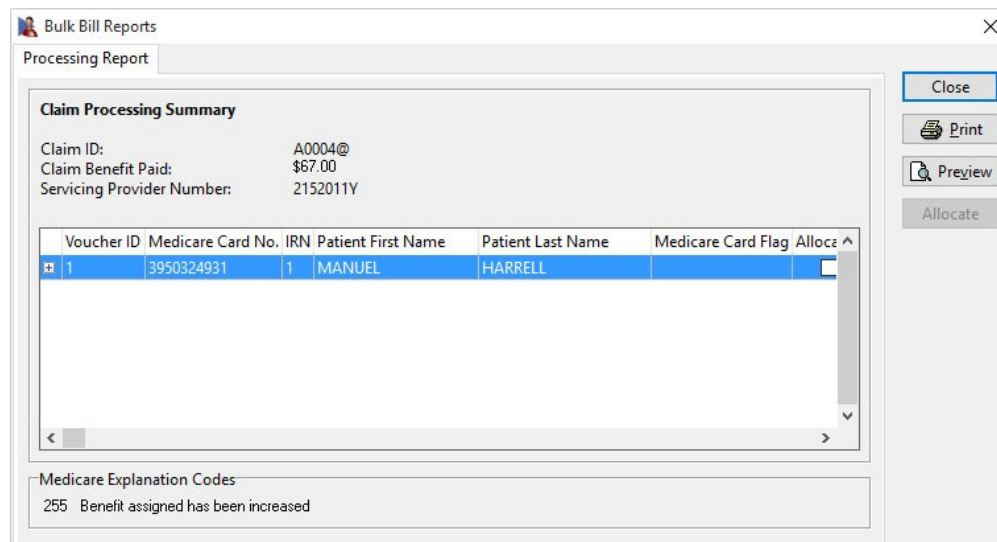
To view reports for a single transaction, highlight the transaction and click **Reports**.



The 'Medicare / DVA Claims' window displays a table of claims with columns: Type, State, Allocated, Lodgement Date, Patient Name, Card Number, Ref ID, and Claim. A dialog box titled 'Retrieving Bulk Bill reports...' is overlaid on the table.

Type	State	Allocated	Lodgement Date	Patient Name	Card Number	Ref ID	Claim
BB	Submitted		20/05/2016 1:51 pm	Manuel Harrell	3950-32493-1 1	10035	A002
BB	Submitted		20/05/2016 1:46 pm	Manuel Harrell	3950-32493-1 1	10035	A002C
DVA	Submitted		17/05/		QX901594	10051	A001E
BB	Submitted		17/05/		3950-32493-1 1	10035	A001E

If a processing and/or payment report is available the following screen will appear. To preview the report click the **Preview** button. The report can be printed by clicking the **Print** button.



The 'Bulk Bill Reports - Processing Report' window shows a 'Claim Processing Summary' and a table of vouchers.

Claim Processing Summary

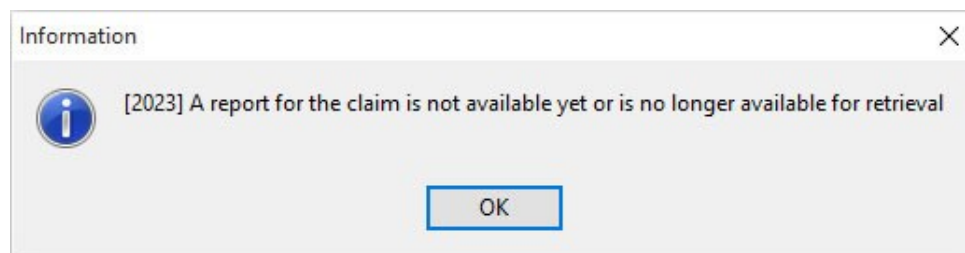
Claim ID: A0004@
Claim Benefit Paid: \$67.00
Servicing Provider Number: 2152011Y

Voucher ID	Medicare Card No.	IRN	Patient First Name	Patient Last Name	Medicare Card Flag	Alloc
1	3950324931	1	MANUEL	HARRELL		

Medicare Explanation Codes

255 Benefit assigned has been increased

If no reports are available the following message will appear.



Information

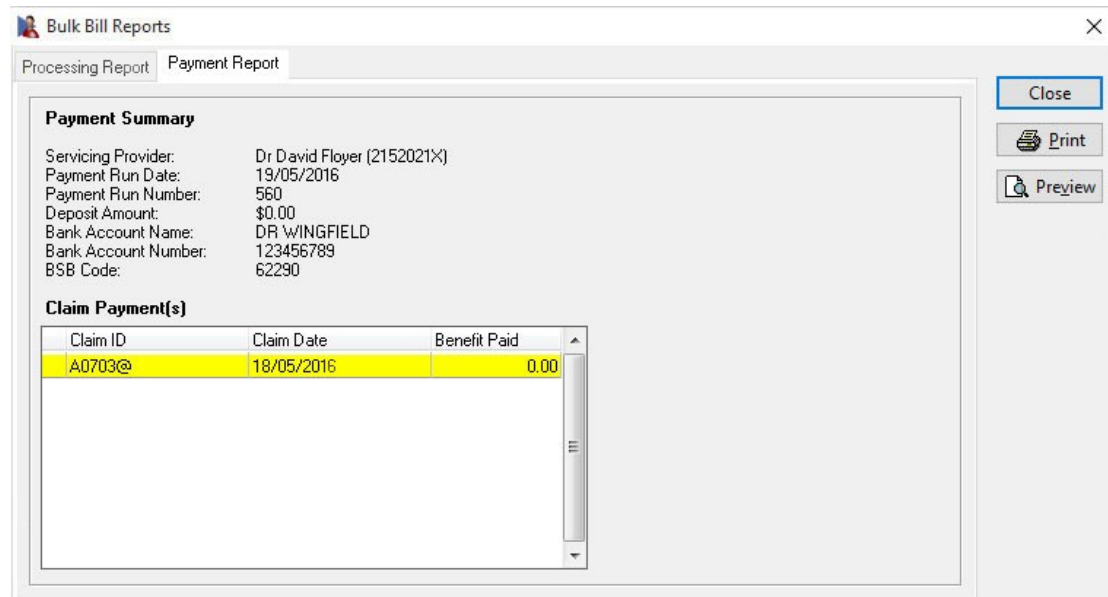
[2023] A report for the claim is not available yet or is no longer available for retrieval

OK

MEDICARE / DVA ONLINE CLAIMING

Bulk Bill / DVA Reports

View the payment report by selecting the **Payment Report** tab. The payment report can be previewed on-screen by clicking the **Preview** button or printed by clicking the **Print** button.



The screenshot shows a window titled "Bulk Bill Reports" with two tabs: "Processing Report" and "Payment Report". The "Payment Report" tab is active. On the right side of the window are three buttons: "Close", "Print", and "Preview".

Payment Summary

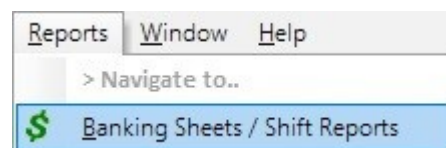
Servicing Provider: Dr David Floyer (2152021X)
Payment Run Date: 19/05/2016
Payment Run Number: 560
Deposit Amount: \$0.00
Bank Account Name: DR WINGFIELD
Bank Account Number: 123456789
BSB Code: 62290

Claim Payment(s)

Claim ID	Claim Date	Benefit Paid
A0703@	18/05/2016	0.00

Medicare / DVA Payments Report

There are two reports in Front Desk which allow users to see all Medicare / DVA payments, and which are intended to simplify bank statement reconciliation. The first of these can be found by selecting **Banking Sheets / Shift Reports** from the **Reports** menu.

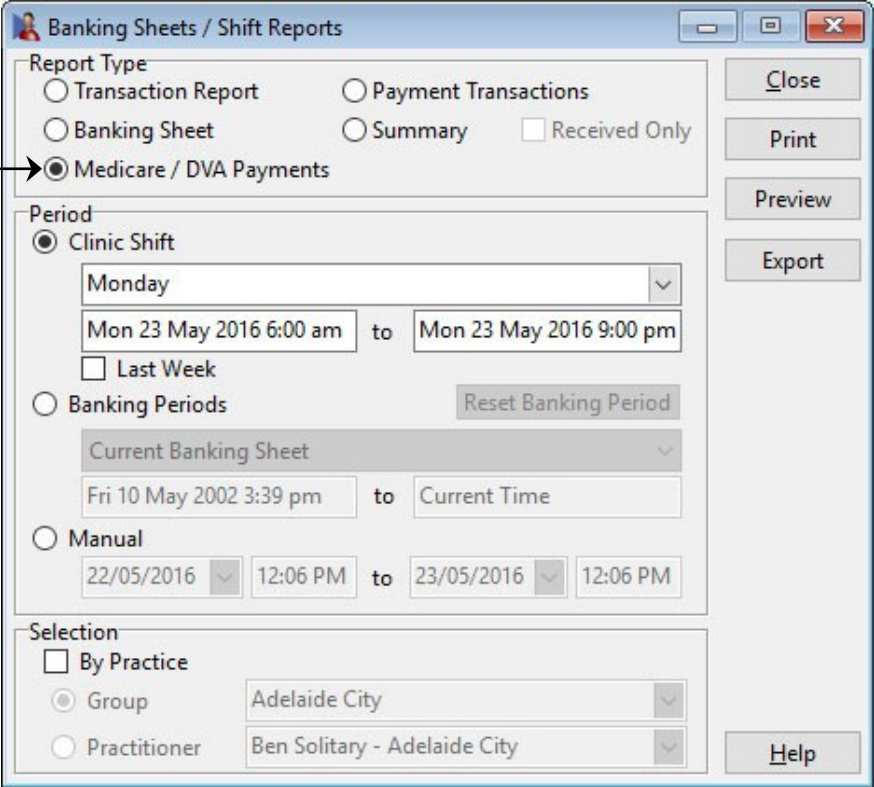


MEDICARE / DVA ONLINE CLAIMING

Medicare/DVA Payments Report

If you have enabled **Medicare / DVA Online Claiming** or **Medicare / DVA Reports Only** on the **Advanced** tab in **System Information**, then under **Report Types** there will be an extra option called **Medicare / DVA Payments**.

Medicare / DVA Payments →



Banking Sheets / Shift Reports

Report Type

- ☐ Transaction Report
- ☐ Payment Transactions
- ☐ Banking Sheet
- ☐ Summary
- ☐ Received Only
- ☒ Medicare / DVA Payments

Period

- ☒ Clinic Shift
 - Monday
 - Mon 23 May 2016 6:00 am to Mon 23 May 2016 9:00 pm
 - ☐ Last Week
- ☐ Banking Periods
 - Reset Banking Period
 - Current Banking Sheet
 - Fri 10 May 2002 3:39 pm to Current Time
- ☐ Manual
 - 22/05/2016 12:06 PM to 23/05/2016 12:06 PM

Selection

- ☐ By Practice
- ☒ Group
 - Adelaide City
- ☐ Practitioner
 - Ben Solitary - Adelaide City

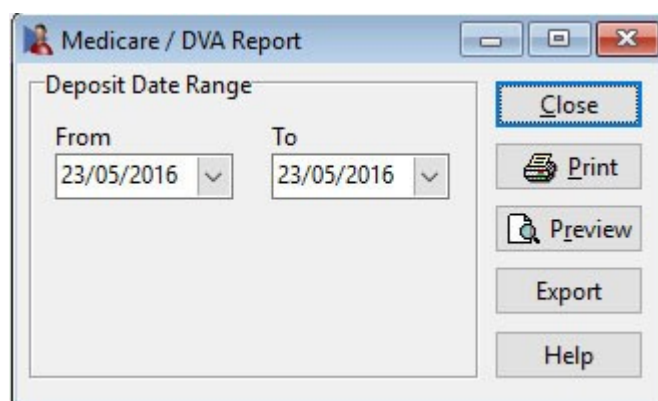
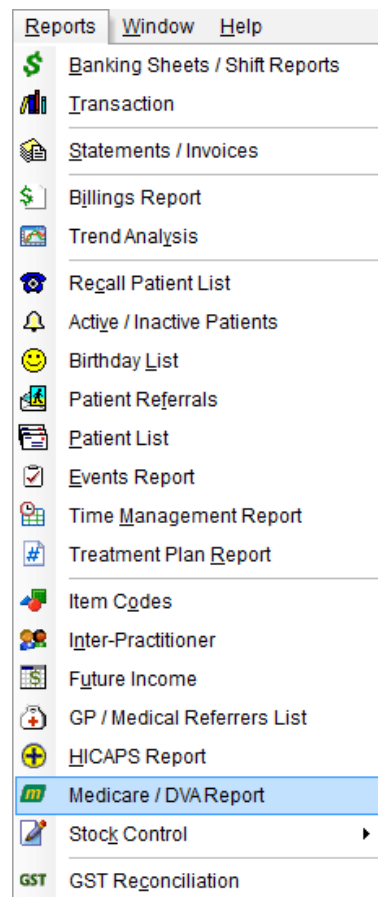
Buttons: Close, Print, Preview, Export, Help

This report is based on the date the Medicare / DVA payment was allocated in Front Desk. It will list all DVA and Bulk Bill payments made during this period, along with information relating to the bank deposit (Account Name, Number, BSB, Payment Run Number and Deposit Amount). The total of this report should be equal to the Medicare / DVA value in the Payments Received section of the Summary Report.

MEDICARE / DVA ONLINE CLAIMING

Medicare/DVA Report

The second Medicare / DVA Payments report can be found by selecting **Medicare / DVA Report** from the **Reports** menu.

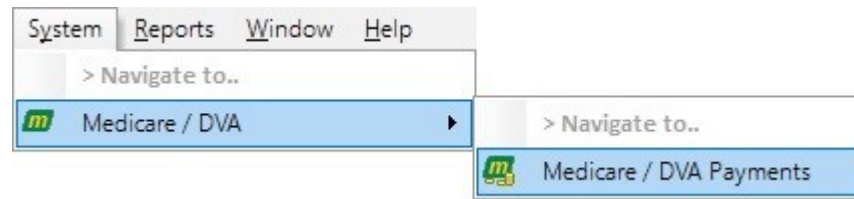


This report is displayed in the same format as the previous report. Whereas the other report was based on the date of allocation, this report is based on deposit date (i.e. the date when Medicare / DVA made the bank deposit).

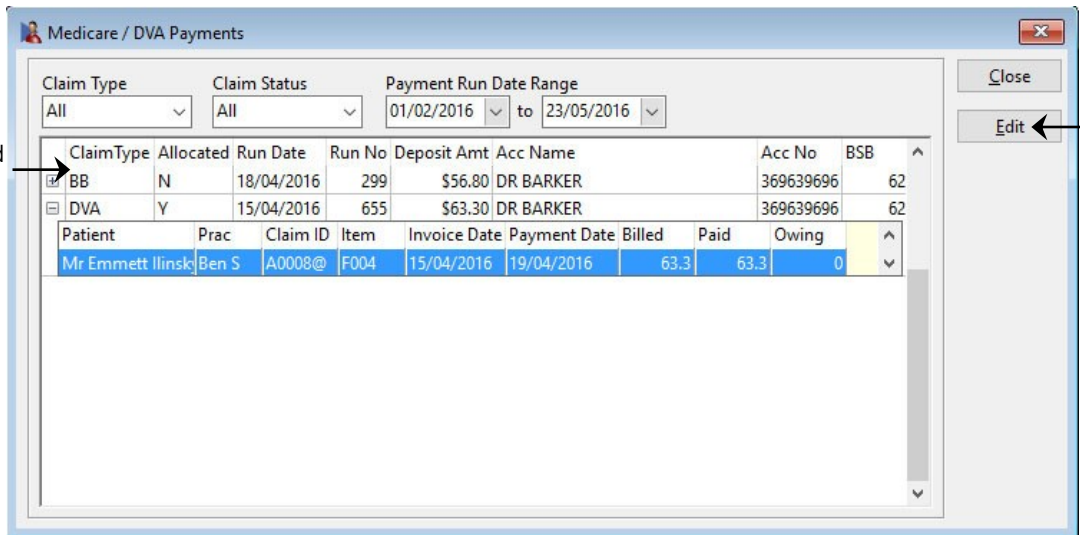
MEDICARE / DVA ONLINE CLAIMING

Medicare/DVA Payments

The **Medicare / DVA Payments** report can be accessed from the **System** drop-down menu. This report allows users to view all the Medicare / DVA Online payment runs.



The following window will be displayed.



Click the + symbol to see all payments paid by the selected payment run

Edit allows users to change the date of payment

Claim Type	Claim Status	Payment Run Date Range	
All	All	01/02/2016	to 23/05/2016

ClaimType	Allocated	Run Date	Run No	Deposit Amt	Acc Name	Acc No	BSB
BB	N	18/04/2016	299	\$56.80	DR BARKER	369639696	62
DVA	Y	15/04/2016	655	\$63.30	DR BARKER	369639696	62

Patient	Prac	Claim ID	Item	Invoice Date	Payment Date	Billed	Paid	Owing
Mr Emmett Ilinski	Ben S	A0008@	F004	15/04/2016	19/04/2016	63.3	63.3	0

HICAPS / EFTPOS INTEGRATION



Setting up HICAPS / EFTPOS (System Information)

Before we begin the setup of HICAPS/EFTPOS Integration, please ensure the following:

- You have a list of HICAPS item codes for your practice
- The HICAPS terminal is connected via phone line or ethernet cable (depending on terminal model).
- The HICAPS terminal is connected to a serial or USB (via an adaptor) port on your computer
- The HICAPS terminal is turned on
- You have installed the HICAPS Connect software

To enable HICAPS integration, select **HICAPS** on the **Health Fund / EFTPOS / Medicare** tab on the **Advanced** tab in **System Information**.

Check **Health Fund Claiming** (and **EFTPOS Integration** if you wish to process EFTPOS payments through the HICAPS machine).

If you will be processing Medicare Easyclaim claims through the HICAPS terminal, check the **Medicare Easyclaim Integration** option. This option cannot be used on the same computer as **Medicare / DVA Online Claiming**. Contact Smartsoft for help deciding which option best suits your practice.

For computers not directly connected to a HICAPS terminal but which are still required to generate HICAPS reports, check the **HICAPS Reports Only** option.

The screenshot shows the 'System Information' dialog box with the 'Advanced' tab selected. The 'Health Fund / EFTPOS / Medicare' section is active. It contains the following options:

- Terminal Type:** Radio buttons for 'None', 'HICAPS' (selected), and 'Tyro'.
- Checkboxes:**
 - ☒ Health Fund Claiming
 - ☒ EFTPOS Integration
 - ☒ Medicare Easyclaim Integration
 - ☒ HICAPS Reports
 - ☐ Tyro HealthPoint Reports
 - ☐ Terminal is Multi-merchant
- Terminal ID:** A text input field.
- Medicare / DVA:**
 - ☒ Accept Medicare / DVA Payments
 - ☐ Medicare / DVA Online Claiming
 - ☐ Medicare / DVA Reports Only
- Other options:**
 - ☐ NZ ACC Export
 - ☐ WorkCover Queensland Invoicing

Buttons for 'Close' and 'Help' are visible on the right side of the dialog.

Front Desk 2018 - Note

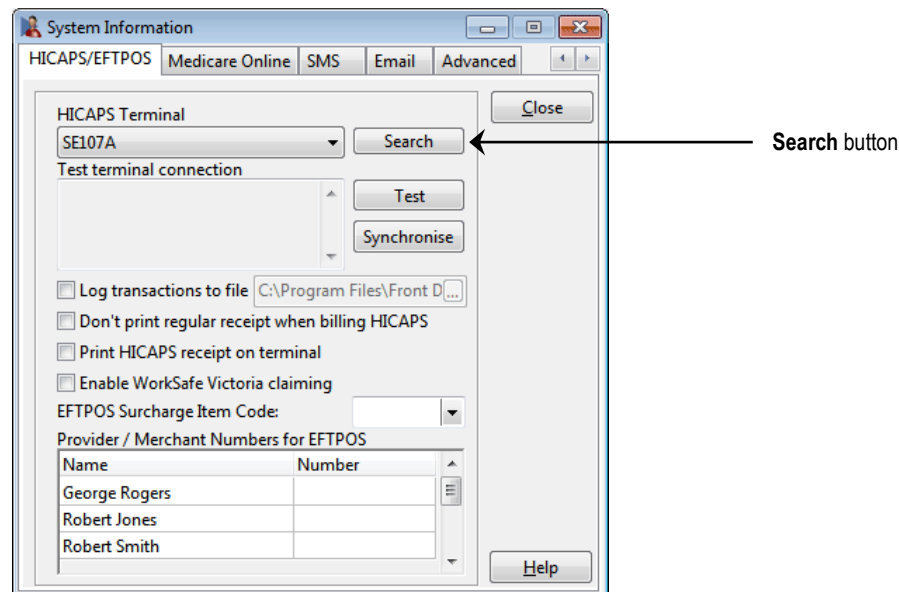
If you select any of the advanced options, you will be asked to restart *Front Desk 2018* for the changes to take effect.

HICAPS / EFTPOS INTEGRATION



Setting up HICAPS / EFTPOS (System Information)

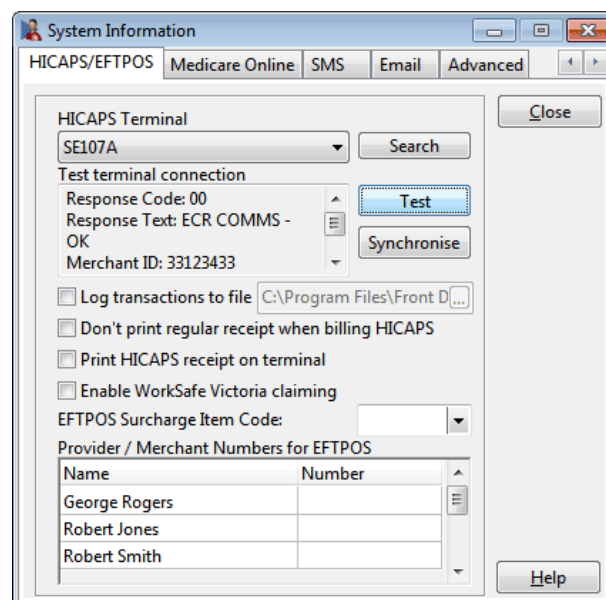
Once *Front Desk* has restarted go to **System Information** and select the **HICAPS/EFTPOS** tab.



Front Desk needs to search for the HICAPS terminal, to do this click **Search**. If the search fails, check that your HICAPS terminal is correctly connected to a serial or USB port on a computer in the network, and that the HICAPS Connect software can detect the terminal.

Front Desk will display the HICAPS terminal ID in the **HICAPS Terminal** field.

To test the communication between *Front Desk* and your HICAPS terminal, click **Test**. If successful, a message will appear with the Response Code, Response Text, Merchant ID and Terminal ID. The Response Code should be "00" and Response Text should be "ECR COMMS - OK", as below.

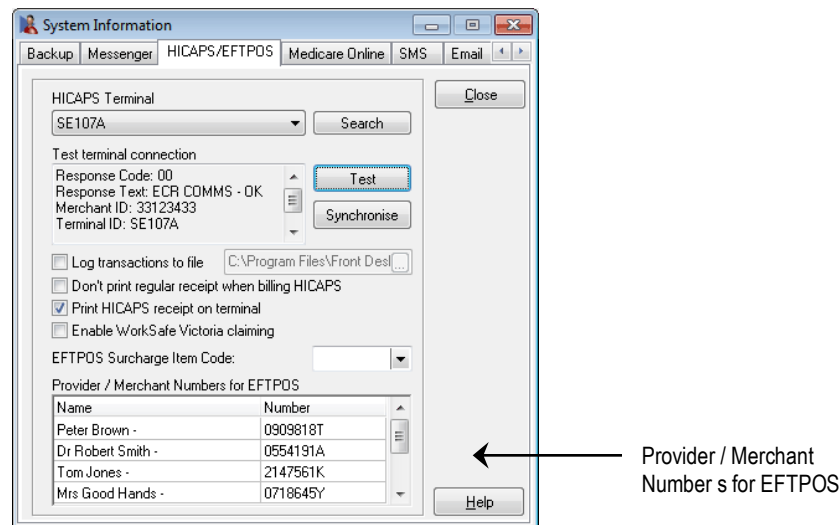


HICAPS / EFTPOS INTEGRATION

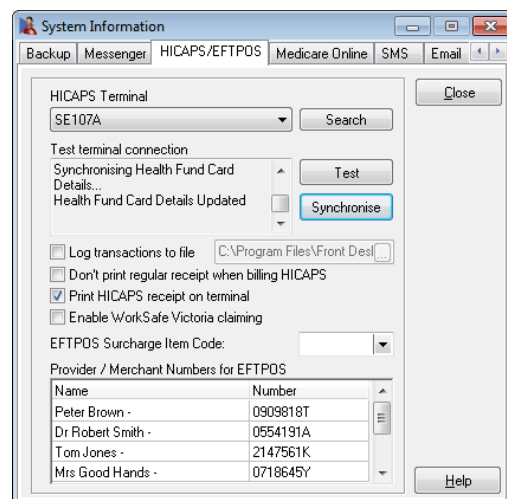


Setting up HICAPS (System Information)

If you will be using **EFTPOS Integration** you should enter the **Provider / Merchant Numbers for EFTPOS** by selecting them from the drop-down list, as below.



To manually update Health Fund Card Details click **Synchronise**. Note that this functionality has been provided for testing purposes, as Front Desk updates new Health Fund Details from the HICAPS terminal on start-up of Front Desk.



By default, all HICAPS receipts will be printed through the HICAPS terminal. If you would prefer to print HICAPS receipts on A5 paper through your default Front Desk receipt printer, uncheck the **Print HICAPS receipt on terminal** option. Please note, EFTPOS and Medicare Easyclaim receipts will still be printed through the terminal.

Front Desk 2018 - Note

The **Log transactions to file** feature should only be used if instructed to do so by Smartsoft Pty Ltd or HICAPS personnel.

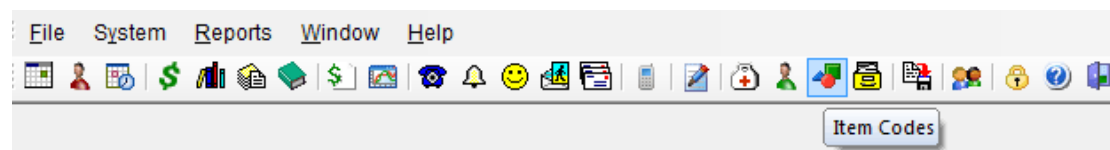
To reduce the number of print outs when paying by HICAPS, select **Don't print regular receipts when billing HICAPS**.

HICAPS / EFTPOS INTEGRATION

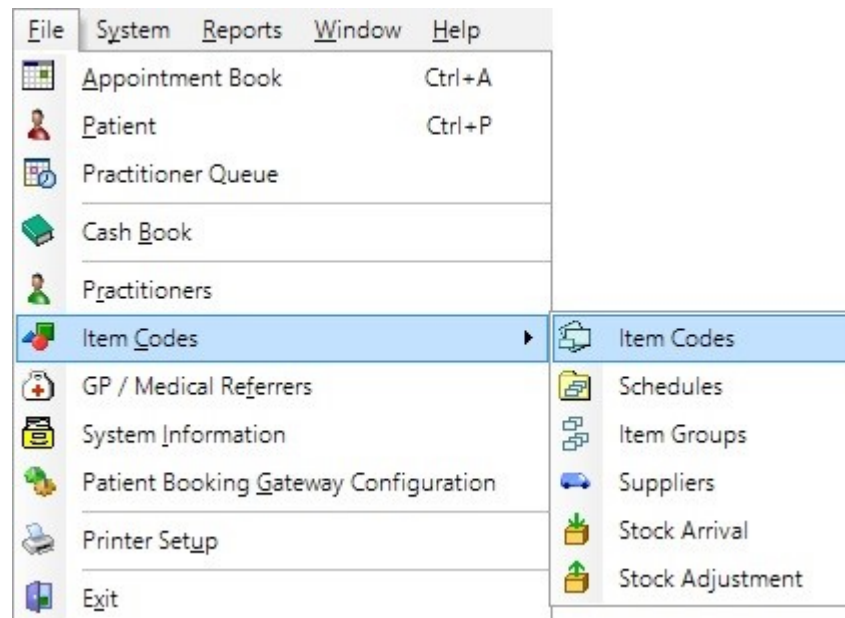


Setting up HICAPS (Item Codes)

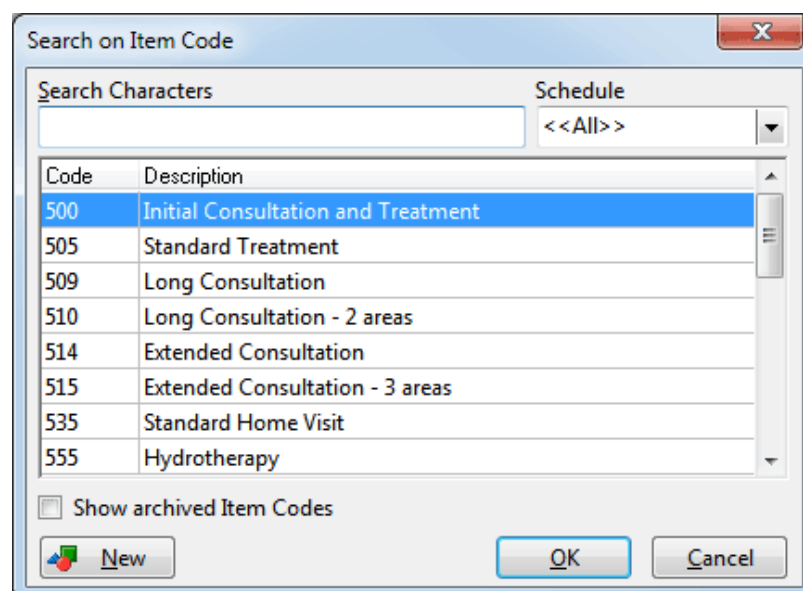
Select **Item Codes** on the *toolbar*



or from the **File** menu.



To create a new item code, click **New**. To edit an existing item code, double click the item code or highlight it and click **OK**.



HICAPS / EFTPOS INTEGRATION



Setting up HICAPS (Item Codes)

Generally the item codes that you use for your professional services and the item codes accepted by HICAPS may vary. If the **Item Code** is not the same as the HICAPS code, you will need to enter the valid information in the **HICAPS Code** field.

Note: If the **Item Code** field already contains a valid HICAPS Code (e.g.001), then the **HICAPS Code** field can be left blank.

If you have entered item codes that you know are not covered by health funds, check the **Non-HICAPS Item** option. These items will no longer be included in any HICAPS claim.

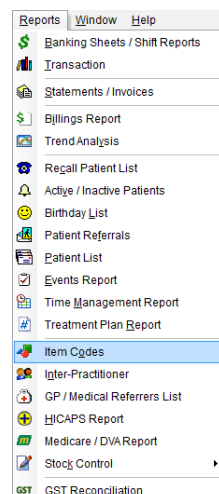
Non-HICAPS Item option →

Fee Category	Fee	Reduction	Total (Ex GST)	Total (Inc GST)	Rebate	Gap
Standard	\$60.00	\$0.00	\$60.00		\$0.00	\$60.00
Concession	\$55.00	\$0.00	\$55.00		\$0.00	\$55.00
Workcover	\$60.00	\$0.00	\$60.00		\$0.00	\$60.00
Veteran Affairs	\$60.00	\$0.00	\$60.00		\$0.00	\$60.00
Medicare	\$60.00	\$0.00	\$60.00		\$0.00	\$60.00
VIP	\$45.00	\$0.00	\$45.00		\$0.00	\$45.00
No Charge	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
Pre pay 10	\$55.00	\$0.00	\$55.00		\$0.00	\$55.00

Front Desk 2018 - Tip

Make sure that either the **Item Code** field or the **HICAPS Code** field contains a valid HICAPS code. *Front Desk* will use the **HICAPS Code** if one is entered, if not the **Item Code** will be used when submitting items to HICAPS.

We recommend that you print an **Item Codes Report** to check your item codes details after updating them with the new HICAPS information. To print an **Item Codes Report**, select **Item Codes** from the **Reports** menu.

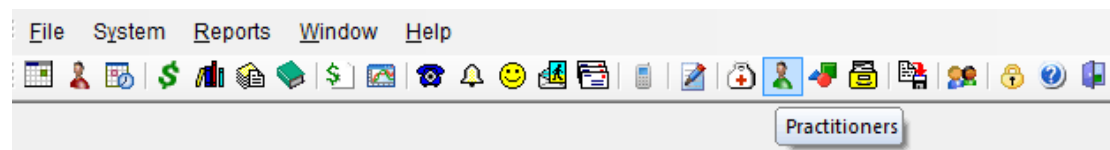


HICAPS / EFTPOS INTEGRATION

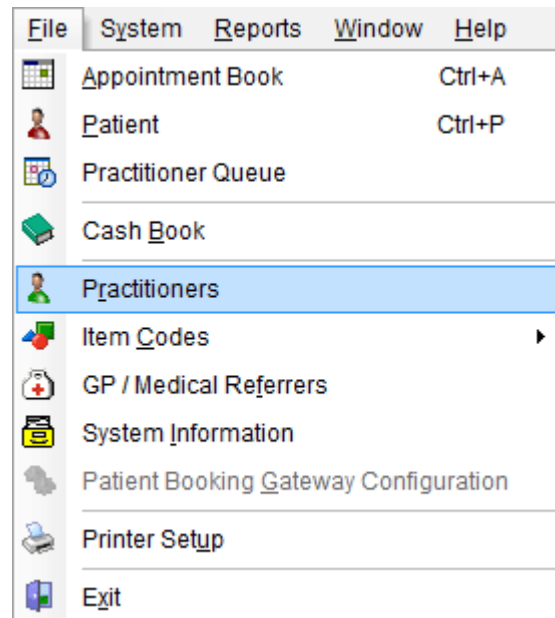


Setting up HICAPS (Practitioner)

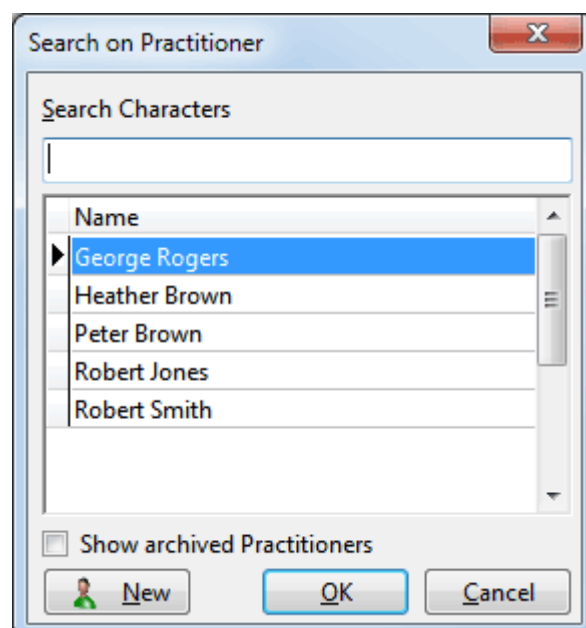
Select **Practitioner** from the toolbar



or from the **File** menu.



Double click the practitioner's name, or highlight their name and click **OK**.



HICAPS / EFTPOS INTEGRATION



Setting up HICAPS (Practitioner)

HICAPS requires a valid practitioner **Provider Number** to allow submission of a HICAPS claim. Select the **Provider numbers** tab and make sure that the **Default Provider Number** is correct. If not, select the correct provider from the drop-down list.

The screenshot shows the 'Practitioner - Robert Smith' window with the 'Provider Numbers' tab selected. The 'Default Provider Number' field contains '0909818T'. Below it is an 'Override Provider Number' section with a table. The table has three columns: 'Fee Category', 'Health Fund', and 'Provider No'. The first row is highlighted in blue. To the right of the table are buttons for 'Close', 'Add', 'Edit', and 'Delete'. At the bottom right is a 'Help' button.

Fee Category	Health Fund	Provider No

If you work in a multi-practitioner environment and use HICAPS integration, you may wish to record which practitioners are unable to claim a HICAPS rebate.

Tick the **No HICAPS claims for this Practitioner** option.

The screenshot shows the 'Practitioner - Robert Smith' window with the 'General' tab selected. The 'Name' field contains 'Robert Smith', 'Title' contains 'Physiotherapist', 'Qualifications' contains 'B.App.Sc.Physiotherapy', 'Practice/Location' is empty, and 'Short Desc.' contains 'Rob'. The 'No HICAPS claims for this Practitioner' checkbox is checked. The 'Practice Group' dropdown menu is set to 'Robert Smith'. The 'Practitioner requires a referral' checkbox is unchecked. To the right of the form are buttons for 'Close', 'Search', 'New', 'Delete', 'Archive', and 'Help'.

☒ No HICAPS claims for this Practitioner

HICAPS / EFTPOS INTEGRATION



Setting up HICAPS (Practitioner)

Clinical Codes are part of the billing process required by health funds when processing transactions through the **HICAPS** interface for Dentists, Occupational Therapists and Psychologists. For Dentists the Clinical Code equates to the Tooth Number. **Please note that this requirement does not currently apply to other health professionals.**

To include a **Clinical Code** when billing for a practitioner, go to the **HICAPS** tab in the **Practitioner** file. Check the **Include Clinical Code when Billing** option then select the practitioner's profession from the **Profession** drop-down list.

The screenshot shows the 'Practitioner - Robert Smith' dialog box with the 'HICAPS' tab selected. The dialog contains the following text: 'Clinical Codes are currently used for HICAPS billing in the following professions: Dentistry, Psychology, and Occupational Therapy. Do not set this option for other professions.' Below this is a checked checkbox labeled 'Include Clinical Code when Billing'. Underneath is a 'Profession' dropdown menu currently set to 'Occupational Therapist'. There are 'Close' and 'Help' buttons at the bottom right.

A **Clinical Code** field will be displayed next to the **Item Code** on the receipt and billing screen for practitioners with this option enabled.

When billing a patient, select the **Clinical Code** for the HICAPS claim. If you place the cursor over the **Clinical Code** field a description will appear in the on-screen tooltip.

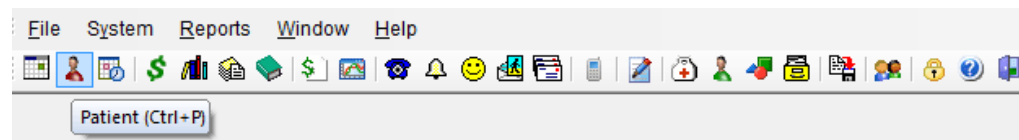
The screenshot shows the 'Billing' dialog box. At the top, it lists 'Patient: Mr John Smith' and 'Practitioner: George Rogers'. The 'Date' is '13/11/2012'. The 'Description' is 'Standard Treatment'. The 'Item Code' is '505'. The 'Clinical Code' field is highlighted with a tooltip that says 'Clinical Code Cognition'. To the right, there are fields for 'Fee' (\$30.00), 'Reduction' (\$0.00), and 'Net Fee' (\$30.00). Below these is a table with columns: Date, Item, Description, Code, Prac, Net Fee, Payment. At the bottom, there are checkboxes for 'GST Item', 'Accept Unallocated Payment to practitioner', and 'DVA Claim', 'Bulk Bill', 'Medicare PCI', 'Print'. There are 'OK', 'Cancel', and 'Help' buttons at the bottom right.

Clinical Code

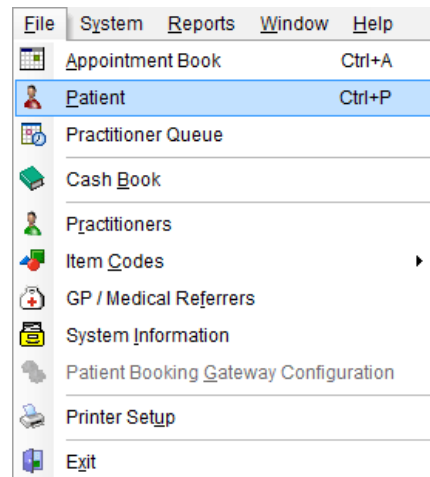
HICAPS / EFTPOS INTEGRATION

HICAPS - Additional Tab

Select **Patient** from the toolbar

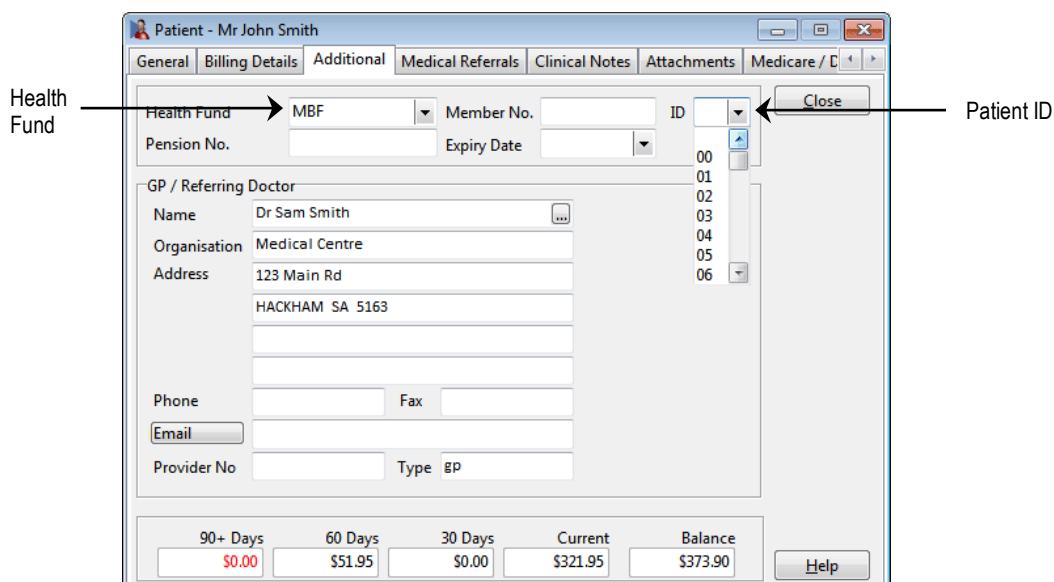


or from the **File** menu.



Go to the **Additional** tab on the patient file. It is here that the patient's health fund details are entered.

When entering new patients with a valid health fund card, it will be an advantage to record the patient's **ID** number on this card. If there is only one person on the health fund card, this number will generally be **00**. For cards with more than one member, the ID for the first member will generally be **00**, followed by **01** for the second member, **02** for the third member and so on.

A screenshot of the 'Patient - Mr John Smith' form. The form has several tabs: 'General', 'Billing Details', 'Additional', 'Medical Referrals', 'Clinical Notes', 'Attachments', and 'Medicare / D'. The 'Additional' tab is selected. In this tab, there are fields for 'Health Fund' (set to 'MBF'), 'Member No.', 'ID' (a dropdown menu showing options 00 through 06), 'Pension No.', and 'Expiry Date'. Annotations with arrows point to the 'Health Fund' field and the 'ID' dropdown, with labels 'Health Fund' and 'Patient ID' respectively. Below these fields are sections for 'GP / Referring Doctor' (Name: Dr Sam Smith, Organisation: Medical Centre, Address: 123 Main Rd, HACKHAM SA 5163) and contact information (Phone, Fax, Email, Provider No, Type: GP). At the bottom, there is a summary table showing payment periods and amounts.

90+ Days	60 Days	30 Days	Current	Balance
\$0.00	\$51.95	\$0.00	\$321.95	\$373.90

You can also enter the **Health Fund** and **Member No.** These fields are optional for HICAPS and general billing.

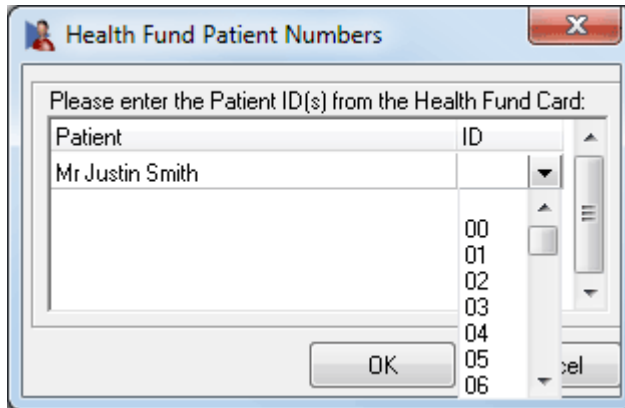
HICAPS / EFTPOS INTEGRATION

HICAPS - Patient IDs

For existing patients, you will be asked for the patient ID when submitting their first HICAPS claim through *Front Desk*. This ID will then be stored in the patient file for subsequent use. There is no need to go through all your existing patient files to enter their patient ID.

When submitting a HICAPS claim for patients without a **Patient ID** entered, you will be prompted for this information as below.

Select the patient's ID number from the **ID** drop-down box and click **OK**. If you wish to cancel the HICAPS claim at this point, click **Cancel**.



The dialog box titled "Health Fund Patient Numbers" contains a table with two columns: "Patient" and "ID". The "Patient" column lists "Mr Justin Smith". The "ID" column is a drop-down menu currently showing "00". To the right of the table is a vertical scrollbar. At the bottom of the dialog are "OK" and "Cancel" buttons.

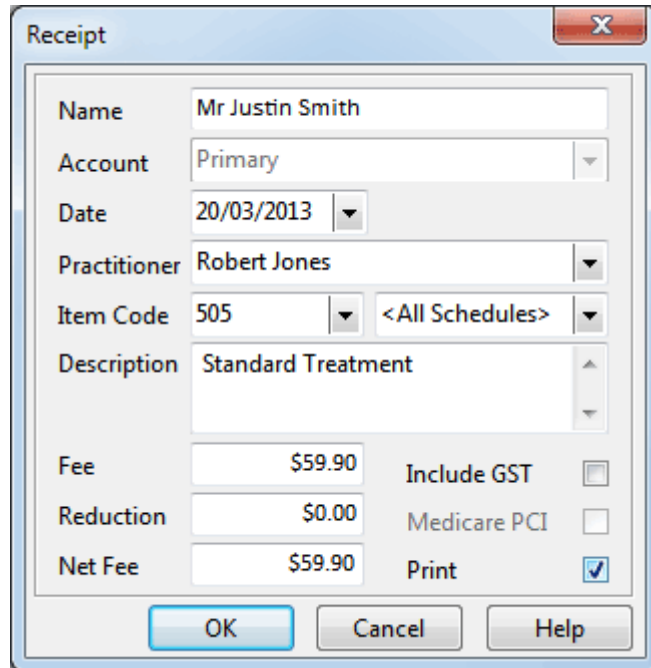
Patient	ID
Mr Justin Smith	00
	01
	02
	03
	04
	05
	06

HICAPS / EFTPOS INTEGRATION

Receipting with HICAPS

Receipting is a quick way to produce a receipt for **one item only**, which is to be paid in full.

Click **Receipt** on the patient card or on the appointment book.



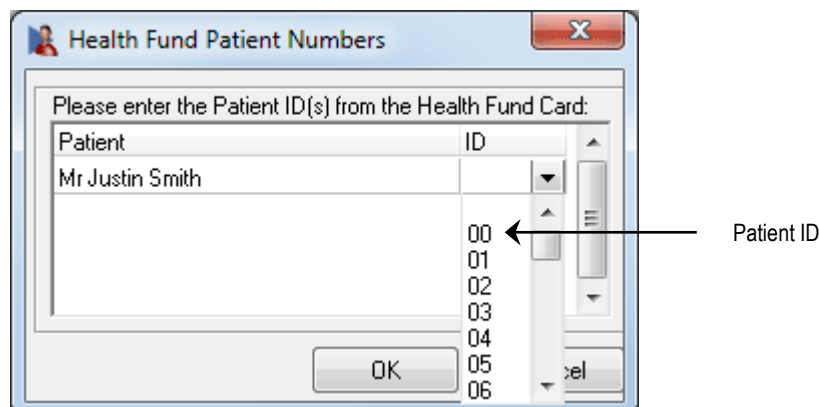
The Receipt dialog box contains the following fields and controls:

Name	Mr Justin Smith		
Account	Primary		
Date	20/03/2013		
Practitioner	Robert Jones		
Item Code	505	<All Schedules>	
Description	Standard Treatment		
Fee	\$59.90	Include GST	<input type="checkbox"/>
Reduction	\$0.00	Medicare PCI	<input type="checkbox"/>
Net Fee	\$59.90	Print	<input checked="" type="checkbox"/>
<div>OK Cancel Help</div>			

Select the correct **Date**, **Practitioner**, and **Item Code**. The default fee and reduction can be adjusted if necessary and a clinical code selected if applicable.

Click **OK** to process the receipt. On the **Payment** screen click the **HICAPS** button to submit this transaction to HICAPS.

If the patient does not have a patient ID entered you will be prompted to select one from the **Health Fund Patient Numbers** screen. Use the ID drop-down box to select the number found on the patient's health fund card.



The Health Fund Patient Numbers dialog box contains the following elements:

Please enter the Patient ID(s) from the Health Fund Card:

Patient	ID
Mr Justin Smith	

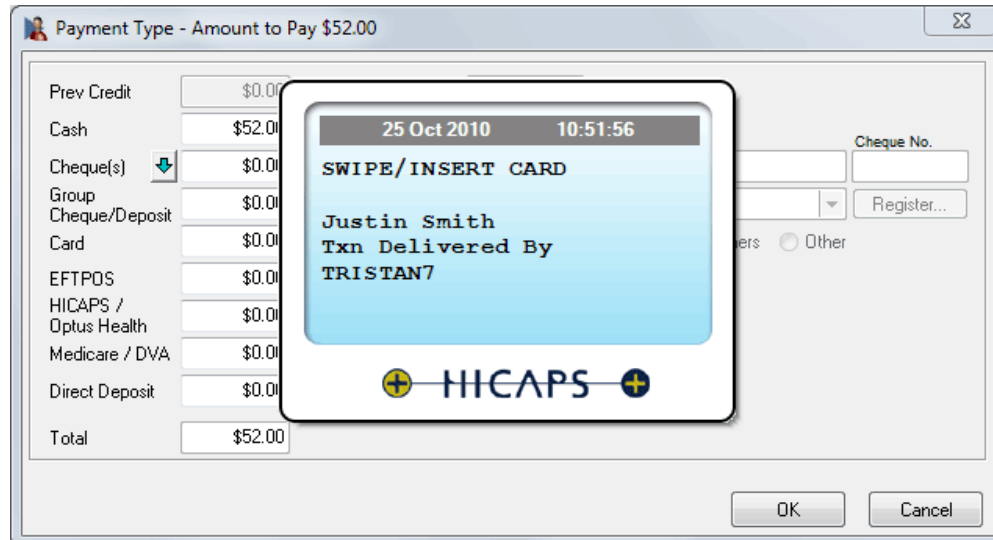
Below the table is a list of ID options: 00, 01, 02, 03, 04, 05, 06. An arrow points from the text "Patient ID" to the list of IDs.

OK Cancel

HICAPS / EFTPOS INTEGRATION

Receipting with HICAPS

You will be prompted to swipe or insert the health fund card to begin the claim.



The screenshot shows the 'Payment Type - Amount to Pay \$52.00' dialog box. A modal window is displayed in the center with the following text:

25 Oct 2010 10:51:56
SWIPE/INSERT CARD
Justin Smith
Txn Delivered By
TRISTAN7
HICAPS

The background dialog box contains a list of payment types and their amounts:

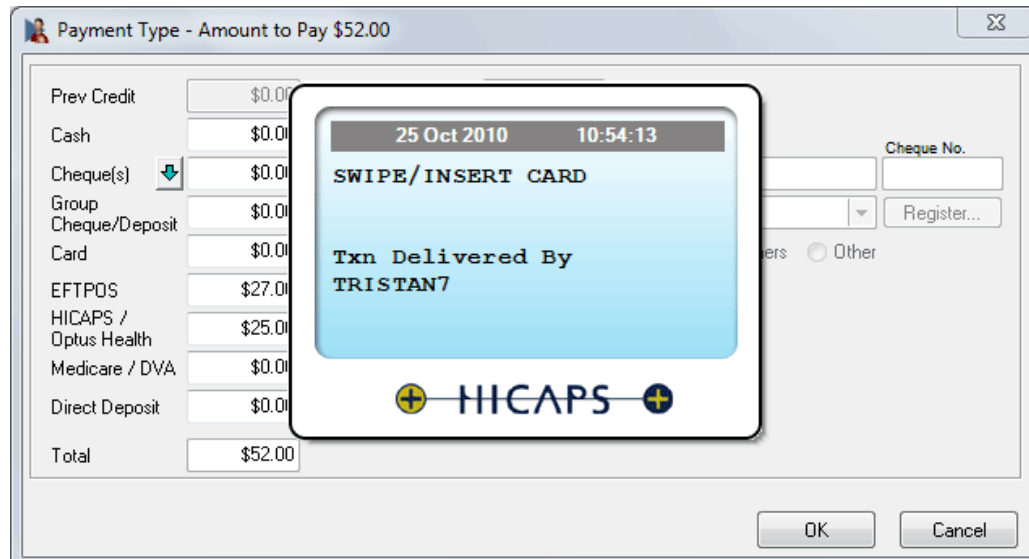
Payment Type	Amount
Prev Credit	\$0.00
Cash	\$52.00
Cheque(s)	\$0.00
Group	\$0.00
Cheque/Deposit	\$0.00
Card	\$0.00
EFTPOS	\$0.00
HICAPS / Optus Health	\$0.00
Medicare / DVA	\$0.00
Direct Deposit	\$0.00
Total	\$52.00

Buttons for 'OK' and 'Cancel' are at the bottom right.

After a few moments, the terminal will complete the transaction and *Front Desk* will show the benefit amount in the **HICAPS** field on the **Payment Type** screen.

Enter the payment type of the remaining amount in the appropriate field e.g. cash, cheque, EFTPOS, and then click **OK**.

If paying by EFTPOS enter the amount to be paid in the **EFTPOS** field and click the **EFTPOS** button. You will then be asked to swipe the patient's EFTPOS card.



The screenshot shows the 'Payment Type - Amount to Pay \$52.00' dialog box. A modal window is displayed in the center with the following text:

25 Oct 2010 10:54:13
SWIPE/INSERT CARD
Txn Delivered By
TRISTAN7
HICAPS

The background dialog box contains a list of payment types and their amounts:

Payment Type	Amount
Prev Credit	\$0.00
Cash	\$0.00
Cheque(s)	\$0.00
Group	\$0.00
Cheque/Deposit	\$0.00
Card	\$0.00
EFTPOS	\$27.00
HICAPS / Optus Health	\$25.00
Medicare / DVA	\$0.00
Direct Deposit	\$0.00
Total	\$52.00

Buttons for 'OK' and 'Cancel' are at the bottom right.

If you click **Cancel** at this stage, *Front Desk* will prompt you to swipe the patient's card once more to cancel the submitted HICAPS claim.

HICAPS / EFTPOS INTEGRATION

Receipting with HICAPS

If an error or problem occurred with the HICAPS claim, *Front Desk* will display this error and allow you to select an alternative payment method.

Your printer / terminal will print out two copies of the HICAPS receipt:

- *A receipt for the practice to keep - provider copy (this copy must be signed by the patient) and*
- *A receipt for the patient to keep - patient copy*

If the **Print** box is ticked on the receipt screen, a normal *Front Desk* receipt will also be printed for the patient.

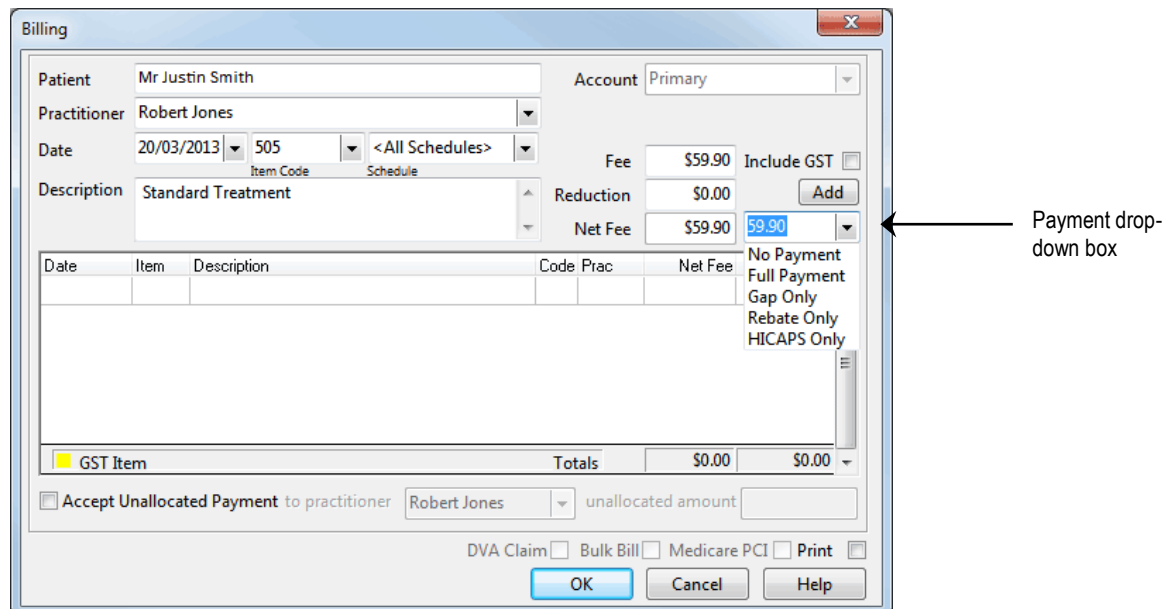
HICAPS / EFTPOS INTEGRATION

Billing with HICAPS

The **Bill** function can be used to perform the following functions

- Receipt one or more items (bill and full payment)
- Accepting a part payment for one or more items (Account/Receipt)
- Billing a patient for one or more items with no payment (Account)
- Processing transactions for one or more linked patients, e.g. a family
- Making a payment greater than the amount being billed (transaction with an unallocated payment attached)

Click **Bill** on the patient card or on the appointment book.



Select the **Practitioner**, **Date**, **Item Code** and **Clinical Code** (if applicable) for the first item you wish to add. Please note the **Clinical Code** field will only be visible when the **Include Clinical Code when Billing** option has been enabled for the billing Practitioner. This configuration only applies to Dentists, Psychologists and Occupational Therapists.

From the payment drop-down box select **No Payment**, **Full Payment**, **Gap Only**, **Rebate Only** or **HICAPS Only**.

Front Desk 2018 - Note

The **Gap Only** option should only be used if fixed gap amounts have been entered in your item code.

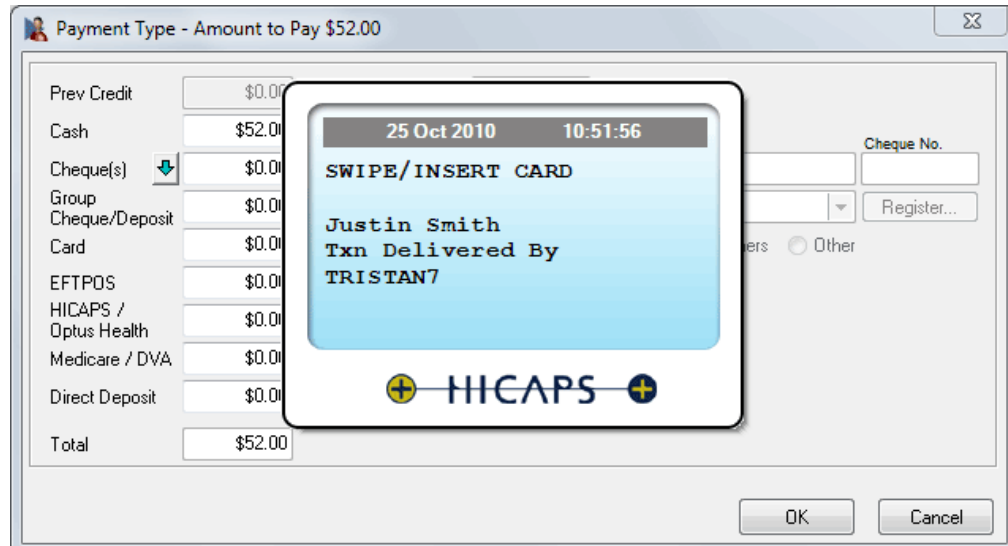
Click **Add** to add the item to the bill. If required, select other items to be billed.

Click **OK** to proceed. If a **HICAPS Only** item exists, *Front Desk* will automatically start the process of submitting the claim to HICAPS for all items in the billing screen. If a HICAPS Only item is not included, you will be presented with the payment type screen with the option of submitting this claim to HICAPS by clicking the **HICAPS** button.

HICAPS / EFTPOS INTEGRATION

Billing with HICAPS

You will be prompted to swipe or insert the health fund card to begin the claim.



The screenshot shows the 'Payment Type - Amount to Pay \$52.00' dialog box. A modal window is overlaid in the center with the following text:

25 Oct 2010 10:51:56
SWIPE/INSERT CARD
Justin Smith
Txn Delivered By
TRISTAN7
HICAPS

The background dialog box contains a list of payment types on the left and input fields on the right. The 'Total' field shows \$52.00.

Payment Type	Amount
Prev Credit	\$0.00
Cash	\$52.00
Cheque(s)	\$0.00
Group	\$0.00
Cheque/Deposit	\$0.00
Card	\$0.00
EFTPOS	\$0.00
HICAPS / Optus Health	\$0.00
Medicare / DVA	\$0.00
Direct Deposit	\$0.00
Total	\$52.00

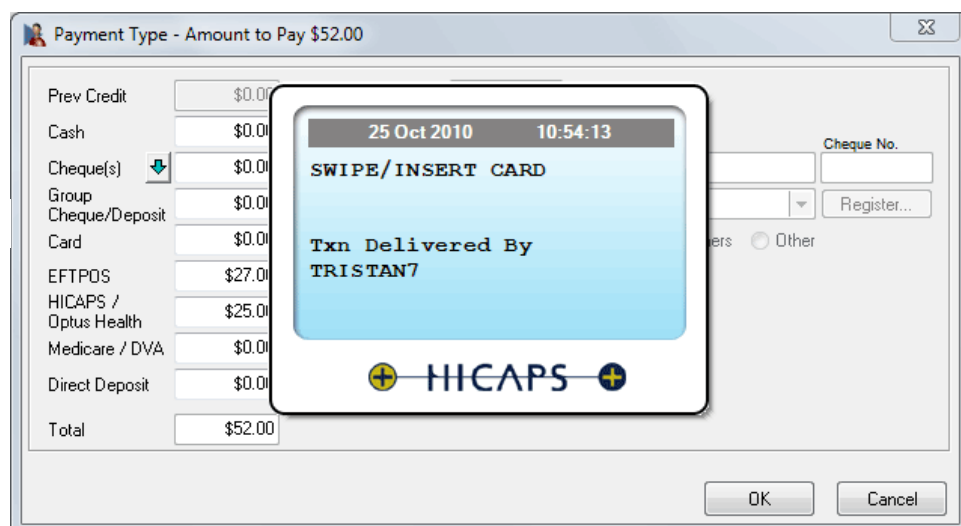
Buttons: OK, Cancel

If the patient does not have a patient ID entered, you will be prompted to select one from the **Health Fund Patient Numbers** window. Use the ID drop-down box to select the number found on the patient's health fund card and click **OK** to proceed.

After a few moments, the terminal will complete the transaction, and *Front Desk* will show the benefit amount in the **HICAPS** field on the **Payment Type** screen.

Enter the payment type of the remaining amount in the appropriate field, e.g. cash, cheque, EFTPOS, and then click **OK**.

If paying by EFTPOS, enter the amount to be paid in the **EFTPOS** field and click the **EFTPOS** button. You will then be asked to swipe/insert the patient's EFTPOS card.



The screenshot shows the 'Payment Type - Amount to Pay \$52.00' dialog box. A modal window is overlaid in the center with the following text:

25 Oct 2010 10:54:13
SWIPE/INSERT CARD
Txn Delivered By
TRISTAN7
HICAPS

The background dialog box shows the payment type distribution: EFTPOS is \$27.00 and HICAPS / Optus Health is \$25.00. The 'Total' field shows \$52.00.

Payment Type	Amount
Prev Credit	\$0.00
Cash	\$0.00
Cheque(s)	\$0.00
Group	\$0.00
Cheque/Deposit	\$0.00
Card	\$0.00
EFTPOS	\$27.00
HICAPS / Optus Health	\$25.00
Medicare / DVA	\$0.00
Direct Deposit	\$0.00
Total	\$52.00

Buttons: OK, Cancel

If you click **Cancel** at this stage, *Front Desk* will prompt you to swipe or insert the patient's card once more to cancel the submitted HICAPS claim.

HICAPS / EFTPOS INTEGRATION



Billing with HICAPS

If an error or problem occurred with the HICAPS claim, Front Desk will display this error and allow you to select an alternate payment method.

Your printer / terminal will print two copies of the HICAPS receipt:

- *A receipt for the practice to keep - provider copy (this copy must be signed by the patient) and*
- *A receipt for the patient to keep - patient copy*

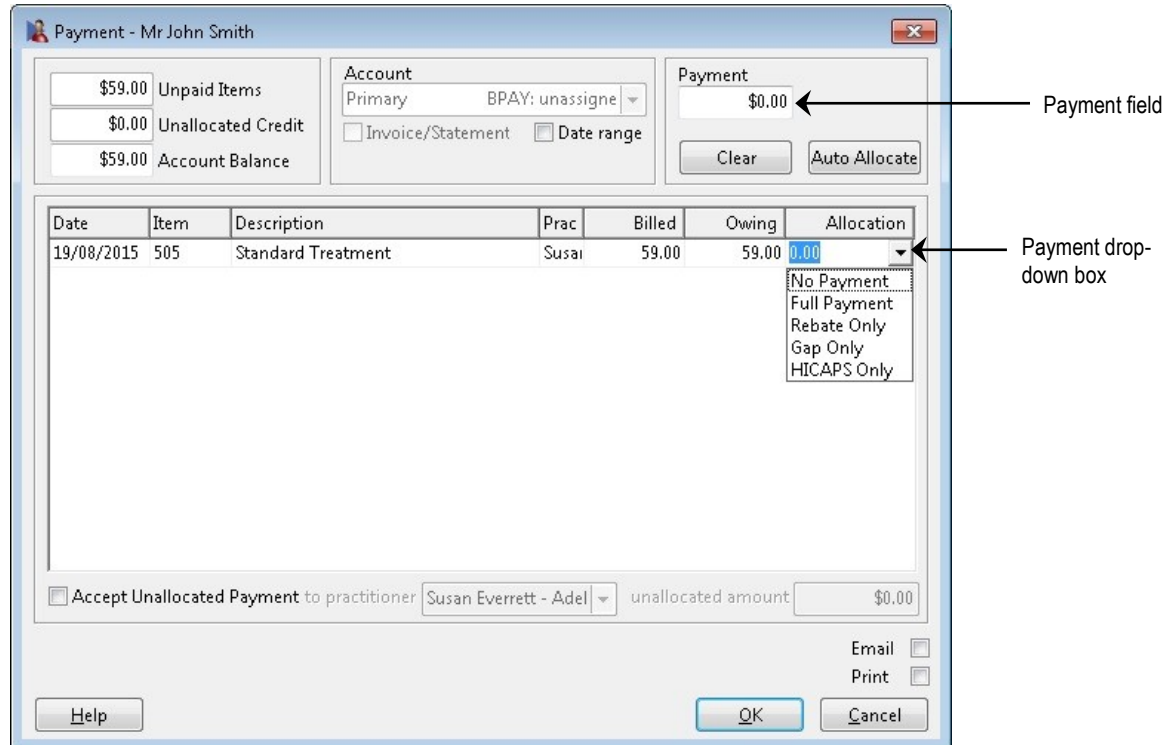
If the **Print** box is ticked on the billing screen, a normal *Front Desk* receipt/account will also be printed for the patient.

HICAPS / EFTPOS INTEGRATION

Payments with HICAPS

Payment is used to pay for an outstanding amount or to make an unallocated payment.

Click **Payment** on the patient file.



Date	Item	Description	Prac	Billed	Owing	Allocation
19/08/2015	505	Standard Treatment	Susai	59.00	59.00	0.00

Enter the total amount to be paid in the **Payment** field.

Either **Auto Allocate** the total to be paid to the outstanding amounts listed or manually allocate by using the payment drop-down boxes located in the allocation column of each outstanding item. Select **No Payment**, **Full Payment**, **Gap Only**, **Rebate Only** or **HICAPS Only**.

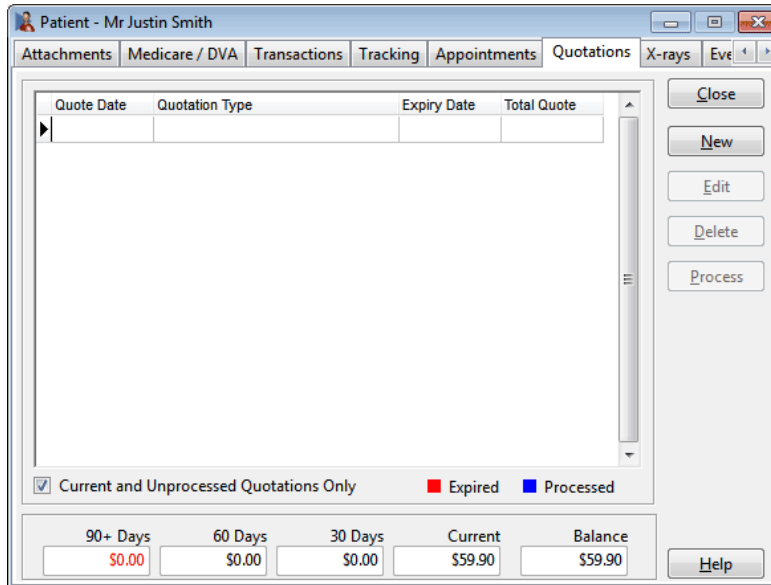
Click **OK** to proceed. If a HICAPS Only item exists, *Front Desk* will automatically start the process of submitting the claim to HICAPS for all items in the billing screen. If a HICAPS Only item is not included, the payment type window will be displayed with the option of submitting this claim to HICAPS by clicking the **HICAPS** button.

If the patient does not have a patient ID entered, you will be prompted to select one from the **Health Fund Patient Numbers** screen. Use the ID drop-down box to select the number found on the patient's health fund card and click **OK** to proceed.

HICAPS / EFTPOS INTEGRATION

Quotes with HICAPS

On the **Quotations** tab of the patient file, click **New**.

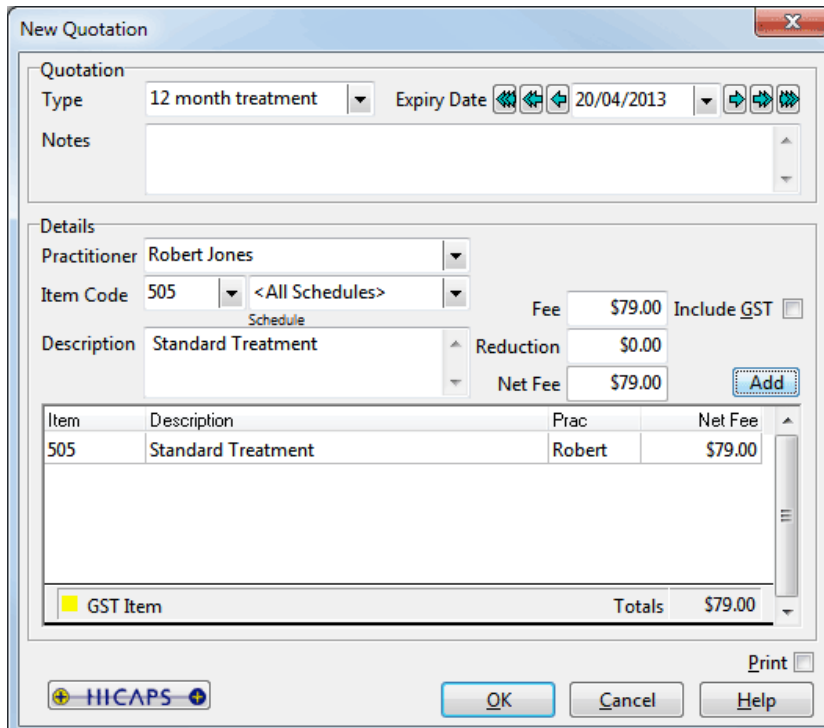


Quote Date	Quotation Type	Expiry Date	Total Quote
------------	----------------	-------------	-------------

☒ Current and Unprocessed Quotations Only ☐ Expired ☐ Processed

90+ Days	60 Days	30 Days	Current	Balance
\$0.00	\$0.00	\$0.00	\$59.90	\$59.90

The **New Quotation** window will be displayed.



Quotation
Type: 12 month treatment Expiry Date: 20/04/2013

Notes

Details
Practitioner: Robert Jones
Item Code: 505 <All Schedules>
Description: Standard Treatment Fee: \$79.00 Include GST: ☐
Reduction: \$0.00 Net Fee: \$79.00 Add

Item	Description	Prac	Net Fee
505	Standard Treatment	Robert	\$79.00

☐ GST Item Totals: \$79.00

HICAPS OK Cancel Help Print

Select a **Quotation Type** from the drop-down list, add **Notes** (optional), and **Add** the items to the quotation.

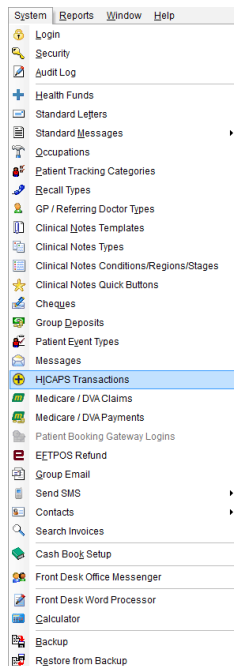
Click the **HICAPS** button to process a quote through the HICAPS terminal.

HICAPS / EFTPOS INTEGRATION

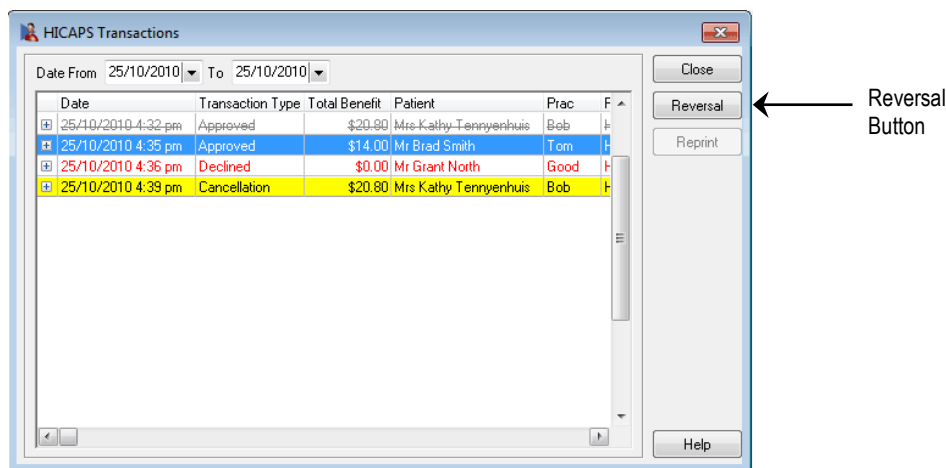


HICAPS Transactions

To view and/or reverse HICAPS transactions, select **HICAPS Transactions** from the **System** menu.



Select **From** and **To** dates to view a list of transactions for that period.



Click the + symbol to the left of the transaction to view the details of that transaction.

The patient's name, item code and the HICAPS amount will be displayed for **Approved** transactions.

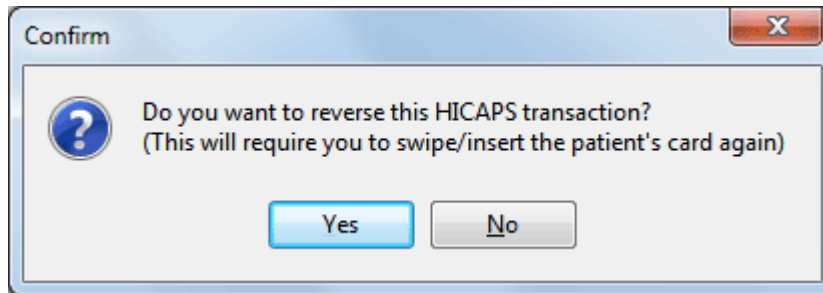
The **Processed Date/Time** and the **RRN (Retrieval Reference Number)** will be displayed for **Cancelled** transactions.

If **Print HICAPS receipt on terminal** is turned off in **System Information**, receipts can be reprinted by clicking the **Reprint** button. Receipts printed from the **HICAPS Transactions** window will be marked as duplicates.

HICAPS / EFTPOS INTEGRATION

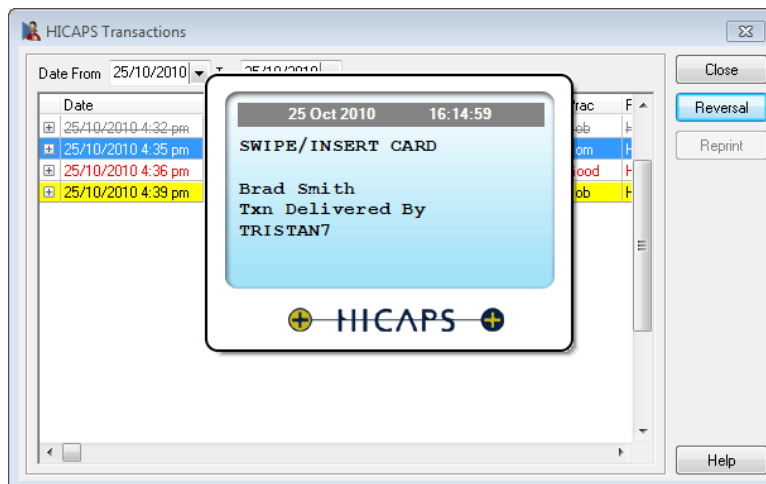
HICAPS Transactions

Click the **Reversal** button to reverse a HICAPS transaction. You will be prompted by the following screen.

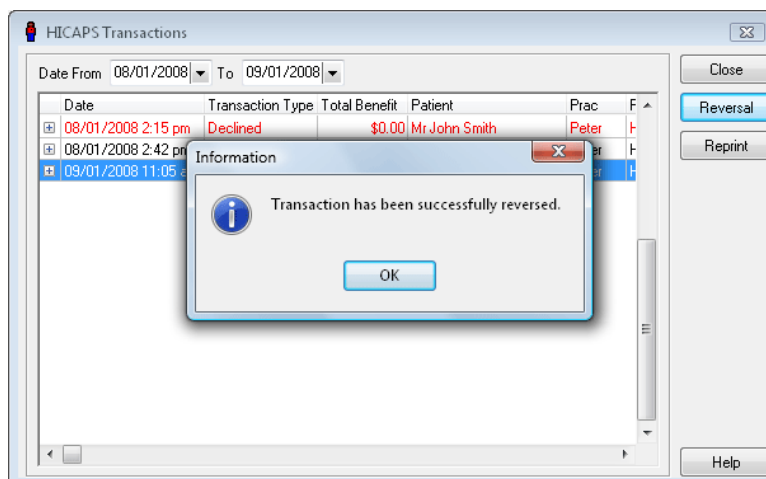


Click **Yes** to proceed with the cancellation.

You will be asked to swipe or insert the card.



If successful, the following screen will appear.



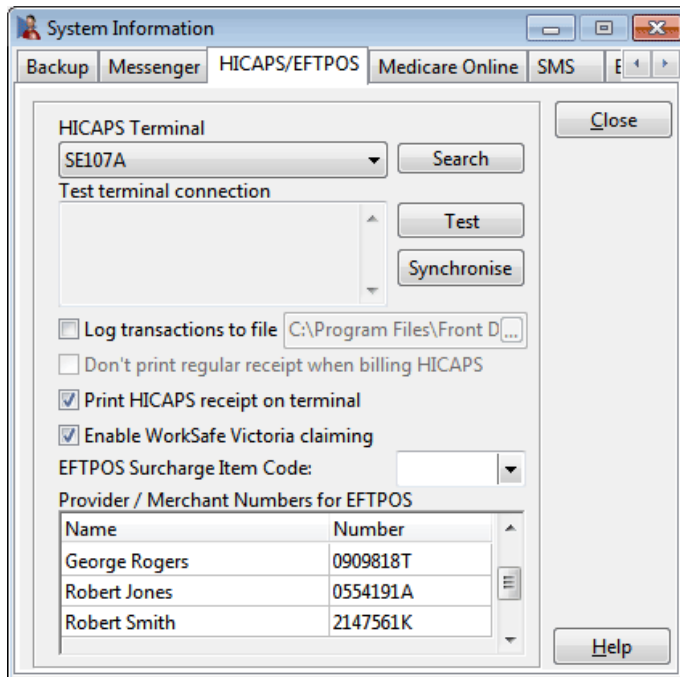
Front Desk 2018 - Note

A transaction can only be reversed on the same day as it was submitted. You will need to swipe or insert the patient's card to reverse a transaction.

HICAPS / EFTPOS INTEGRATION

WorkSafe Victoria Claiming

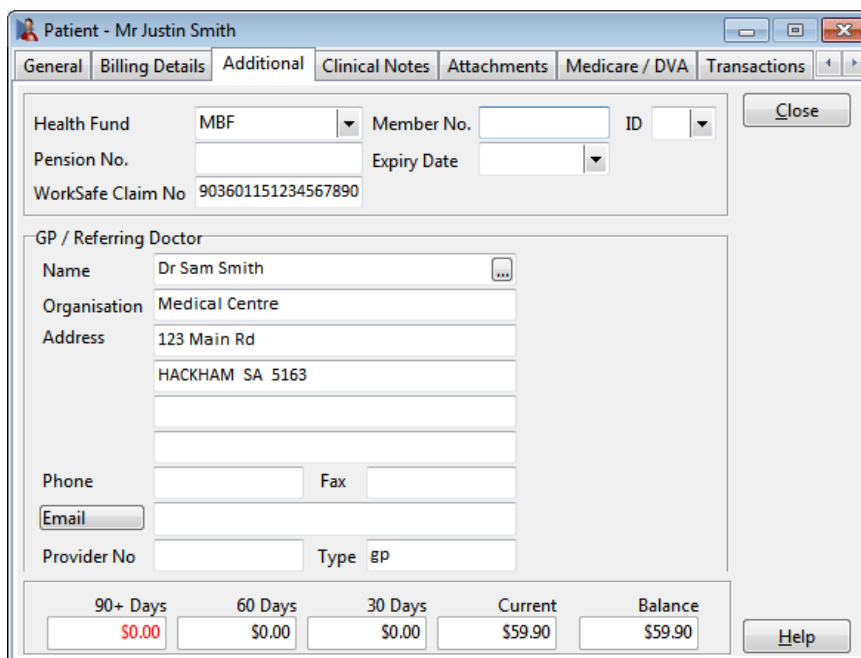
To submit WorkSafe Victoria claims, it first needs to be enabled on the HICAPS / EFTPOS tab in **System Information** by checking **Enable WorkSafe Victoria claiming**.



The screenshot shows the 'System Information' window with the 'HICAPS/EFTPOS' tab selected. The 'HICAPS Terminal' dropdown is set to 'SE107A'. Below it, there are 'Test' and 'Synchronise' buttons. A checkbox for 'Log transactions to file' is checked, with the path 'C:\Program Files\Front D...'. Another checkbox 'Don't print regular receipt when billing HICAPS' is unchecked. A checkbox 'Print HICAPS receipt on terminal' is checked. A checkbox 'Enable WorkSafe Victoria claiming' is also checked. Below these, there is a dropdown for 'EFTPOS Surcharge Item Code'. At the bottom, there is a table for 'Provider / Merchant Numbers for EFTPOS'.

Name	Number
George Rogers	0909818T
Robert Jones	0554191A
Robert Smith	2147561K

WorkSafe are not supplying its members with cards, so the claim number needs to be recorded on the patient's file. Go to the **Additional** tab on the patient's file and enter the **WorkSafe Claim No** in the field provided.



The screenshot shows the 'Patient - Mr Justin Smith' window with the 'Additional' tab selected. The 'Health Fund' dropdown is set to 'MBF'. The 'Member No.' field is empty. The 'Pension No.' field is empty. The 'Expiry Date' dropdown is empty. The 'WorkSafe Claim No' field contains the value '903601151234567890'. Below this, there is a section for 'GP / Referring Doctor' with fields for Name, Organisation, Address, Phone, Fax, Email, and Provider No. At the bottom, there is a table showing financial details.

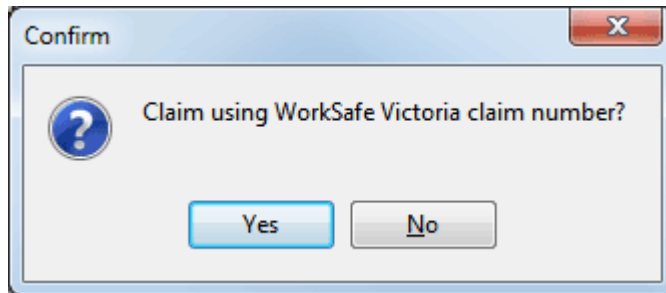
90+ Days	60 Days	30 Days	Current	Balance
\$0.00	\$0.00	\$0.00	\$59.90	\$59.90

HICAPS / EFTPOS INTEGRATION



WorkSafe Victoria Claiming

When processing HICAPS claims for WorkSafe Victoria patients, if a **WorkSafe Claim No** has been entered, the following message will be displayed.



Click **Yes** to submit the claim to HICAPS. You will not be asked to swipe or insert the patient's card.

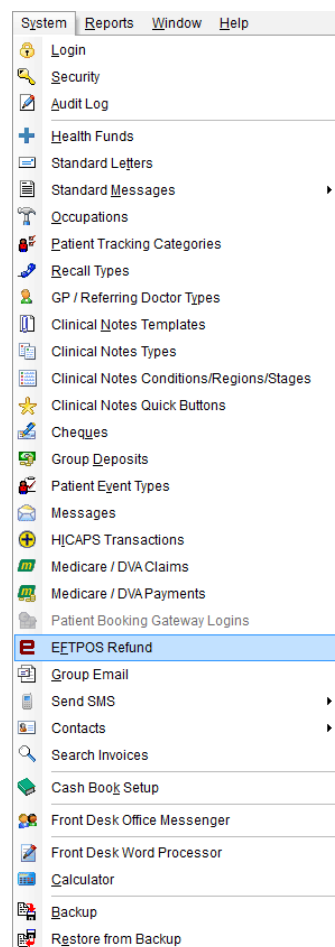
Front Desk 2018 - Note

WorkSafe Victoria transactions will return no benefit at the time of processing, so a "Submitted" receipt will be printed if the claim is successful. The patient should make no other payment at the time.

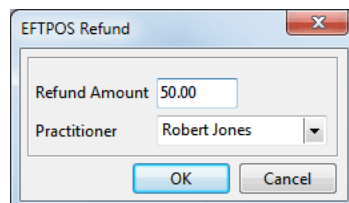
HICAPS / EFTPOS INTEGRATION

Refunding an EFTPOS Payment

To refund a patient an amount that was paid by EFTPOS, go to the **System** menu and select the **EFTPOS Refund** option. Deleting an EFTPOS payment from the **Transactions** tab on the patient file will also prompt to process an EFTPOS Refund.



Enter the amount to refund and click **OK**.

A screenshot of the 'EFTPOS Refund' dialog box. It has a title bar with 'EFTPOS Refund' and a close button. Inside, there are two input fields: 'Refund Amount' with the value '50.00' and 'Practitioner' with a dropdown menu showing 'Robert Jones'. At the bottom are 'OK' and 'Cancel' buttons.

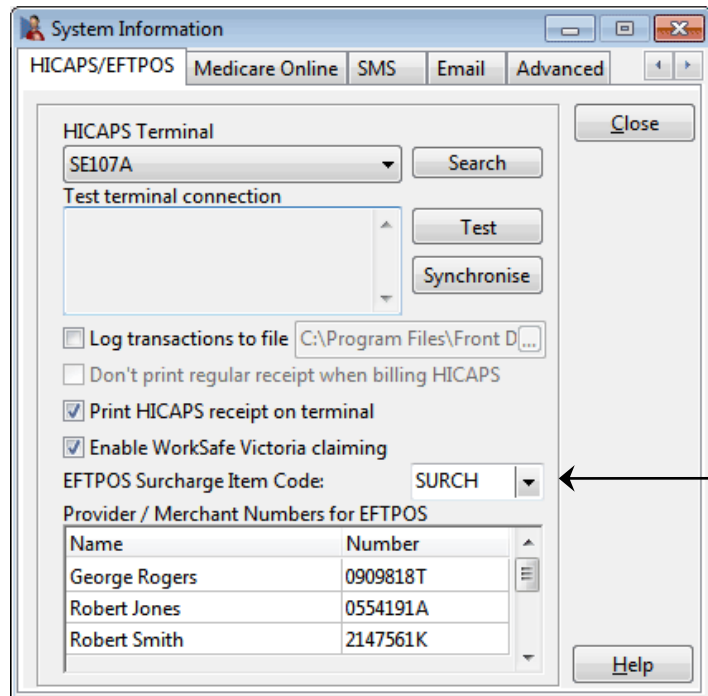
You will be prompted to swipe or insert the patient's EFTPOS card.



HICAPS / EFTPOS INTEGRATION

EFTPOS Surcharge

For practices with an EFTPOS surcharge fee set up on their terminals, Front Desk will take this into account when recording the payment amount and when refunding EFTPOS amounts. Users wishing to take advantage of this functionality need to set up a new item code to be used for an EFTPOS surcharge. This **EFTPOS Surcharge Item Code** should then be selected on the **HICAPS/EFTPOS** tab in **System Information**.



System Information

HICAPS/EFTPOS Medicare Online SMS Email Advanced

HICAPS Terminal
SE107A Search

Test terminal connection
Test Synchronise

☐ Log transactions to file C:\Program Files\Front D...

☐ Don't print regular receipt when billing HICAPS

☒ Print HICAPS receipt on terminal

☒ Enable WorkSafe Victoria claiming

EFTPOS Surcharge Item Code: SURCH

Provider / Merchant Numbers for EFTPOS

Name	Number
George Rogers	0909818T
Robert Jones	0554191A
Robert Smith	2147561K

Close

Help

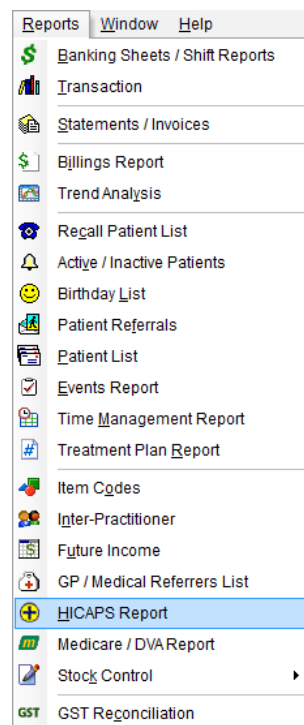
Select EFTPOS Surcharge Item Code

HICAPS / EFTPOS INTEGRATION



HICAPS Report

To generate a HICAPS report, select **HICAPS Report** from the **Reports** menu.



Select **From** and **To** dates. The filter section allows you to generate a report **By Health Fund**, **By Practice Group**, **Reporting Group** or **Practitioner**.

HICAPS Report

Date Range

From: 23/05/2016

To: 23/05/2016

Filter

☐ By Health Fund: ACA Health Benefits

☐ By Practice

☒ Group: Adelaide

☐ Practitioner: George Rogers

☐ By Location: Hazelwood Park

Details

☒ Show totals only

☐ Breakdown totals by day

☐ Show HICAPS transactions

☐ Show HICAPS transactions and billing details

Group By

☒ Health Fund

☐ Day

Buttons: Close, Print, Preview, Consolidation, Help

HICAPS / EFTPOS INTEGRATION



HICAPS Report

There are four different ways to view the HICAPS report:

Show totals only

This option lists the totals of each health fund only.

Breakdown totals by day

This option shows each transaction by day. This is the only option that allows the report to be grouped by either **Health Fund** or **By Day**.

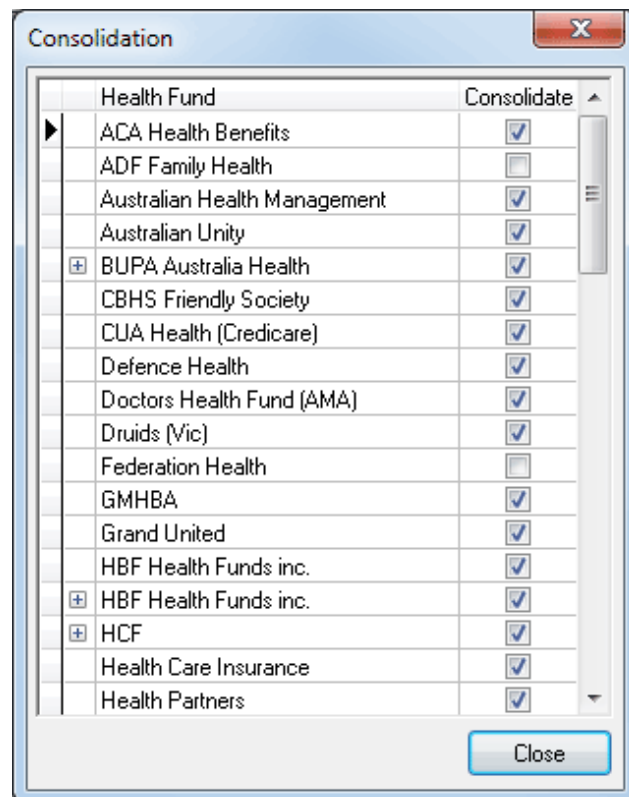
Show HICAPS Transactions

This option lists the patient names and the HICAPS Transaction details.

Show HICAPS Transactions and billing details

This option lists the patient names, HICAPS transaction details and item codes.

Health funds that make grouped payments known as *"HICAPS Payment and Reconciliation Solution"* are known in Front Desk as consolidated health funds. The list of consolidated funds can be viewed by clicking **Consolidation**.



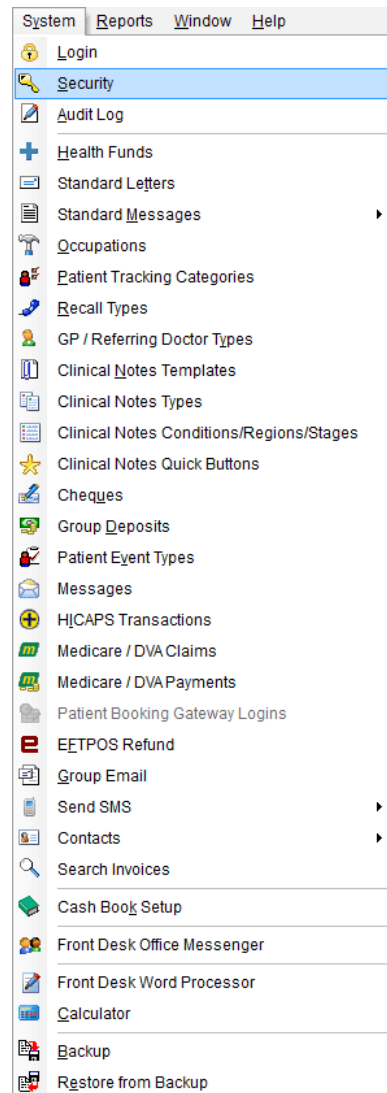
Smartsoft Pty Ltd will update the **Consolidation** list with software upgrades but from time to time you may need to manually add health funds to the consolidated group by checking the box to the right of the **Health Fund** name.

The HICAPS report will group all consolidated health funds as per the *"HICAPS Payment and Reconciliation Solution"* to aid in reconciling HICAPS payments.

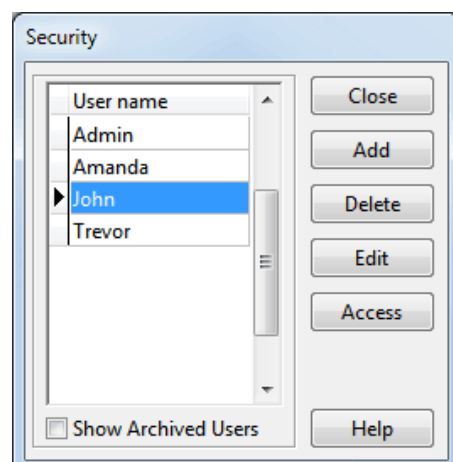
HICAPS / EFTPOS INTEGRATION

HICAPS / EFTPOS Security

To provide access rights for users to view **HICAPS Reports** and to process **EFTPOS Reversals**, select **Security** from the **System** menu.



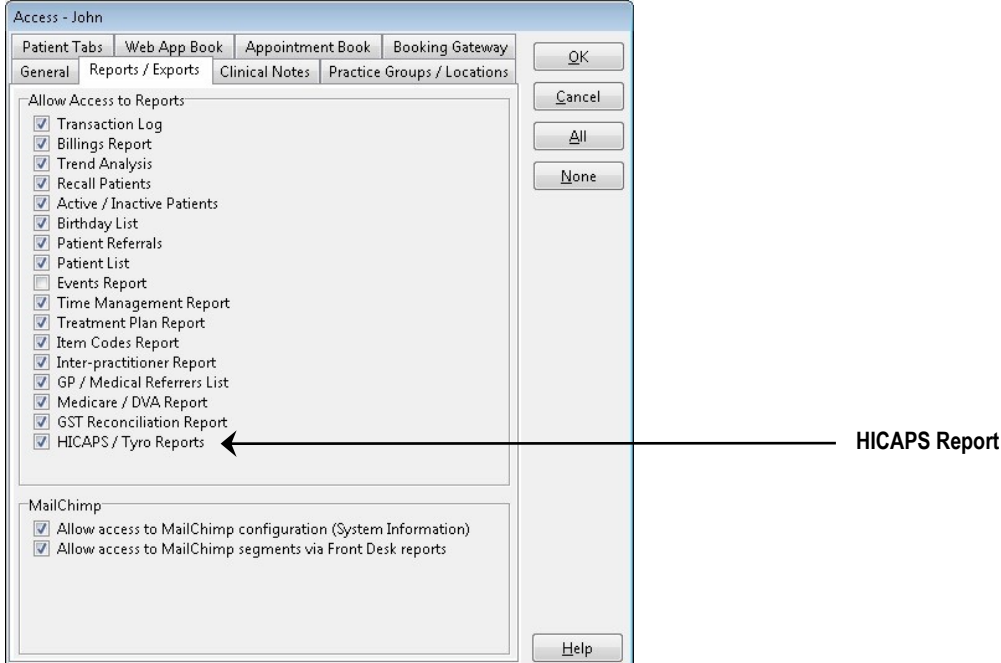
Highlight the username and click **Access**.



HICAPS / EFTPOS INTEGRATION

HICAPS / EFTPOS Security

Check the **HICAPS Reports** option under the **Reports / Exports** tab to give the user access to these reports and the **EFTPOS Reversals** option under the **General** tab to give the user access to the refund EFTPOS payments functionality.



Access - John

Patient Tabs | Web App Book | Appointment Book | Booking Gateway

General | Reports / Exports | Clinical Notes | Practice Groups / Locations

OK Cancel All None

Allow Access to Reports

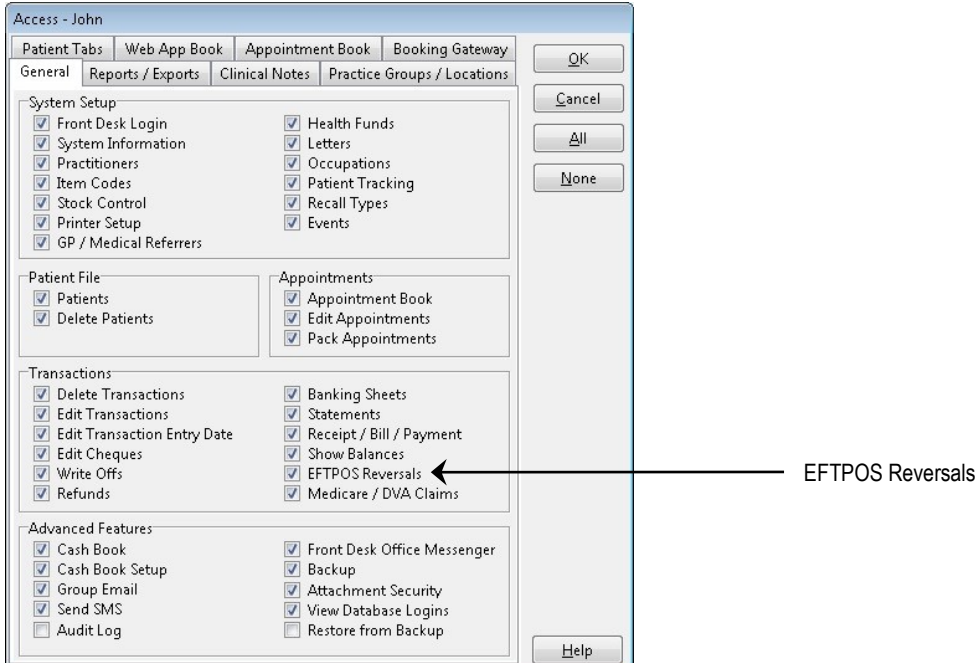
- ☒ Transaction Log
- ☒ Billings Report
- ☒ Trend Analysis
- ☒ Recall Patients
- ☒ Active / Inactive Patients
- ☒ Birthday List
- ☒ Patient Referrals
- ☒ Patient List
- ☐ Events Report
- ☒ Time Management Report
- ☒ Treatment Plan Report
- ☒ Item Codes Report
- ☒ Inter-practitioner Report
- ☒ GP / Medical Referrers List
- ☒ Medicare / DVA Report
- ☒ GST Reconciliation Report
- ☒ HICAPS / Tyro Reports

MailChimp

- ☒ Allow access to MailChimp configuration (System Information)
- ☒ Allow access to MailChimp segments via Front Desk reports

Help

HICAPS Report



Access - John

Patient Tabs | Web App Book | Appointment Book | Booking Gateway

General | Reports / Exports | Clinical Notes | Practice Groups / Locations

OK Cancel All None

System Setup

- ☒ Front Desk Login
- ☒ System Information
- ☒ Practitioners
- ☒ Item Codes
- ☒ Stock Control
- ☒ Printer Setup
- ☒ GP / Medical Referrers
- ☒ Health Funds
- ☒ Letters
- ☒ Occupations
- ☒ Patient Tracking
- ☒ Recall Types
- ☒ Events

Patient File

- ☒ Patients
- ☒ Delete Patients

Appointments

- ☒ Appointment Book
- ☒ Edit Appointments
- ☒ Pack Appointments

Transactions

- ☒ Delete Transactions
- ☒ Edit Transactions
- ☒ Edit Transaction Entry Date
- ☒ Edit Cheques
- ☒ Write Offs
- ☒ Refunds
- ☒ Banking Sheets
- ☒ Statements
- ☒ Receipt / Bill / Payment
- ☒ Show Balances
- ☒ EFTPOS Reversals
- ☒ Medicare / DVA Claims

Advanced Features

- ☒ Cash Book
- ☒ Cash Book Setup
- ☒ Group Email
- ☒ Send SMS
- ☐ Audit Log
- ☒ Front Desk Office Messenger
- ☒ Backup
- ☒ Attachment Security
- ☒ View Database Logins
- ☐ Restore from Backup

Help

EFTPOS Reversals

TYRO INTEGRATION

Tyro Integration (System Information)

Tyro integration allows EFTPOS, HealthPoint (private health fund), and Medicare Easyclaim claims to be processed easily and efficiently using a Tyro terminal.

Before we begin the setup of Tyro Integration, please ensure the following:

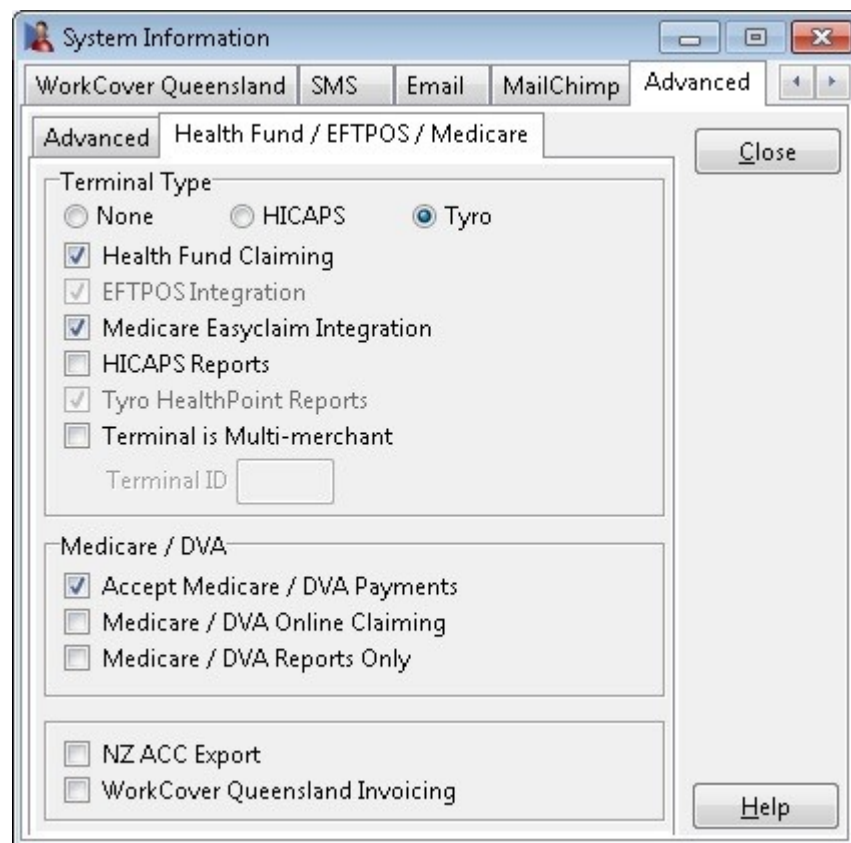
- You have a list of HealthPoint item codes for your practice;
- The Tyro terminal is turned on and connected to your network;
- The Tyro Terminal Adapter (TTA) software has been installed and paired with your terminal.

To enable Tyro integration, select **Tyro** on the **Health Fund / EFTPOS / Medicare** tab on the **Advanced** tab in **System Information**.

Check **Health Fund Claiming**. **EFTPOS Integration** is a requirement for Tyro integration. This option will be automatically checked when selecting **Tyro**.

If you will be processing Medicare Easyclaim claims through the Tyro terminal, check the **Medicare Easyclaim Integration** option. This option cannot be used on the same computer as **Medicare / DVA Online Claiming**. Contact Smartsoft for help deciding which option best suits your practice.

If your terminal has multi-merchant functionality, you will need to check the **Terminal is Multi-merchant** option.



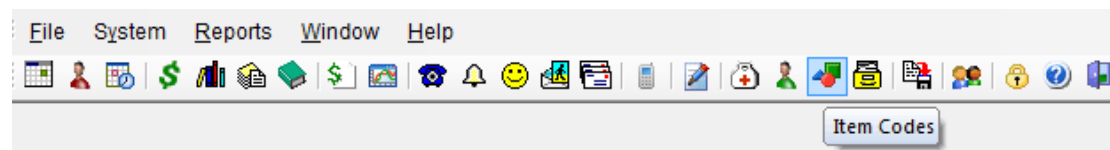
The screenshot shows the 'System Information' dialog box with the 'Advanced' tab selected. The 'Health Fund / EFTPOS / Medicare' section is active. Under 'Terminal Type', 'Tyro' is selected. The following options are checked: 'Health Fund Claiming', 'EFTPOS Integration', 'Medicare Easyclaim Integration', 'Tyro HealthPoint Reports', and 'Terminal is Multi-merchant'. The 'Terminal ID' field is empty. Under 'Medicare / DVA', 'Accept Medicare / DVA Payments' is checked, while 'Medicare / DVA Online Claiming' and 'Medicare / DVA Reports Only' are unchecked. At the bottom, 'NZ ACC Export' and 'WorkCover Queensland Invoicing' are also unchecked. A 'Close' button is at the top right, and a 'Help' button is at the bottom right.

Section	Option	Status
Terminal Type	None	Unselected
	HICAPS	Unselected
	Tyro	Selected
	Health Fund Claiming	Checked
	EFTPOS Integration	Checked
	Medicare Easyclaim Integration	Checked
Medicare / DVA	HICAPS Reports	Unchecked
	Tyro HealthPoint Reports	Checked
	Terminal is Multi-merchant	Checked
	Terminal ID	Empty
	Accept Medicare / DVA Payments	Checked
Medicare / DVA	Medicare / DVA Online Claiming	Unchecked
	Medicare / DVA Reports Only	Unchecked
	Other	NZ ACC Export
WorkCover Queensland Invoicing		Unchecked

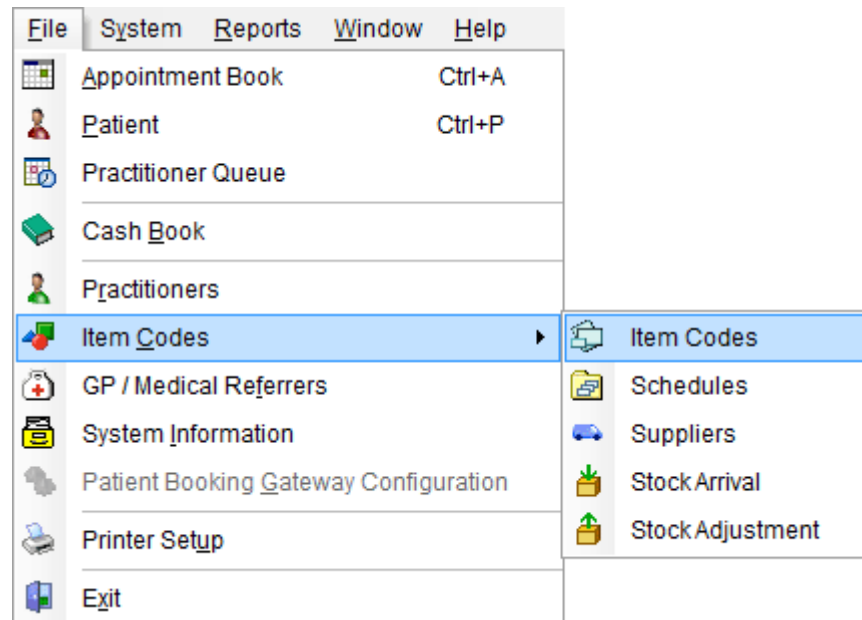
TYRO INTEGRATION

Tyro Integration (Item Codes)

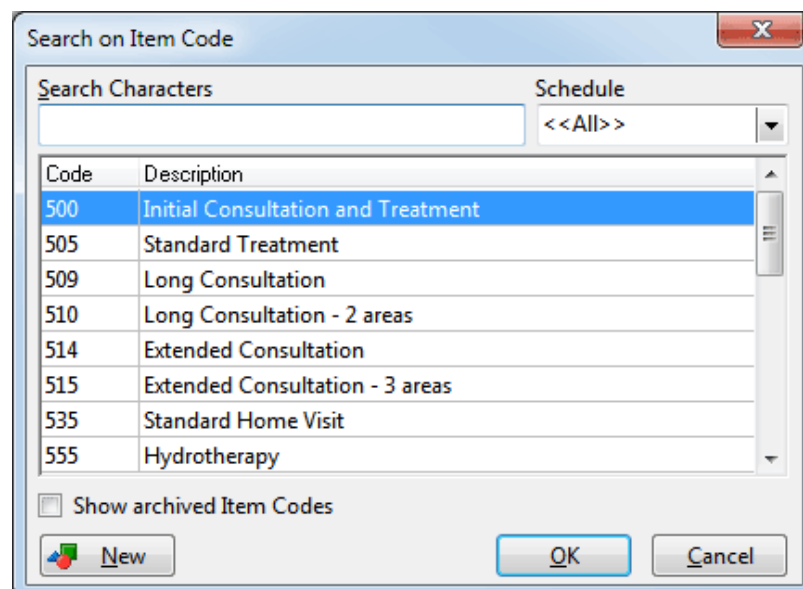
Click **Item Codes** on the *toolbar*



or select **Item Codes** from the **File** menu.



To create a new item code, click **New**. To edit an existing item code, double click the item code or highlight it and click **OK**.



TYRO INTEGRATION

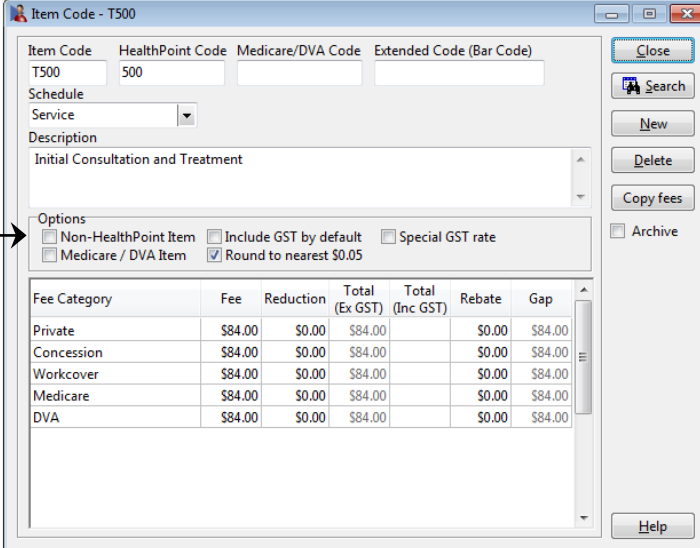
Tyro Integration (Item Codes)

Generally the item codes that you use for your professional services and the item codes accepted by Tyro HealthPoint may vary. If the **Item Code** is not the same as the HealthPoint code, you will need to enter the valid information in the **HealthPoint Code** field.

Note: If the Item Code field already contains a valid HealthPoint Code, then the HealthPoint Code field can be left blank.

If you have entered item codes that you know are not covered by health funds, check the **Non-HealthPoint Item** option. These items will no longer be included in any Tyro HealthPoint claims.

Non-HealthPoint Item option →



Item Code	HealthPoint Code	Medicare/DVA Code	Extended Code (Bar Code)
T500	500		

Schedule: Service

Description: Initial Consultation and Treatment

Options:

- ☒ Non-HealthPoint Item
- ☐ Include GST by default
- ☐ Special GST rate
- ☐ Medicare / DVA Item
- ☒ Round to nearest \$0.05

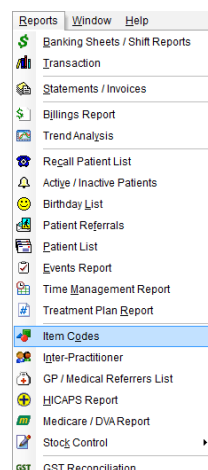
Fee Category	Fee	Reduction	Total (Ex GST)	Total (Inc GST)	Rebate	Gap
Private	\$84.00	\$0.00	\$84.00		\$0.00	\$84.00
Concession	\$84.00	\$0.00	\$84.00		\$0.00	\$84.00
Workcover	\$84.00	\$0.00	\$84.00		\$0.00	\$84.00
Medicare	\$84.00	\$0.00	\$84.00		\$0.00	\$84.00
DVA	\$84.00	\$0.00	\$84.00		\$0.00	\$84.00

Buttons: Close, Search, New, Delete, Copy fees, Archive, Help

Front Desk 2018 - Tip

Make sure that either the **Item Code** field or the **HealthPoint Code** field contains a valid HealthPoint code. *Front Desk* will use the **HealthPoint Code** if one is entered, if not the **Item Code** will be used when submitting items to HealthPoint.

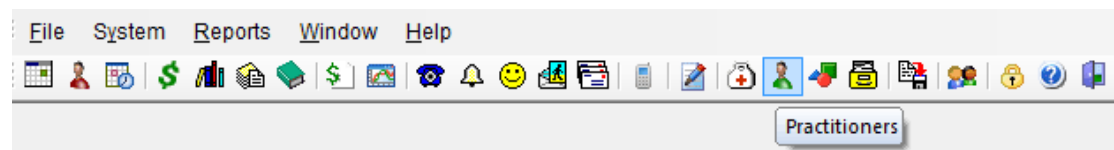
We recommend that you print an **Item Codes Report** to check your item codes details after updating them with the new HealthPoint information. To print an **Item Codes Report**, select **Item Codes** from the **Reports** menu.



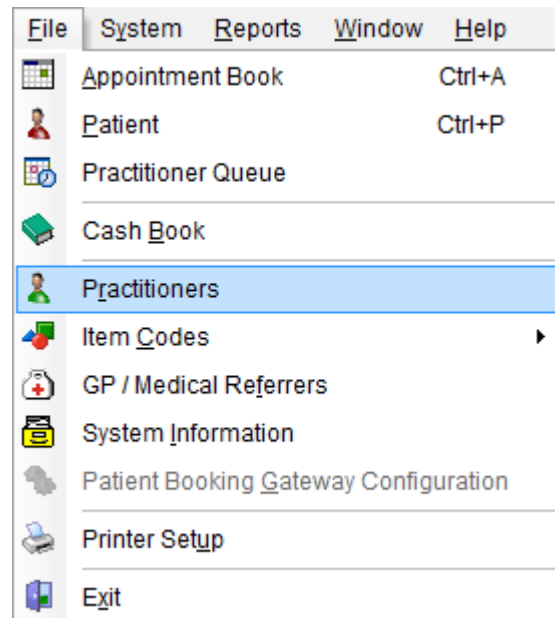
TYRO INTEGRATION

Tyro Integration (Practitioners)

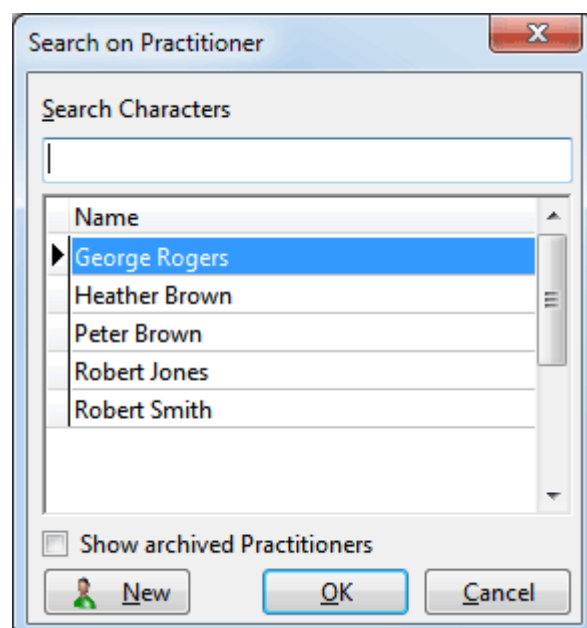
Click **Practitioners** from the toolbar



or select **Practitioners** from the **File** menu.



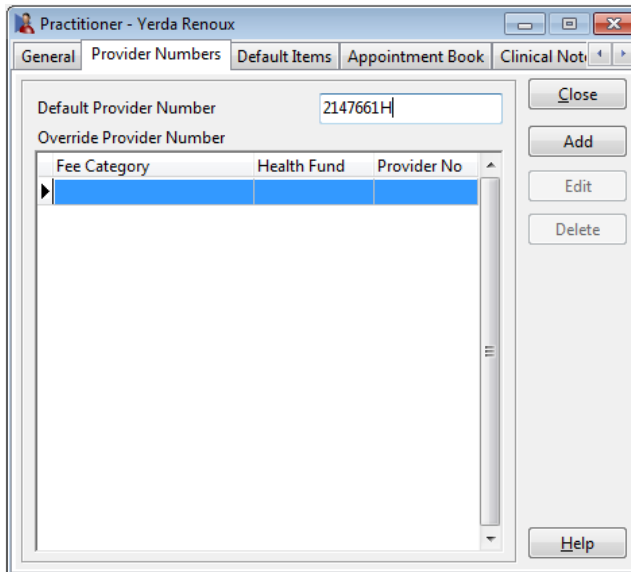
Double click the practitioner's name, or highlight their name and click **OK**.



TYRO INTEGRATION

Tyro Integration (Practitioners)

Tyro requires a valid practitioner **Provider Number** to allow submission of a HealthPoint claim. Select the **Provider Numbers** tab and make sure that the **Default Provider Number** is correct.



Fee Category	Health Fund	Provider No
--------------	-------------	-------------

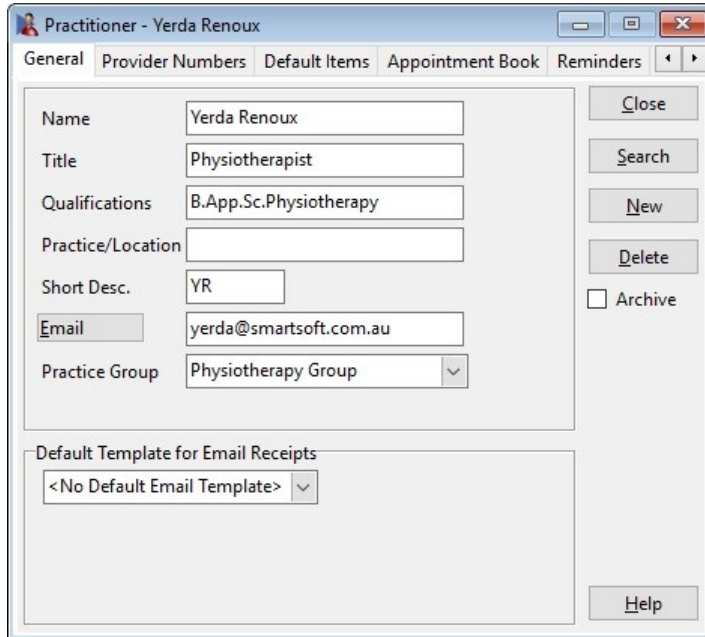
If you work in a multi-practitioner environment and use Tyro integration, you may wish to record which practitioners are unable to claim a private health fund rebate. To do this, check the **No Tyro HealthPoint claims for this practitioner** option on the **General** tab.

These professions can claim private health fund rebates through Tyro HealthPoint:

- Acupuncturists
- Chiropractors
- Dental technicians
- Dentists
- Dieticians
- Endodontists
- Exercise physiologists
- Massage therapists
- Naturopaths
- Occupational therapists
- Optical dispensers
- Optometrists
- Oral surgeons
- Orthodontists
- Osteopaths
- Paedodontists
- Periodontists
- Physiotherapists
- Podiatrists
- Prosthetists
- Prosthodontists
- Psychologists
- Speech pathologists.

TYRO INTEGRATION

Tyro Integration (Practitioners)



Practitioner - Yerda Renoux

General | Provider Numbers | Default Items | Appointment Book | Reminders

Name: Yerda Renoux

Title: Physiotherapist

Qualifications: B.App.Sc.Physiotherapy

Practice/Location:

Short Desc.: YR

Email: yerda@smartsoft.com.au

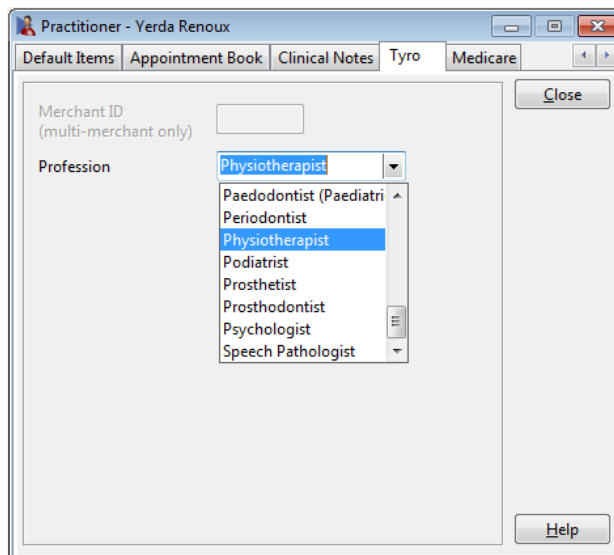
Practice Group: Physiotherapy Group

Default Template for Email Receipts: <No Default Email Template>

Buttons: Close, Search, New, Delete, Archive, Help

On the **Tyro** tab, select the correct profession from the list.

This must be selected for Tyro HealthPoint claims to be processed correctly. The profession also determines whether Clinical Codes (also known as service reference, body part, or tooth number) will be used when billing. Clinical Codes are required by health funds when processing transactions through Tyro HealthPoint for Dentists, Occupational Therapists, and Psychologists.



Practitioner - Yerda Renoux

Default Items | Appointment Book | Clinical Notes | Tyro | Medicare

Merchant ID (multi-merchant only):

Profession: Physiotherapist

Buttons: Close, Help

If your Tyro terminal is multi-merchant enabled, you must enter the practitioner's **Merchant ID** on this page.

Front Desk 2018 - Note

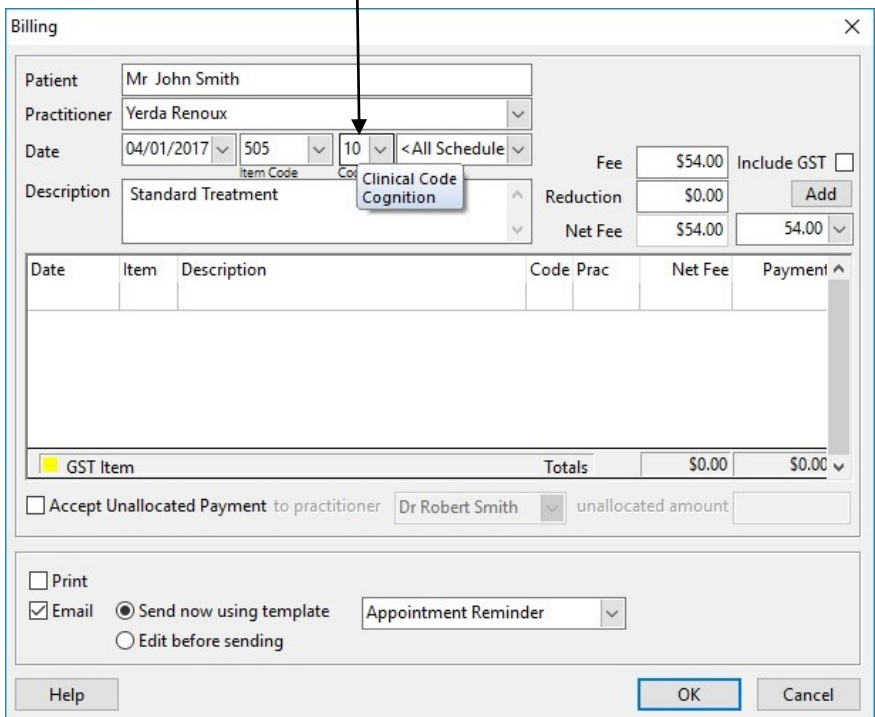
Other dental professions also require Clinical Codes when billing. These professions are: dental technicians, endodontists, oral surgeons, orthodontists, paedodontists, periodontists, and prosthodontists.

TYRO INTEGRATION

Tyro Integration (Practitioners)

A **Clinical Code** field will be displayed next to the **Item Code** on the receipt and billing screen for practitioners with this option enabled.

When billing a patient, select the **Clinical Code** for the Tyro HealthPoint claim. If you place the cursor over the **Clinical Code** field a description will appear in the on-screen tooltip.



The screenshot shows the 'Billing' window with the following details:

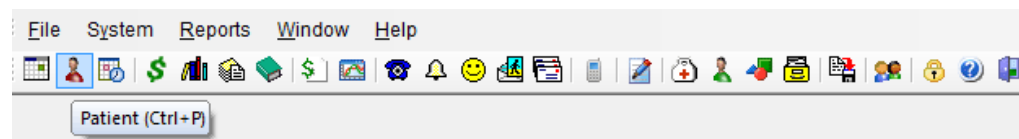
- Patient:** Mr John Smith
- Practitioner:** Yenda Renoux
- Date:** 04/01/2017
- Item Code:** 505
- Clinical Code:** 10 (with a tooltip showing 'Clinical Code Cognition')
- <All Schedule:** <All Schedule
- Description:** Standard Treatment
- Fee:** \$54.00
- Reduction:** \$0.00
- Net Fee:** \$54.00
- Include GST:** ☐
- Add:** Add
- Payment:** \$4.00
- Totals:** \$0.00
- Payment:** \$0.00
- Accept Unallocated Payment to practitioner:** ☐ Dr Robert Smith unallocated amount
- Print:** ☐
- Email:** ☒ Send now using template Appointment Reminder
- Edit before sending:** ☐
- Buttons:** Help, OK, Cancel

A label 'Clinical Code' with an arrow points to the 'Clinical Code' field in the screenshot.

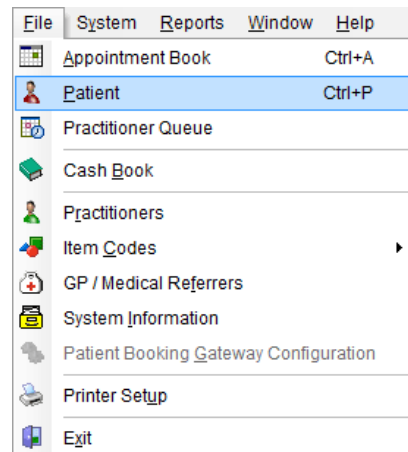
TYRO INTEGRATION

Tyro Integration (Patients)

Click **Patient** on the toolbar

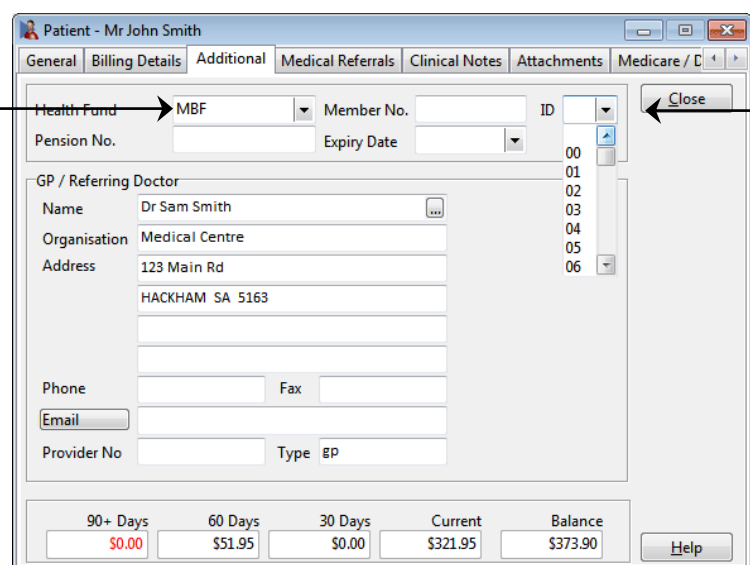


or select **Patient** from the **File** menu.



Go to the **Additional** tab on the patient file. It is here that the patient's health fund details are entered.

When entering new patients with a valid health fund card, it is advantageous to record the patient's **ID** number on this card. If there is only one person on the health fund card, this number will generally be **00**. For cards with more than one member, the ID for the first member will generally be **00**, followed by **01** for the second member, **02** for the third member and so on.

A screenshot of the 'Patient - Mr John Smith' form, specifically the 'Additional' tab. The form contains various fields for patient information. Two arrows point to specific fields: one labeled 'Health Fund' points to the 'Health Fund' dropdown menu which is set to 'MBF', and another labeled 'Patient ID' points to the 'ID' dropdown menu which is set to '00'. Other fields include 'Member No.', 'Pension No.', 'Expiry Date', 'GP / Referring Doctor' (Name: Dr Sam Smith, Organisation: Medical Centre, Address: 123 Main Rd, HACKHAM SA 5163), 'Phone', 'Fax', 'Email', 'Provider No', and 'Type' (gp). At the bottom, there is a summary section with buttons for '90+ Days', '60 Days', '30 Days', 'Current', and 'Balance', each showing a monetary value. A 'Help' button is also present.

You can also enter the **Health Fund** and **Member No.** These fields are optional for Tyro HealthPoint and general billing.

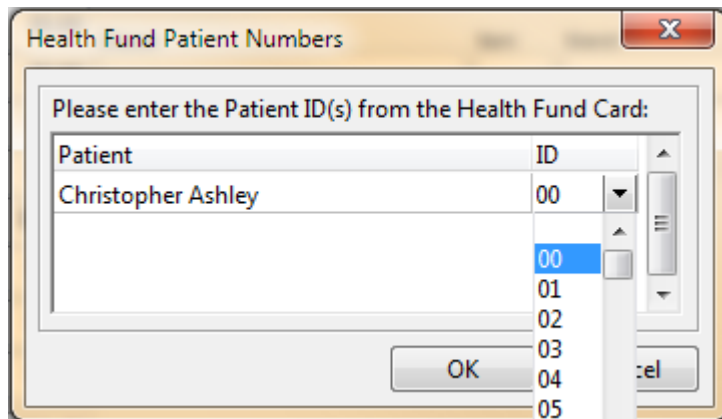
TYRO INTEGRATION

Tyro Integration (Patients)

For existing patients, you will be asked for the patient ID when submitting their first Tyro HealthPoint claim through *Front Desk*. This ID will then be stored in the patient file for subsequent use. There is no need to go through all of your existing patient files to enter their patient IDs.

When submitting a Tyro HealthPoint claim for patients without a **Patient ID** entered, you will be prompted for this information as below.

Select the patient's ID number from the **ID** drop-down box and click **OK**. If you wish to cancel the Tyro HealthPoint claim at this point, click **Cancel**.



TYRO INTEGRATION



Tyro HealthPoint Integration (Receipting)

Receipting is a quick way to produce a receipt for **one item only**, which is to be paid in full.

Click **Receipt** on the patient card or on the appointment book.

A screenshot of a software dialog box titled "Receipt - Outstanding Amount \$62.25". The dialog contains several input fields and checkboxes. The "Name" field is filled with "Christopher Ashley". The "Date" field shows "16/05/2014" with a dropdown arrow. The "Practitioner" field shows "Yerda Renoux" with a dropdown arrow. The "Item Code" field shows "T500" with a dropdown arrow, and next to it is a dropdown menu currently showing "<All Schedules>". The "Description" field shows "Initial Consultation and Treatment" with a scrollable list. Below these are three rows of monetary values: "Fee" is \$201.00, "Reduction" is \$0.00, and "Net Fee" is \$201.00. To the right of these are three checkboxes: "Include GST", "Easyclaim", and "Print". At the bottom are three buttons: "OK", "Cancel", and "Help".

Select the correct **Date**, **Practitioner**, and **Item Code**. The default fee and reduction can be adjusted if necessary and a clinical code selected if applicable.

Click **OK** to process the receipt. On the **Payment** screen click the **HealthPoint** button to submit this transaction to HealthPoint.

If the patient does not have a patient ID entered you will be prompted to select one from the **Health Fund Patient Numbers** screen. Use the ID drop-down box to select the number found on the patient's health fund card.

A screenshot of a software dialog box titled "Health Fund Patient Numbers". It contains a table with two columns: "Patient" and "ID". The "Patient" column lists "Christopher Ashley". The "ID" column shows a list of numbers from 00 to 05. A dropdown arrow is visible next to the "ID" column header. An arrow points from the text "Patient ID" to the dropdown arrow. At the bottom are "OK" and "Cancel" buttons.

Patient	ID
Christopher Ashley	00
	01
	02
	03
	04
	05

TYRO INTEGRATION

Tyro HealthPoint Integration (Receipting)

You will be prompted to swipe or insert the health fund card to begin the claim.



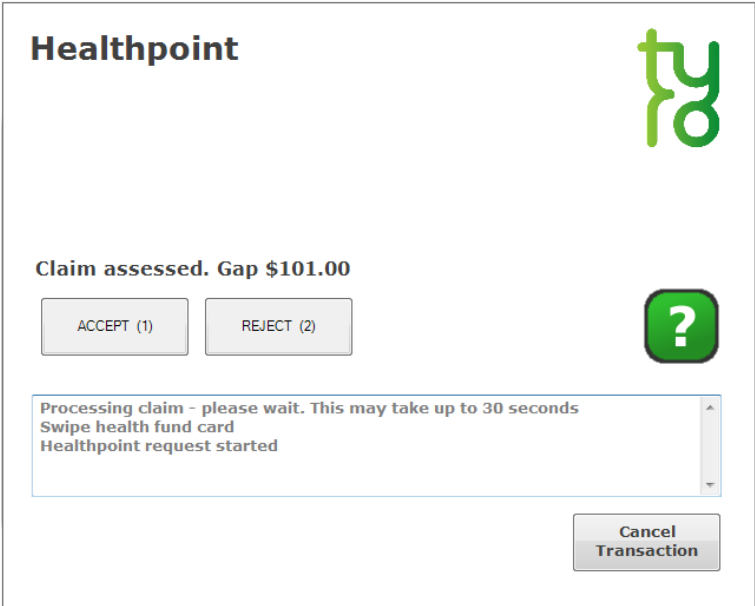
Healthpoint

Swipe health fund card

Healthpoint request started

Cancel Transaction

After a few moments the following screen will be displayed. Click **Accept** to accept the benefit.



Healthpoint

Claim assessed. Gap \$101.00

ACCEPT (1) REJECT (2)

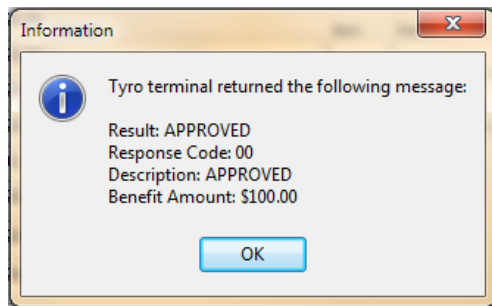
Processing claim - please wait. This may take up to 30 seconds
Swipe health fund card
Healthpoint request started

Cancel Transaction

Once accepted, *Front Desk* will display the benefit amount and the response from the terminal. The benefit will also be shown in the **HealthPoint** field on the **Payment Type** screen.

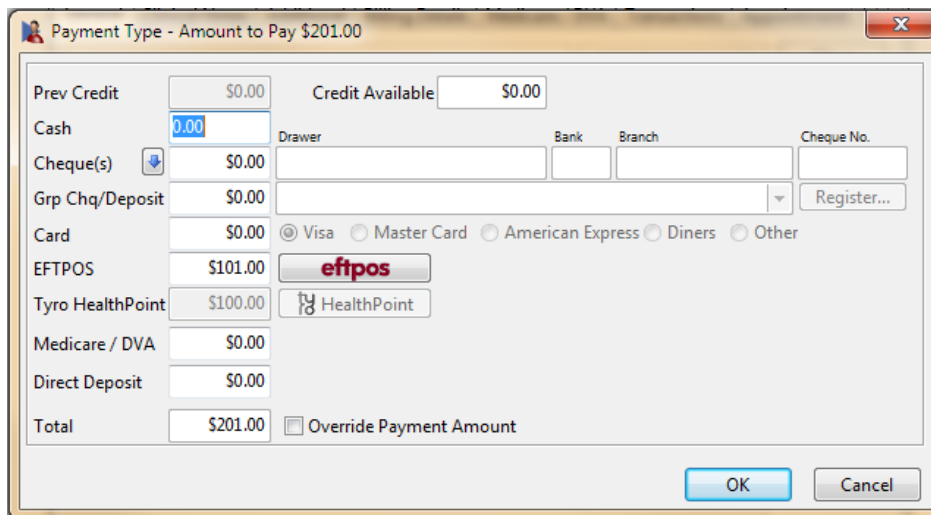
TYRO INTEGRATION

Tyro HealthPoint Integration (Receipting)


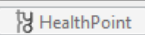


Enter the payment type of the remaining amount in the appropriate field e.g. cash, cheque, EFTPOS, and then click **OK**.

If paying the gap by EFTPOS, enter the amount to be paid in the **EFTPOS** field and click the **EFTPOS** button.

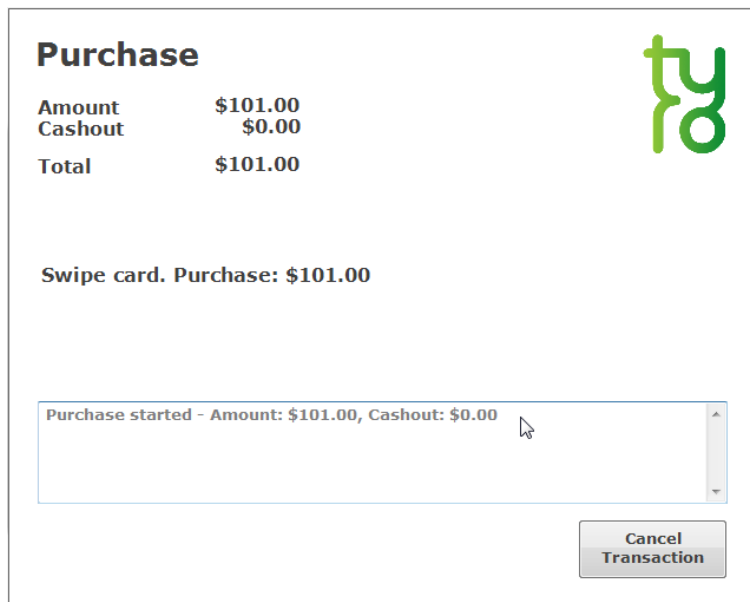


Payment Type - Amount to Pay \$201.00

Prev Credit	\$0.00	Credit Available	\$0.00
Cash	0.00	Drawer	Bank Branch Cheque No.
Cheque(s)	\$0.00		
Grp Chq/Deposit	\$0.00		Register...
Card	\$0.00	<input checked="" type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> American Express <input type="radio"/> Diners <input type="radio"/> Other	
EFTPOS	\$101.00		
Tyro HealthPoint	\$100.00		
Medicare / DVA	\$0.00		
Direct Deposit	\$0.00		
Total	\$201.00	<input type="checkbox"/> Override Payment Amount	


OK Cancel

You will then be asked to swipe the patient's EFTPOS card.



Purchase

Amount \$101.00
Cashout \$0.00
Total \$101.00



Swipe card. Purchase: \$101.00

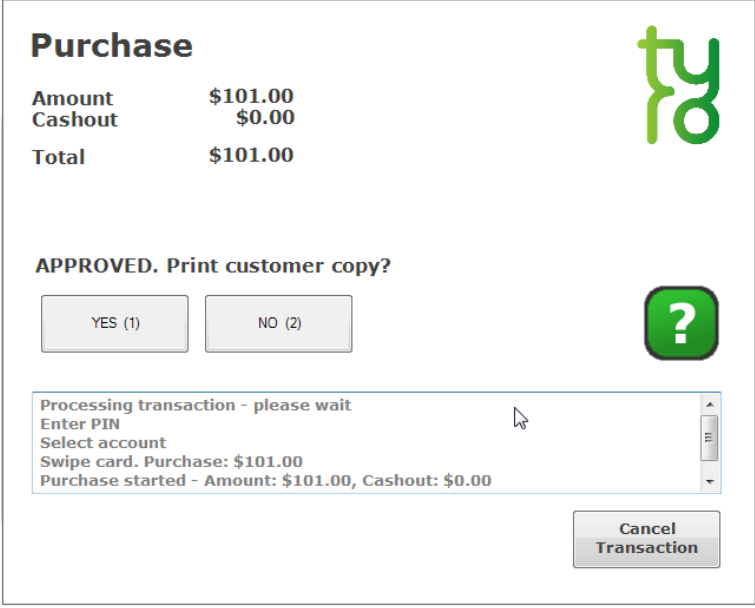
Purchase started - Amount: \$101.00, Cashout: \$0.00

Cancel Transaction

TYRO INTEGRATION

Tyro HealthPoint Integration (Receipting)

If the EFTPOS purchase is approved, you will see the following messages.



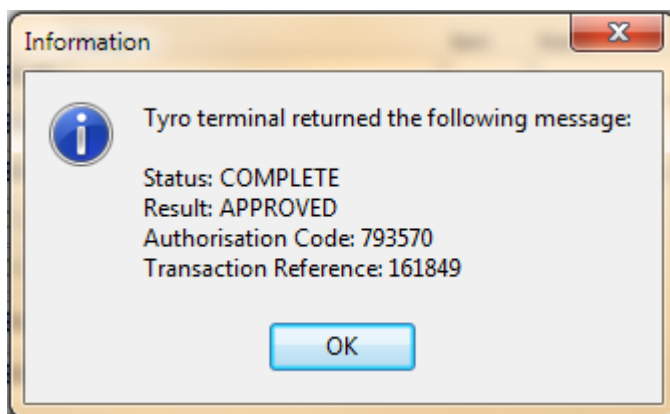
Purchase	
Amount	\$101.00
Cashout	\$0.00
Total	\$101.00

APPROVED. Print customer copy?

YES (1) NO (2)

Processing transaction - please wait
Enter PIN
Select account
Swipe card. Purchase: \$101.00
Purchase started - Amount: \$101.00, Cashout: \$0.00

Cancel Transaction



If you click **Cancel** at this stage, *Front Desk* will prompt you to swipe the patient's cards once more to cancel / refund the submitted HealthPoint claim / EFTPOS purchase.

If an error or problem occurred with the HealthPoint claim, *Front Desk* will display this error and allow you to select an alternative payment method.

If the **Print** box is ticked on the receipt screen, a normal *Front Desk* receipt will also be printed for the patient.

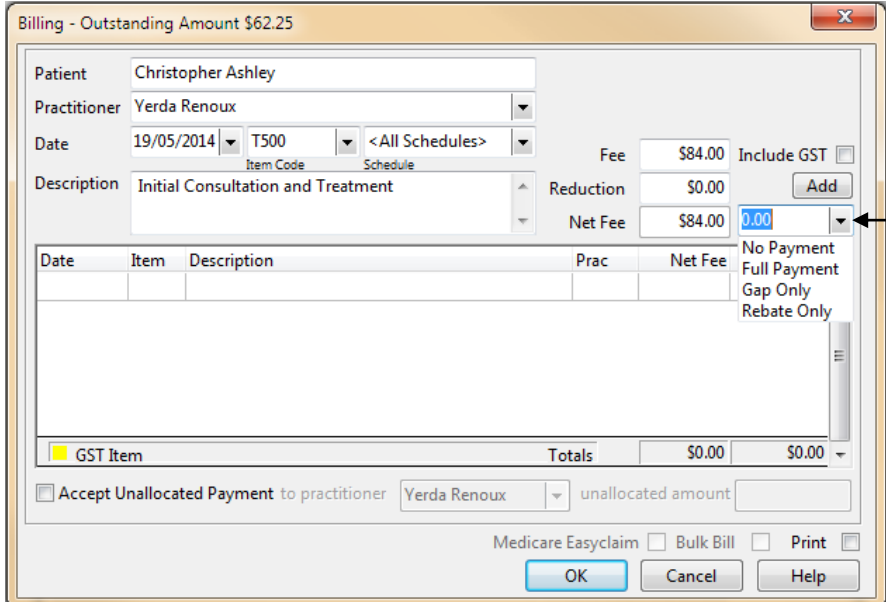
TYRO INTEGRATION

Tyro HealthPoint Integration (Billing)

The **Bill** function can be used to perform the following functions

- Receipt one or more items (bill and full payment)
- Accepting a part payment for one or more items (Account/Receipt)
- Billing a patient for one or more items with no payment (Account)
- Processing transactions for one or more linked patients, e.g. a family
- Making a payment greater than the amount being billed (transaction with an unallocated payment attached)

Click **Bill** on the patient card or on the appointment book.



Billing - Outstanding Amount \$62.25

Patient: Christopher Ashley
Practitioner: Yerda Renoux
Date: 19/05/2014 T500 <All Schedules>
Description: Initial Consultation and Treatment

Fee: \$84.00
Reduction: \$0.00
Net Fee: \$84.00

Include GST ☐
Add

Payment drop-down box

No Payment
Full Payment
Gap Only
Rebate Only

GST Item Totals \$0.00 \$0.00

Accept Unallocated Payment to practitioner Yerda Renoux unallocated amount

Medicare Easyclaim ☐ Bulk Bill ☐ Print ☐
OK Cancel Help

Select the **Practitioner**, **Date**, **Item Code** and **Clinical Code** (if applicable) for the first item you wish to add. Please note the **Clinical Code** field will only be visible when billing Dentists, Psychologists and Occupational Therapists.

From the payment drop-down box select **No Payment**, **Full Payment**, **Gap Only**, **Rebate Only** or **Tyro Only**.

Front Desk 2018 - Note

The **Gap Only** and **Rebate Only** options should only be used if fixed gap amounts have been entered in your item code.

Click **Add** to add the item to the bill. If required, select other items to be billed.

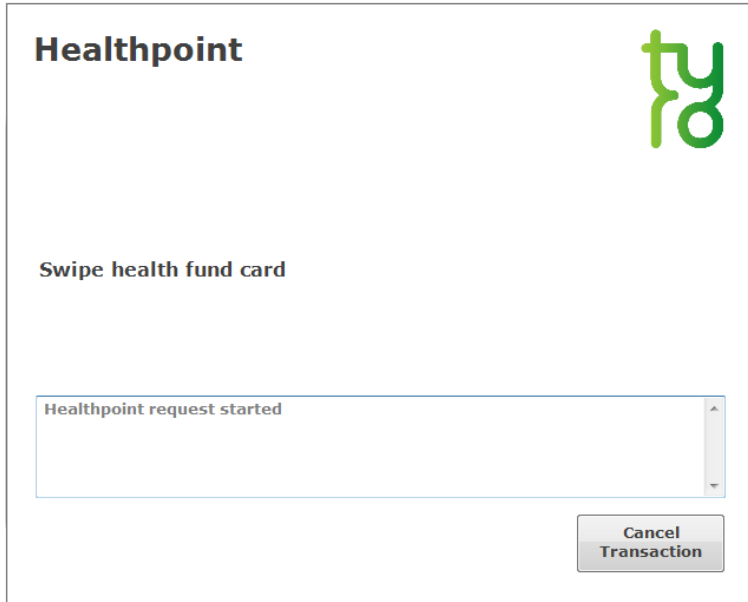
Click **OK** to proceed. You will be presented with the payment type screen with the option of submitting this claim to Tyro HealthPoint by clicking the **HealthPoint** button.

TYRO INTEGRATION

Tyro HealthPoint Integration (Billing)

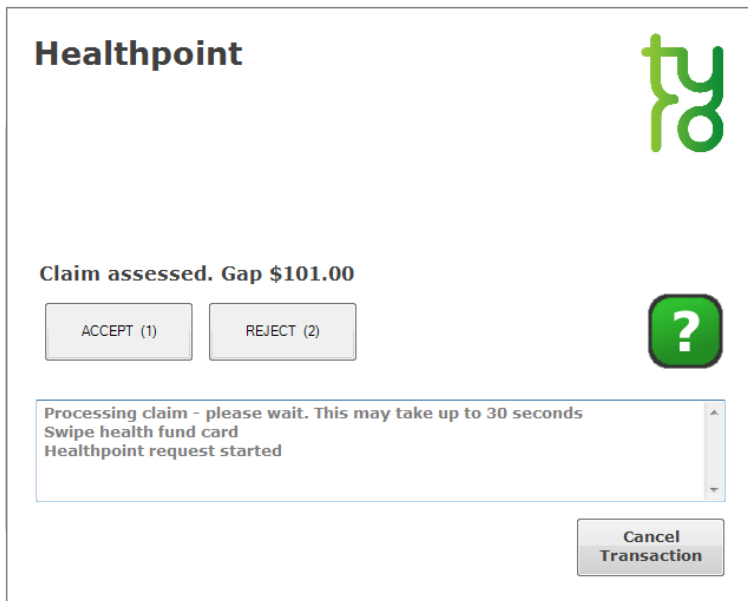
If the patient does not have a patient ID entered, you will be prompted to select one from the **Health Fund Patient Numbers** window. Use the ID drop-down box to select the number found on the patient's health fund card and click **OK** to proceed.

You will be prompted to swipe or insert the health fund card to begin the claim.



The screen displays the 'Healthpoint' title and logo. Below the title, it says 'Swipe health fund card'. A text box contains the message 'Healthpoint request started'. At the bottom right, there is a button labeled 'Cancel Transaction'.

After a few moments the following screen will be displayed. Click Accept to accept the benefit.



The screen displays the 'Healthpoint' title and logo. Below the title, it says 'Claim assessed. Gap \$101.00'. There are two buttons: 'ACCEPT (1)' and 'REJECT (2)'. A green circular icon with a white question mark is also present. A text box contains the message 'Processing claim - please wait. This may take up to 30 seconds'. Below this, it says 'Swipe health fund card' and 'Healthpoint request started'. At the bottom right, there is a button labeled 'Cancel Transaction'.

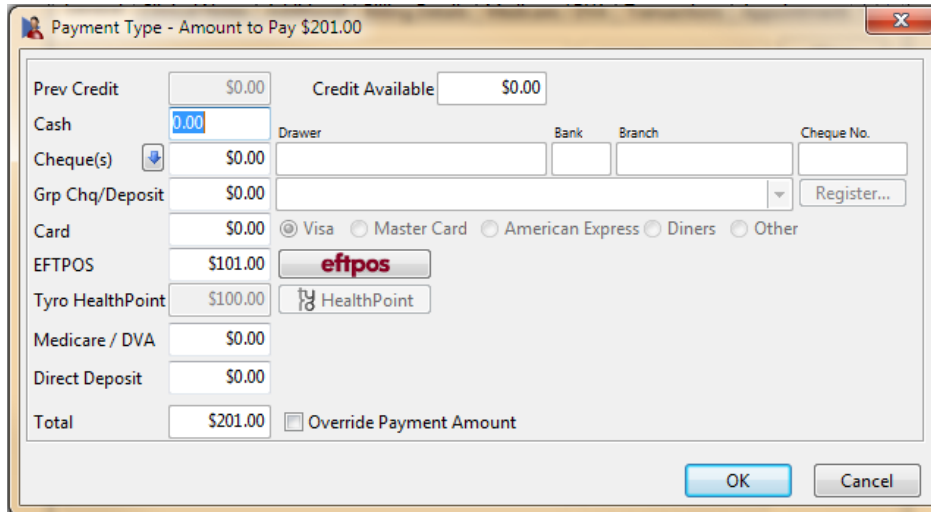
Once accepted, *Front Desk* will display the benefit amount and the response from the terminal. The benefit will also be shown in the **HealthPoint** field on the **Payment Type** screen.

TYRO INTEGRATION

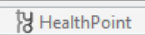
Tyro HealthPoint Integration (Billing)

Enter the payment type of the remaining amount in the appropriate field, e.g. cash, cheque, EFTPOS, and then click **OK**.

If paying the gap by EFTPOS, enter the amount to be paid in the **EFTPOS** field and click the **EFTPOS** button.

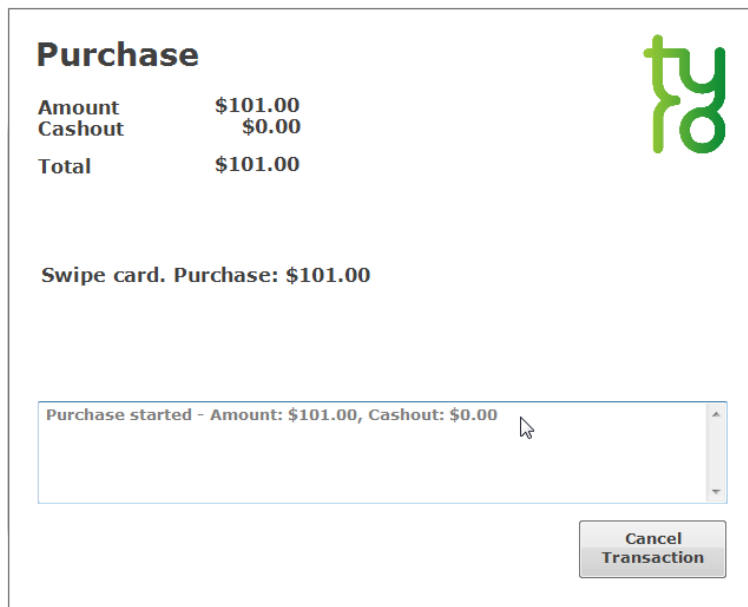


Payment Type - Amount to Pay \$201.00

Prev Credit	\$0.00	Credit Available	\$0.00
Cash	0.00	Drawer	Bank Branch Cheque No.
Cheque(s)	\$0.00		
Grp Chq/Deposit	\$0.00		Register...
Card	\$0.00	<input checked="" type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> American Express <input type="radio"/> Diners <input type="radio"/> Other	
EFTPOS	\$101.00	eftpos	
Tyro HealthPoint	\$100.00		
Medicare / DVA	\$0.00		
Direct Deposit	\$0.00		
Total	\$201.00	<input type="checkbox"/> Override Payment Amount	


OK Cancel

You will then be asked to swipe the patient's EFTPOS card.



Purchase

Amount \$101.00
Cashout \$0.00
Total \$101.00



Swipe card. Purchase: \$101.00

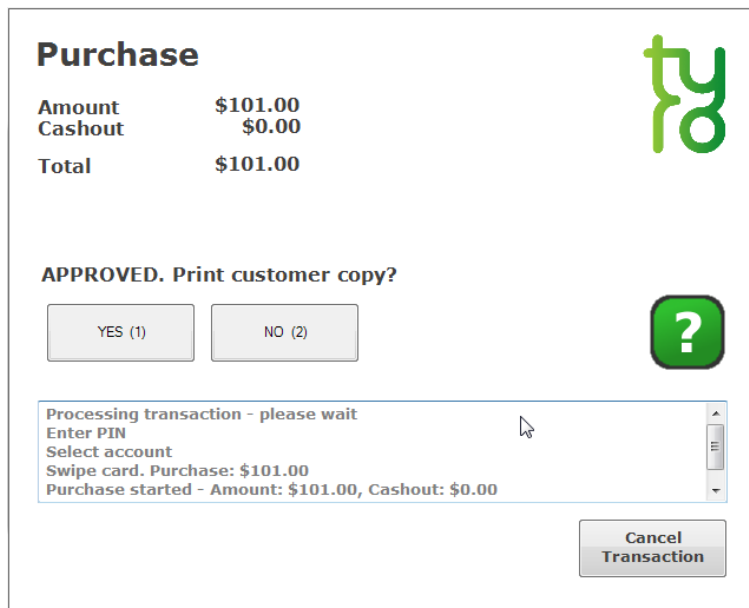
Purchase started - Amount: \$101.00, Cashout: \$0.00

Cancel Transaction

TYRO INTEGRATION

Tyro HealthPoint Integration (Billing)

If the EFTPOS purchase is approved, you will see the following messages.



Purchase

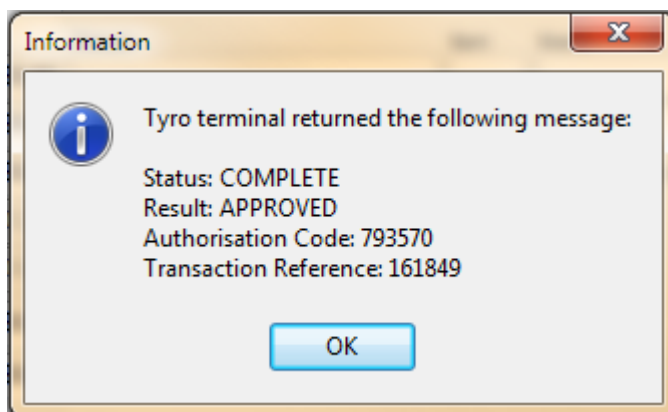
Amount	\$101.00
Cashout	\$0.00
Total	\$101.00

APPROVED. Print customer copy?

YES (1) NO (2)

Processing transaction - please wait
Enter PIN
Select account
Swipe card. Purchase: \$101.00
Purchase started - Amount: \$101.00, Cashout: \$0.00

Cancel Transaction



If you click **Cancel** at this stage, *Front Desk* will prompt you to swipe the patient's cards once more to cancel / refund the submitted HealthPoint claim / EFTPOS purchase.

If an error or problem occurred with the HealthPoint claim, *Front Desk* will display this error and allow you to select an alternative payment method.

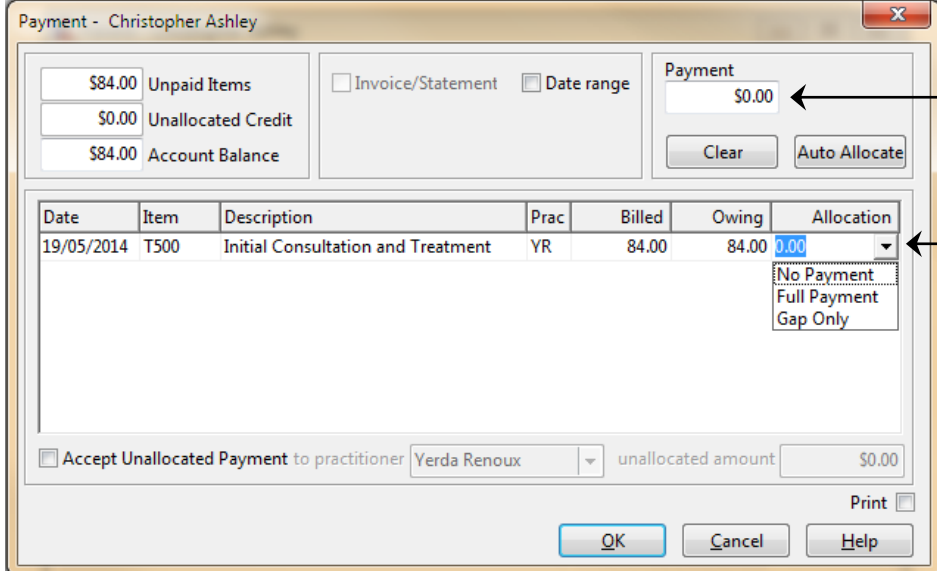
If the **Print** box is ticked on the receipt screen, a normal *Front Desk* receipt will also be printed for the patient.

TYRO INTEGRATION

Tyro HealthPoint Integration (Payment)

Payment is used to pay for an outstanding amount or to make an unallocated payment.

Click **Payment** on the patient file.



Payment - Christopher Ashley

\$84.00 Unpaid Items
\$0.00 Unallocated Credit
\$84.00 Account Balance

☐ Invoice/Statement ☐ Date range

Payment \$0.00
Clear Auto Allocate

Date	Item	Description	Prac	Billed	Owing	Allocation
19/05/2014	T500	Initial Consultation and Treatment	YR	84.00	84.00	0.00

☐ Accept Unallocated Payment to practitioner Verda Renoux unallocated amount \$0.00

Print ☐

OK Cancel Help

Payment field

Payment drop-down box

Enter the total amount to be paid in the **Payment** field.

Either **Auto Allocate** the total to be paid to the outstanding amounts listed or manually allocate by using the payment drop-down boxes located in the allocation column of each outstanding item. Select **No Payment**, **Full Payment**, or **Gap Only**.

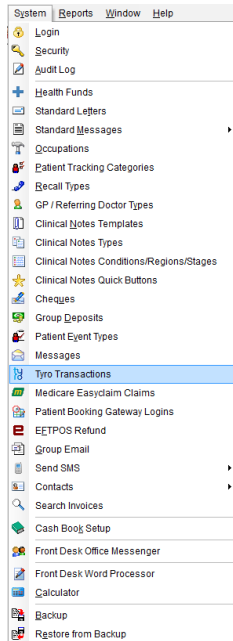
Click **OK** to proceed. The payment type window will be displayed with the option of submitting this claim to Tyro HealthPoint by clicking the **HealthPoint** button.

If the patient does not have a patient ID entered, you will be prompted to select one from the **Health Fund Patient Numbers** screen. Use the ID drop-down box to select the number found on the patient's health fund card and click **OK** to proceed.

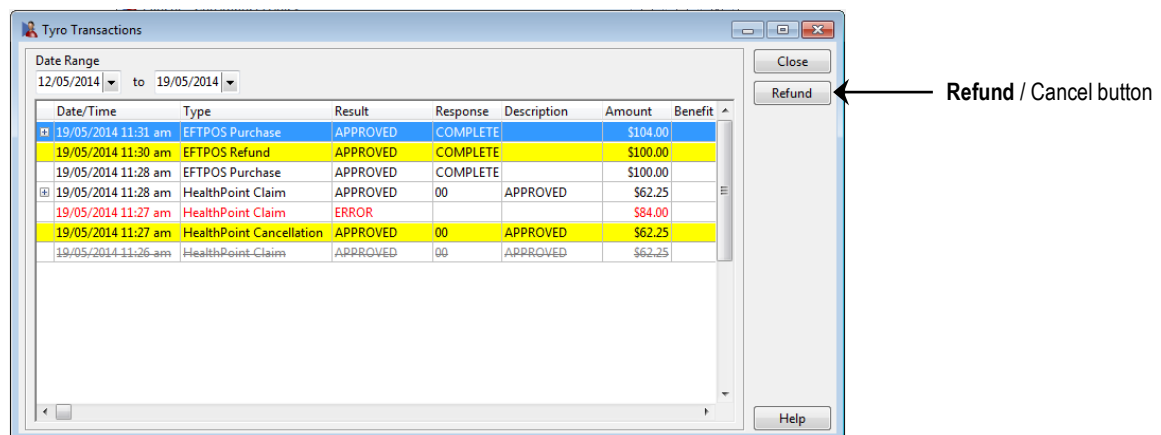
TYRO INTEGRATION

Tyro Transactions

To view Tyro EFTPOS and HealthPoint transactions, select **Tyro Transactions** from the **System** menu. This is also where transactions can be refunded or cancelled.



Select **From** and **To** dates to view a list of transactions for that period.



Scroll to the right to see more details of the transaction, e.g. Transaction Reference, Authorisation Code, and Card Type.

Click the **+** symbol to the left of the transaction to view the details of that transaction.

The patient's name, item code and the benefit amount will be displayed for **APPROVED** transactions.

TYRO INTEGRATION



Tyro Transactions (EFTPOS Refunds / Healthpoint Cancellations)

Click the **Refund** button to refund an EFTPOS Purchase. You will be prompted with the following screen.

A dialog box titled "Refund Amount" with a close button (X) in the top right corner. The text inside reads: "Please enter the amount you would like to refund through the EFTPOS terminal. This will require the patient's EFTPOS card." Below this text is a label "Refund Amount" followed by a text input field containing "\$104.00". At the bottom are two buttons: "OK" and "Cancel".

The maximum **Refund Amount** that can be set is the original purchase amount. If refunds have already been processed for the transaction, the maximum refund will be the remaining amount.

Click **OK** to proceed with the refund.

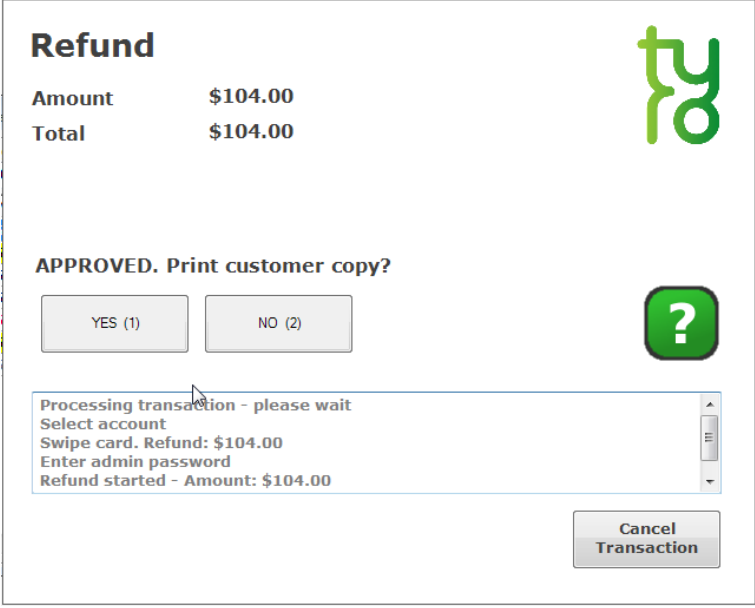
You will be asked to swipe or insert the card and select the account. You may be asked to enter a refund password on the Tyro terminal.

A screen titled "Refund" with the Tyro logo in the top right corner. It displays a table with two rows: "Amount" with value "\$104.00" and "Total" with value "\$104.00". Below the table is the text "Select account". At the bottom is a large text area containing the following text: "Swipe card. Refund: \$104.00", "Enter admin password", and "Refund started - Amount: \$104.00". A "Cancel Transaction" button is located at the bottom right.

TYRO INTEGRATION

Tyro Transactions (EFTPOS Refunds / HealthPoint Cancellations)

If successful, the following messages will be displayed.



Refund

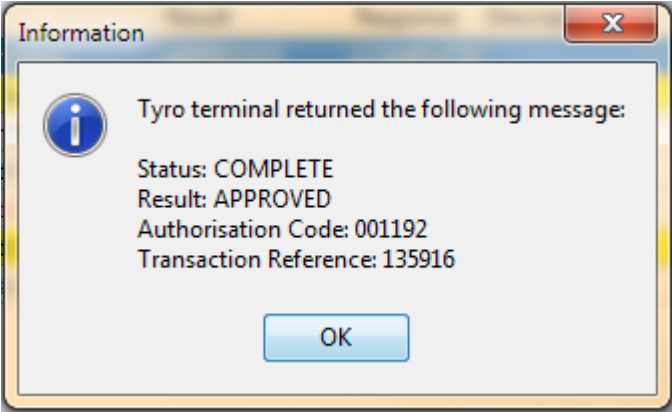
Amount	\$104.00
Total	\$104.00

APPROVED. Print customer copy?

YES (1) NO (2)

Processing transaction - please wait
Select account
Swipe card. Refund: \$104.00
Enter admin password
Refund started - Amount: \$104.00

Cancel Transaction



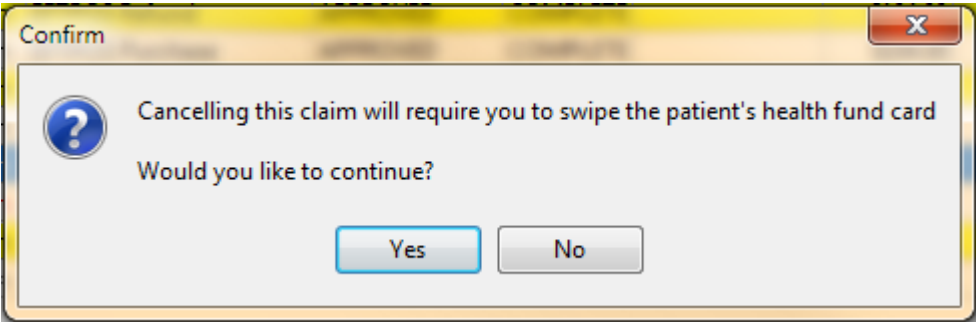
Information

Tyro terminal returned the following message:

Status: COMPLETE
Result: APPROVED
Authorisation Code: 001192
Transaction Reference: 135916

OK

Click the **Cancel** button to cancel a HealthPoint Claim. You will be prompted with the following screen.



Confirm

Canelling this claim will require you to swipe the patient's health fund card

Would you like to continue?

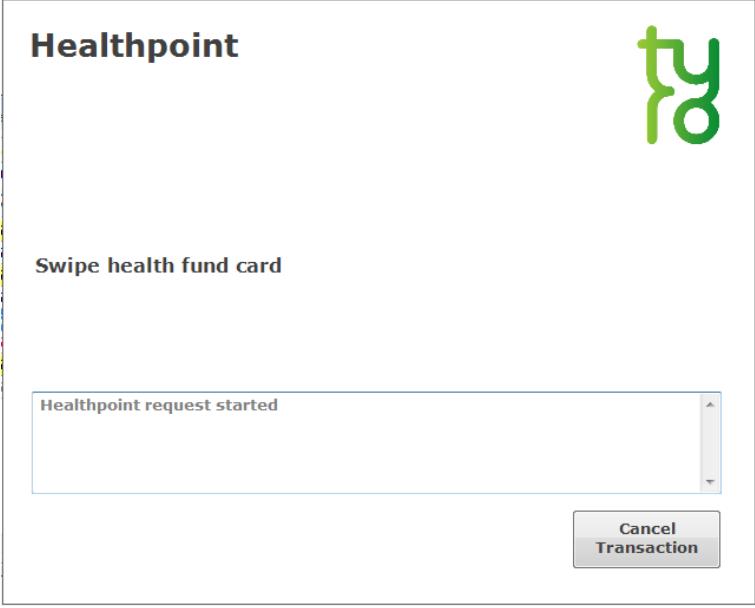
Yes No

Click **Yes** to proceed with the refund.

TYRO INTEGRATION

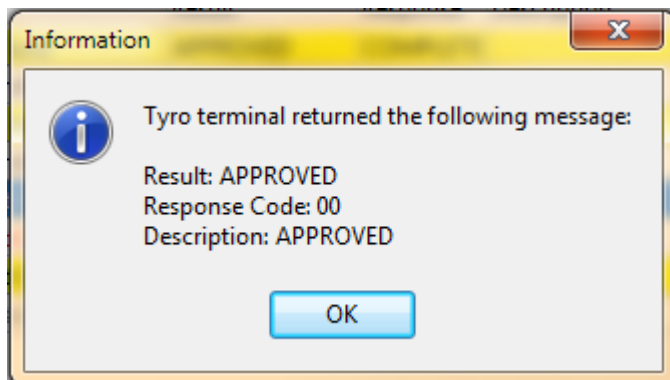
Tyro Transactions (HealthPoint Cancellations)

You will be asked to swipe the patient's health fund card.



The image shows a software interface for Healthpoint. At the top left, the word "Healthpoint" is displayed in a bold, black font. To the right of this text is a green logo consisting of the letters "ty" in a stylized, lowercase font. Below the logo, the text "Swipe health fund card" is centered. Underneath this text is a rectangular box with a light blue border and a white background, containing the text "Healthpoint request started". To the right of this box is a small, grey button with the text "Cancel Transaction" in black.

If successful, the following message will be displayed.



Front Desk 2018 - Note

You can also refund Tyro EFTPOS purchases or cancel Tyro HealthPoint claims by deleting the associated transactions from the **Transactions** tab on the patient's file.

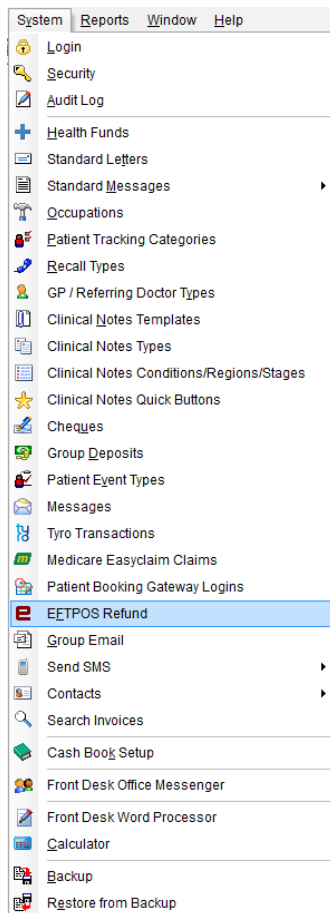
Front Desk 2018 - Note

A HealthPoint Claim can only be reversed on the same day as it was submitted. You will need to swipe the patient's card to cancel a claim.

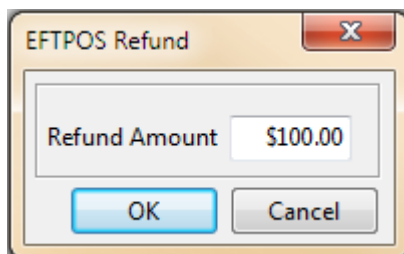
TYRO INTEGRATION

Refunding an EFTPOS Payment

To refund an EFTPOS payment without removing the payment from the patient's file in Front Desk, go to the **System** menu and select the **EFTPOS Refund** option.



Enter the amount to refund and click **OK**.




You will be prompted to enter an admin password on the Tyro terminal, and then to swipe the patient's EFTPOS card and select an account.

TYRO INTEGRATION

Refunding an EFTPOS Payment

Refund

Amount	\$100.00
Total	\$100.00




Enter admin password

Refund started - Amount: \$100.00

Cancel Transaction

Refund

Amount	\$100.00
Total	\$100.00

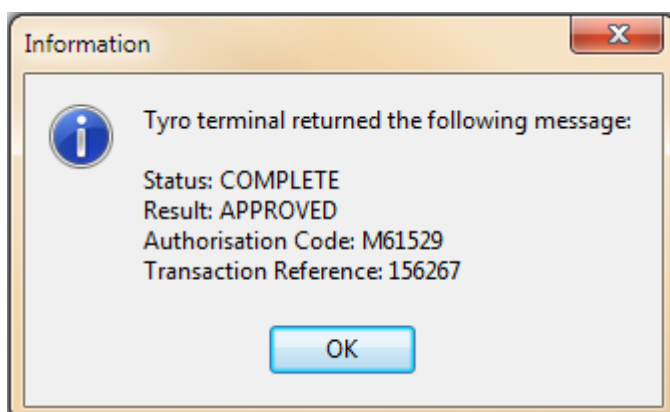


Swipe card. Refund: \$100.00

Enter admin password
Refund started - Amount: \$100.00

Cancel Transaction

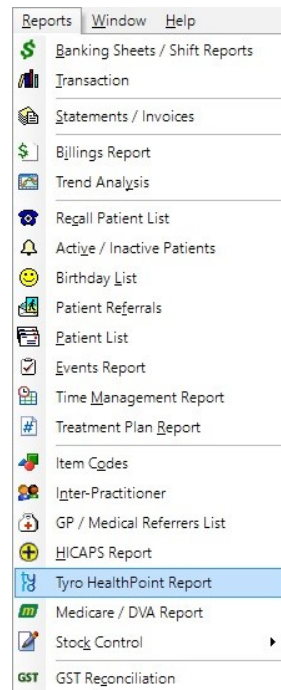
If the refund is **APPROVED** *Front Desk* will display the following message.



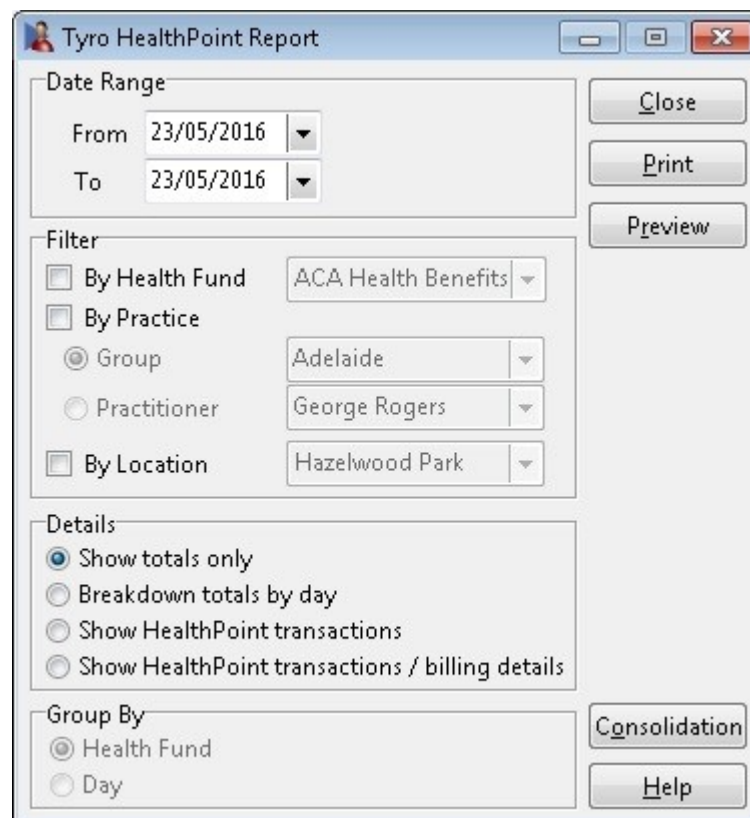
TYRO INTEGRATION

Tyro HealthPoint Report

Select **Tyro HealthPoint Report** from the **Reports** menu.



Select **From** and **To** dates. The filter section allows you to generate a report **By Health Fund**, **By Practice** or **By Location**.



Tyro HealthPoint Report

Date Range

From: 23/05/2016

To: 23/05/2016

Filter

☐ By Health Fund: ACA Health Benefits

☐ By Practice

☒ Group: Adelaide

☐ Practitioner: George Rogers

☐ By Location: Hazelwood Park

Details

☒ Show totals only

☐ Breakdown totals by day

☐ Show HealthPoint transactions

☐ Show HealthPoint transactions / billing details

Group By

☒ Health Fund

☐ Day

Buttons: Close, Print, Preview, Consolidation, Help

TYRO INTEGRATION

Tyro HealthPoint Report

There are four different ways to view the Tyro HealthPoint report:

Show totals only

This option lists the totals of each health fund only.

Breakdown totals by day

This option shows each transaction by day. This is the only option that allows the report to be grouped by either **Health Fund** or **Day**.

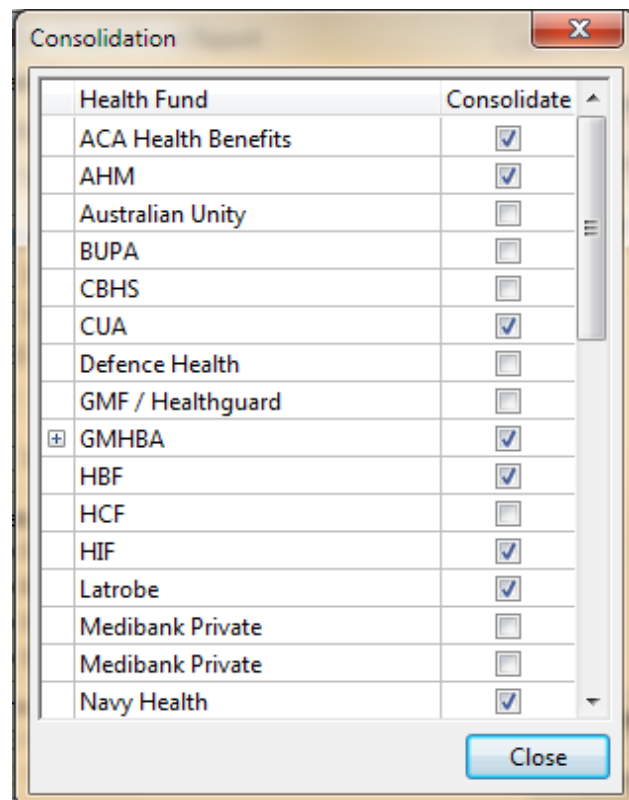
Show HealthPoint transactions

This option lists the patient names and the Tyro HealthPoint transaction details.

Show HealthPoint transactions / billing details

This option lists the patient names, Tyro HealthPoint transaction details and item codes.

Health funds whose payments are settled in a single HealthPoint payment to the clinic are known in Front Desk as consolidated health funds. The list of consolidated funds can be viewed by clicking the **Consolidation** button.



Smartsoft Pty Ltd will update the **Consolidation** list with software upgrades, but from time to time you may need to manually add health funds to the consolidated group by ticking the box to the right of the **Health Fund** name.

The Tyro HealthPoint report will group all consolidated health funds to aid in reconciling HealthPoint payments.

MEDICARE EASYCLAIM INTEGRATION

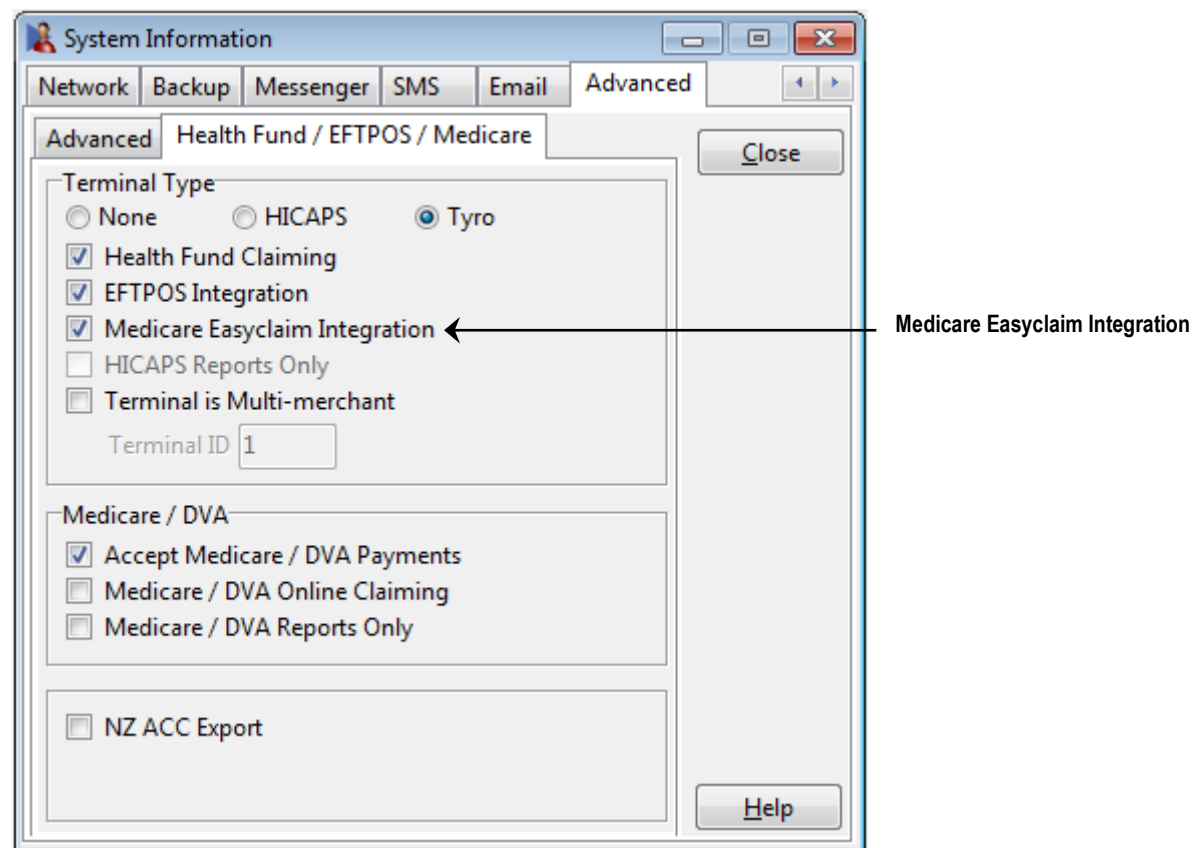
Medicare Easyclaim

Medicare Easyclaim is a way of submitting claims to Medicare using the HICAPS or Tyro terminal.

There are two types of claim that can be submitted using Medicare Easyclaim. These are:

Patient Claims (which can be either Fully Paid, Part Paid or Unpaid); and
Bulk Bill Claims

Medicare Easyclaim Integration can be enabled on the **Health Fund / EFTPOS / Medicare** tab on the **Advanced** tab in **System Information**.



Front Desk 2018 - Note

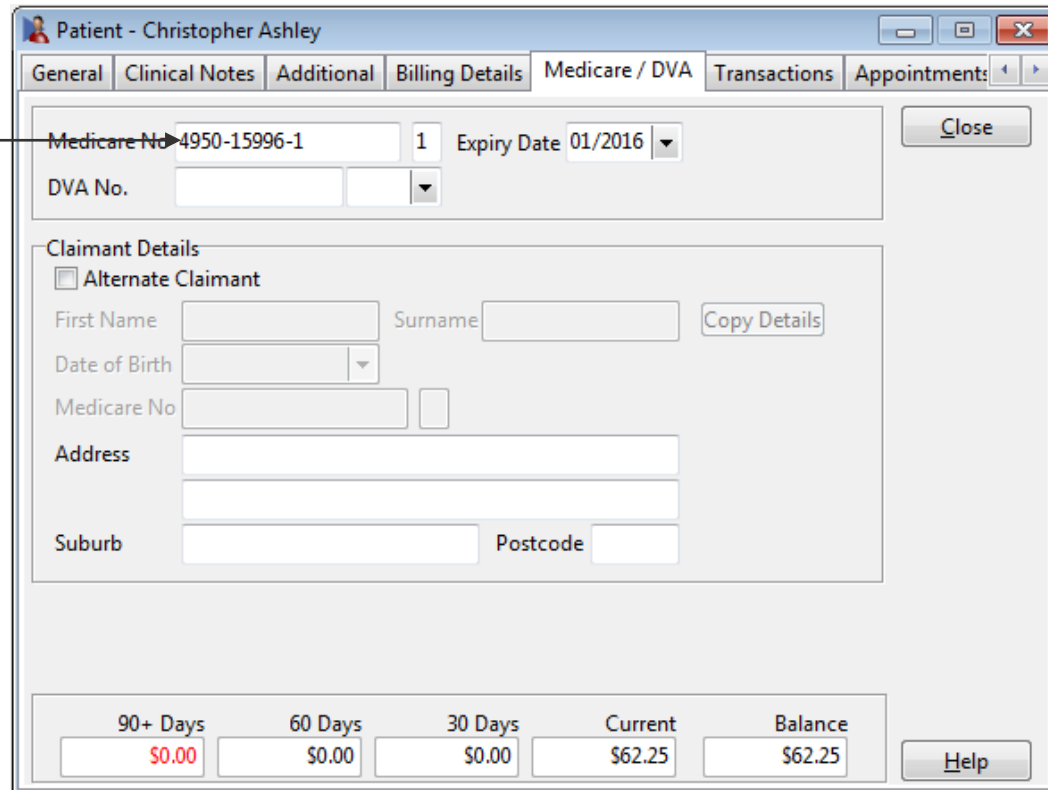
It is not possible to enable **Medicare Easyclaim Integration** and **Medicare / DVA Online Claiming** in *Front Desk* at the same time. Practices must choose which solution best fits their needs.

MEDICARE EASYCLAIM INTEGRATION

Patient Details

A patient's Medicare details can be added on the **Medicare / DVA** tab of the patient's file.

Medicare Number →



90+ Days	60 Days	30 Days	Current	Balance
\$0.00	\$0.00	\$0.00	\$62.25	\$62.25

HICAPS

If the **Medicare No** is entered, it will be used when submitting the claim. If a **Medicare No** has not been recorded on the patient's file, the patient will be asked to swipe their Medicare card in the HICAPS terminal at the time of claiming.

Tyro

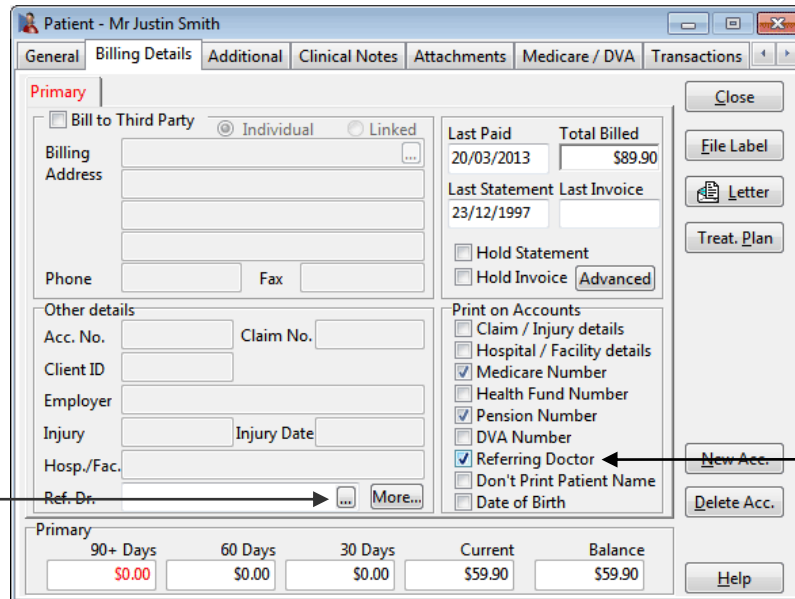
A **Medicare No** must be entered before submitting the claim.

If the patient will not be the one claiming the rebate from Medicare, check **Alternate Claimant** and either search for a patient in the database, or enter the details in the fields provided.

MEDICARE EASYCLAIM INTEGRATION

Referral Details

For most Medicare claims, a Referral must be entered. This information is usually entered on the **Billing Details** tab of the patient's file.

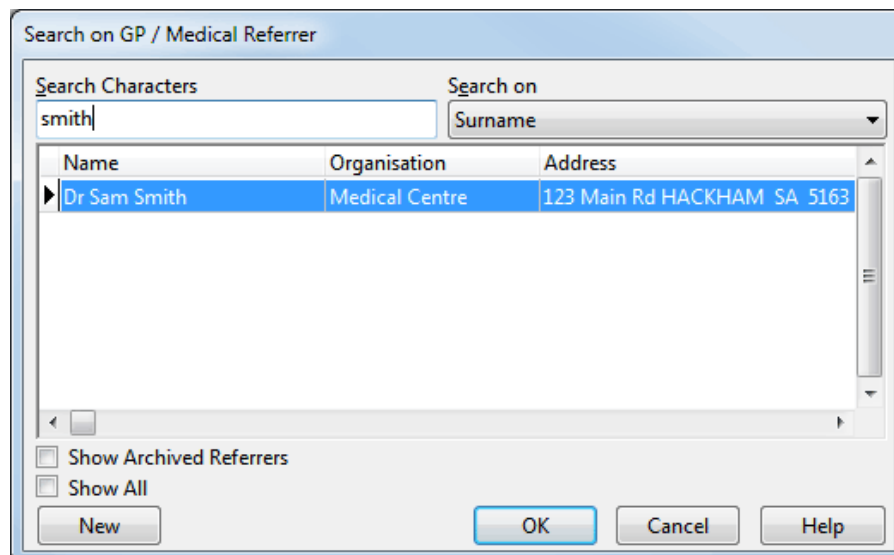


Referring doctor details

Activate referring doctor

Check **Referring Doctor** in the **Print on Accounts** section. The **Ref. Dr** field will become active.

Click the  button to search for a Referring Doctor.



Highlight the correct Referrer and click **OK**. If the Referring Doctor is not in the list, click **New** to enter the correct details.

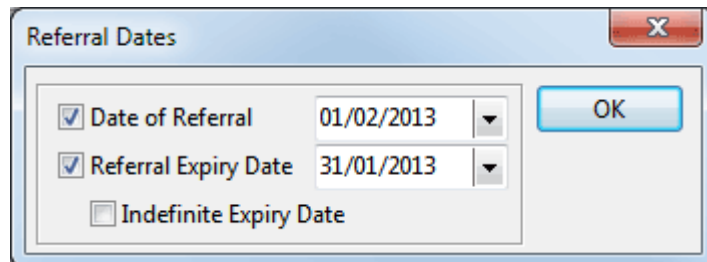
Front Desk 2018 - Note

The Referring Doctor's name and provider number *must* be entered, otherwise a claim cannot be processed.

MEDICARE EASYCLAIM INTEGRATION

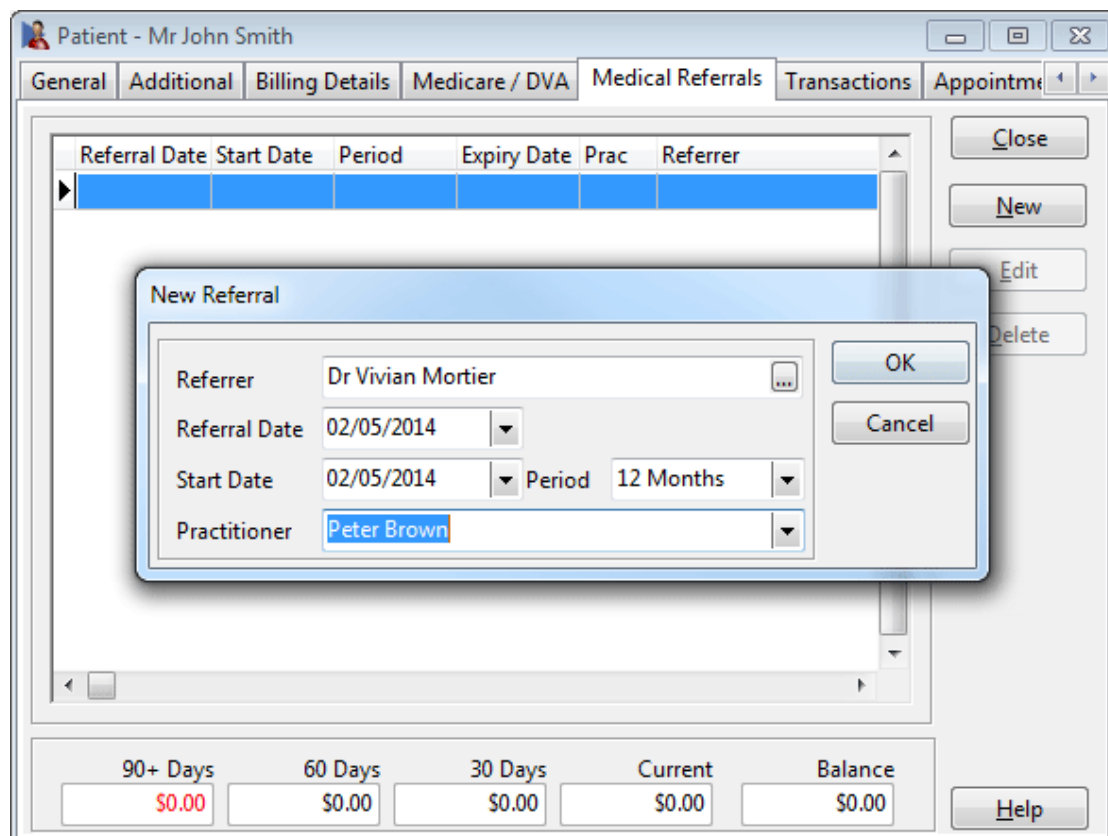
Referral Details

Click **More...** to enter the referral start and end dates.



The 'Referral Dates' dialog box contains two checked options: 'Date of Referral' with a date of 01/02/2013 and 'Referral Expiry Date' with a date of 31/01/2013. There is an unchecked option for 'Indefinite Expiry Date' and an 'OK' button.

If the practice is using **Medical Specialist Referrals**, referrals are entered on the **Medical Referrals** tab of the patient's file.



The 'Patient - Mr John Smith' window shows the 'Medical Referrals' tab. A 'New Referral' dialog box is open, showing fields for Referrer (Dr Vivian Mortier), Referral Date (02/05/2014), Start Date (02/05/2014), Period (12 Months), and Practitioner (Peter Brown). The background window has a table with columns: Referral Date, Start Date, Period, Expiry Date, Prac, Referrer. At the bottom, there are buttons for '90+ Days', '60 Days', '30 Days', 'Current', and 'Balance', all showing \$0.00. There are also 'Close', 'New', 'Edit', 'Delete', and 'Help' buttons.

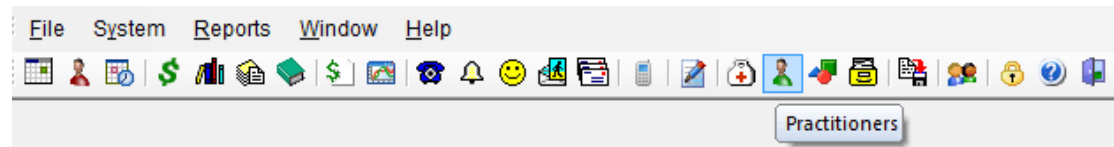
Front Desk 2018 - Note

Medical Specialist Referrals is an extended functionality for medical specialists. It is generally not recommended for allied health professionals, who should be using the **Ref. Dr.** field on the **Billing Details** tab.

MEDICARE EASYCLAIM INTEGRATION

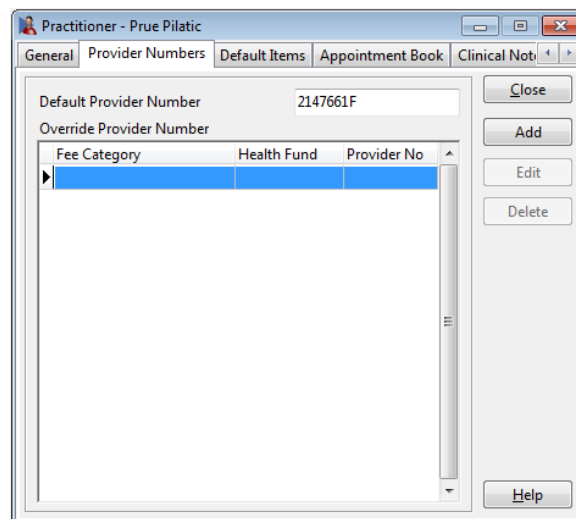
Practitioner Details

Select **Practitioners** from the toolbar.

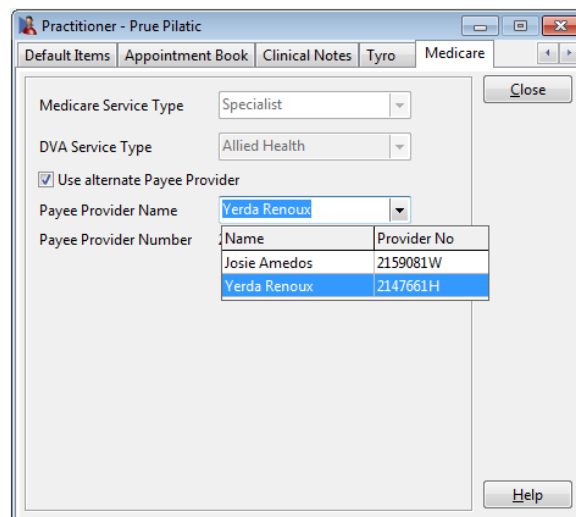


Select a practitioner's name and click **OK**.

Go to the **Provider Numbers** tab. Check that a **Default Provider Number** has been entered for the practitioner. If this field is empty, select a provider number from the drop-down list.

A screenshot of the 'Practitioner - Prue Pilatic' window, specifically the 'Provider Numbers' tab. The window has several tabs: 'General', 'Provider Numbers', 'Default Items', 'Appointment Book', and 'Clinical Notes'. The 'Provider Numbers' tab is active, showing a 'Default Provider Number' field with the value '2147661F' and an 'Override Provider Number' field. Below these is a table with columns 'Fee Category', 'Health Fund', and 'Provider No'. To the right of the table are buttons for 'Close', 'Add', 'Edit', and 'Delete'. A 'Help' button is at the bottom right.

Go to the **Medicare** tab on the practitioner's file.

A screenshot of the 'Practitioner - Prue Pilatic' window, specifically the 'Medicare' tab. The window has tabs for 'Default Items', 'Appointment Book', 'Clinical Notes', 'Tyro', and 'Medicare'. The 'Medicare' tab is active, showing a 'Medicare Service Type' dropdown set to 'Specialist' and a 'DVA Service Type' dropdown set to 'Allied Health'. There is a checkbox for 'Use alternate Payee Provider' which is checked. Below this is a 'Payee Provider Name' dropdown set to 'Yerda Renoux'. A 'Payee Provider Number' table is displayed, showing a list of providers. To the right are 'Close' and 'Help' buttons.

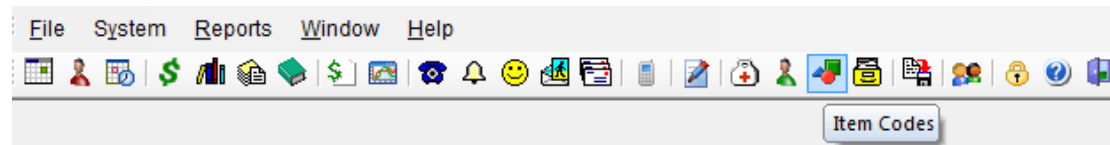
Name	Provider No
Josie Amedos	2159081W
Yerda Renoux	2147661H

A **Payee Provider** is a practitioner who is paid by Medicare for services they, or other practitioners, have provided. If payment should go to a different practitioner, check **Use alternate Payee Provider** and select a practitioner from the drop-down list.

MEDICARE EASYCLAIM INTEGRATION

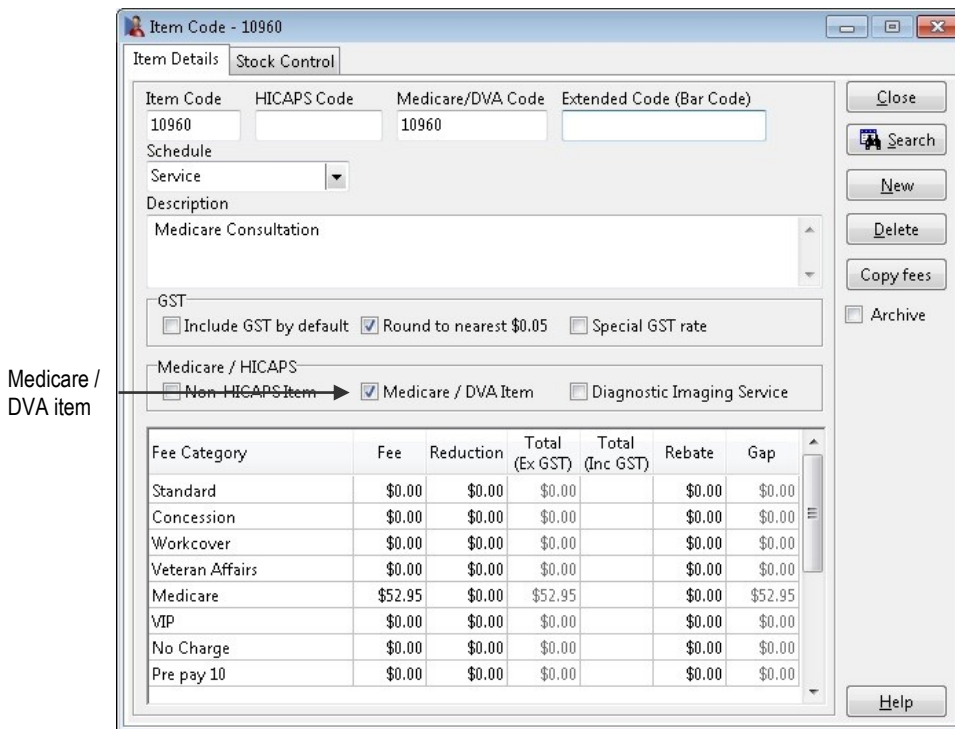
Item Codes

Only items which have been marked as **Medicare / DVA** items can be claimed through Medicare Easyclaim.



Select **Item Codes** from the toolbar.

Click the item you wish to edit, and click **OK**.

A screenshot of the 'Item Code - 10960' dialog box. The 'Item Details' tab is active. The 'Item Code' is 10960, 'HICAPS Code' is empty, 'Medicare/DVA Code' is 10960, and 'Extended Code (Bar Code)' is empty. The 'Schedule' is set to 'Service'. The 'Description' is 'Medicare Consultation'. Under 'GST', 'Include GST by default' is unchecked, 'Round to nearest \$0.05' is checked, and 'Special GST rate' is unchecked. Under 'Medicare / HICAPS', 'Non HICAPS Item' is unchecked and 'Medicare / DVA Item' is checked. A label 'Medicare / DVA item' with an arrow points to the 'Medicare / DVA Item' checkbox. Below this is a table with fee categories and their respective amounts. On the right side of the dialog, there are buttons for 'Close', 'Search', 'New', 'Delete', 'Copy fees', 'Archive', and 'Help'.

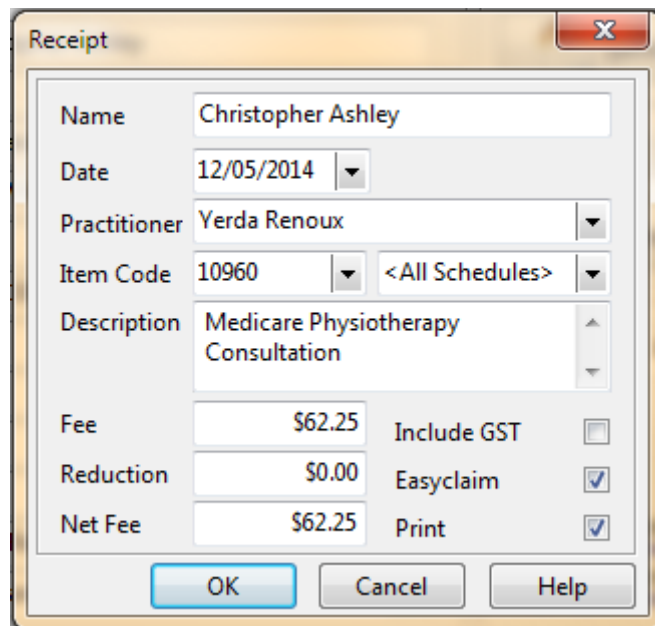
Fee Category	Fee	Reduction	Total (Ex GST)	Total (Inc GST)	Rebate	Gap
Standard	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
Concession	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
Workcover	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
Veteran Affairs	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
Medicare	\$52.95	\$0.00	\$52.95		\$0.00	\$52.95
VIP	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
No Charge	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
Pre pay 10	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00

Check the **Medicare / DVA Item** option and click **Close** to save your changes.

MEDICARE EASYCLAIM INTEGRATION

Patient Claiming from Receipt

When processing a receipt for a patient, check the **Medicare Easyclaim** option.

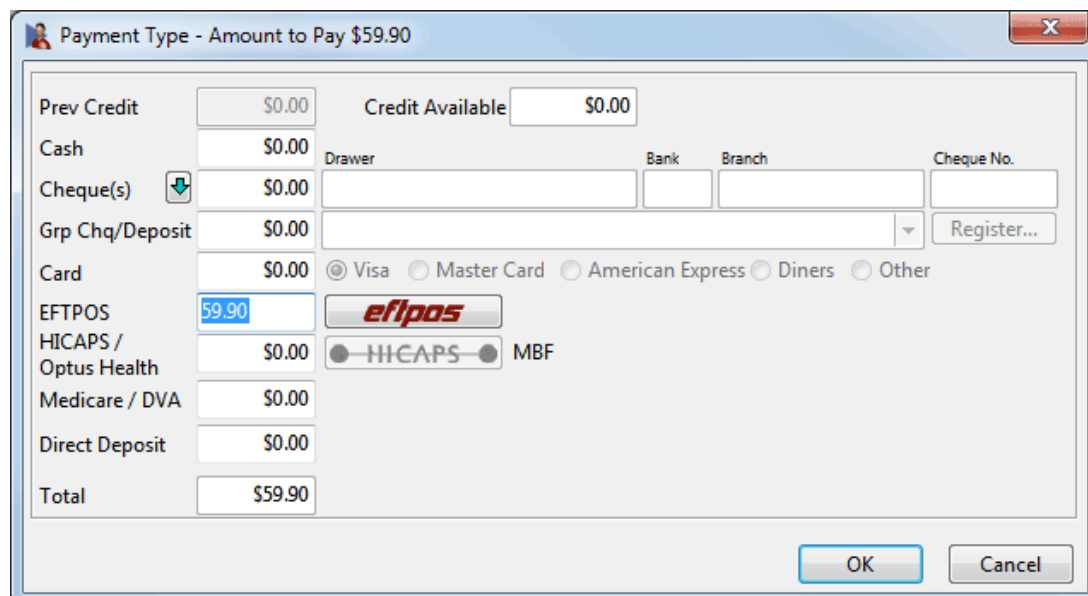


The 'Receipt' dialog box contains the following fields and options:


Name	Christopher Ashley		
Date	12/05/2014	▼	
Practitioner	Yerda Renoux ▼		
Item Code	10960 ▼	<All Schedules>	▼
Description	Medicare Physiotherapy Consultation		
Fee	\$62.25	Include GST	<input type="checkbox"/>
Reduction	\$0.00	Easyclaim	<input checked="" type="checkbox"/>
Net Fee	\$62.25	Print	<input checked="" type="checkbox"/>

Buttons: OK, Cancel, Help

Record the payment details.



The 'Payment Type - Amount to Pay \$59.90' dialog box contains the following fields and options:

Prev Credit	\$0.00	Credit Available	\$0.00
Cash	\$0.00	Drawer	Bank Branch Cheque No.
Cheque(s)	\$0.00	▼ Register...	
Grp Chq/Deposit	\$0.00	▼	
Card	\$0.00	<input checked="" type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> American Express <input type="radio"/> Diners <input type="radio"/> Other	
EFTPOS	\$59.90		
HICAPS / Optus Health	\$0.00	<input checked="" type="radio"/> HICAPS <input type="radio"/> MBF	
Medicare / DVA	\$0.00		
Direct Deposit	\$0.00		
Total	\$59.90		

Buttons: OK, Cancel

Front Desk 2018 - Note

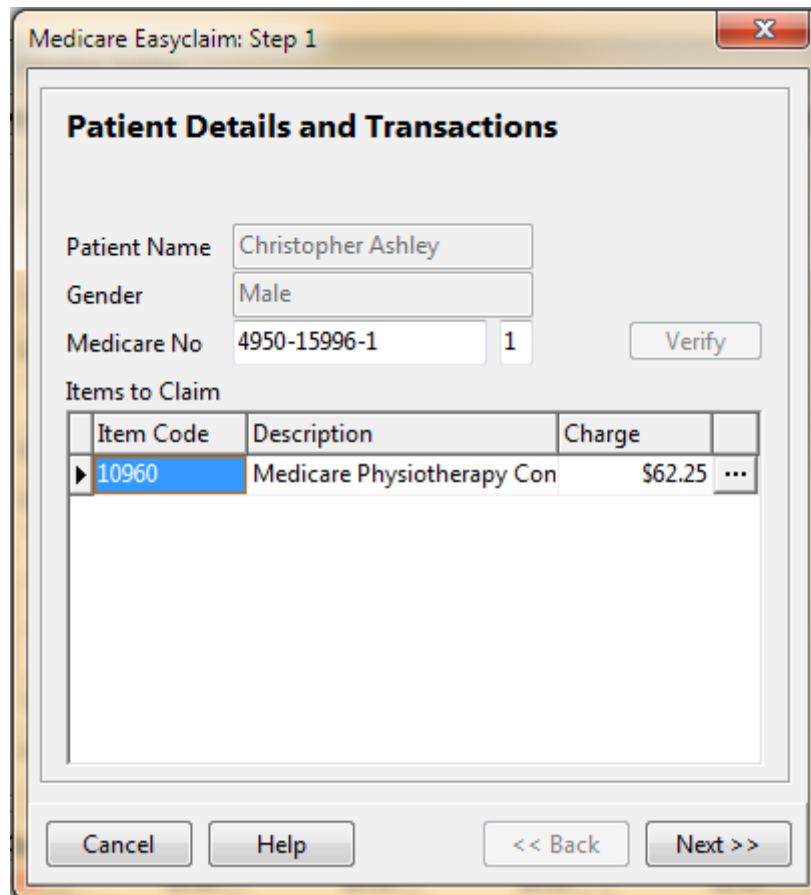
After checking the **Medicare Easyclaim** option, the **HICAPS / Tyro HealthPoint** button will be disabled. Patients cannot claim the same item from both Medicare and their health fund.

Click **OK**.

After payment has been taken, the **Medicare Easyclaim Wizard** will be displayed.

MEDICARE EASYCLAIM INTEGRATION

Patient Claiming from Receipt



Medicare Easyclaim: Step 1


Patient Details and Transactions

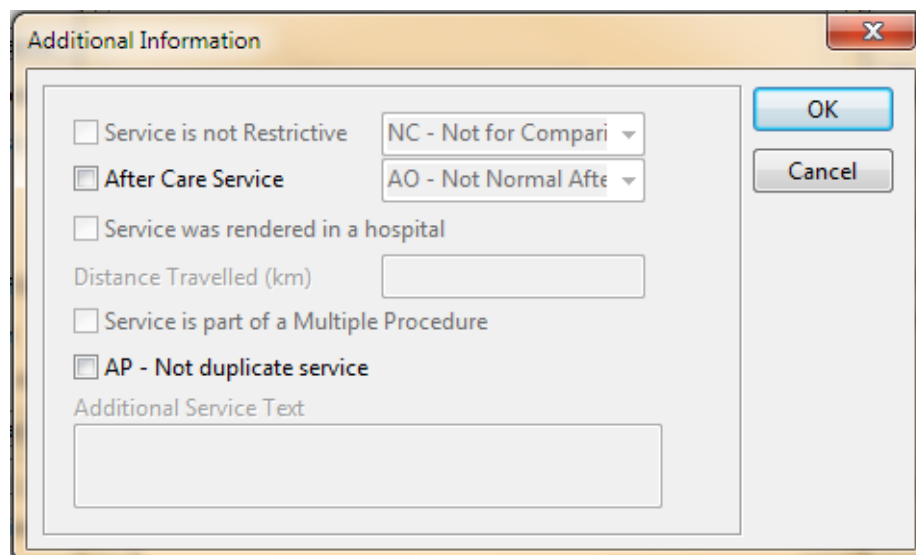
Patient Name: Christopher Ashley
Gender: Male
Medicare No: 4950-15996-1 1 Verify

Items to Claim

Item Code	Description	Charge	
▶ 10960	Medicare Physiotherapy Con	\$62.25	...

Cancel Help << Back Next >>

The first page displays patient information and a list of the items to be claimed through Medicare. Clicking on the  button allows additional information to be entered about the claim.



Additional Information

☐ Service is not Restrictive NC - Not for Compari ▾

☒ After Care Service AO - Not Normal Afte ▾

☐ Service was rendered in a hospital

Distance Travelled (km)

☐ Service is part of a Multiple Procedure

☒ AP - Not duplicate service

Additional Service Text

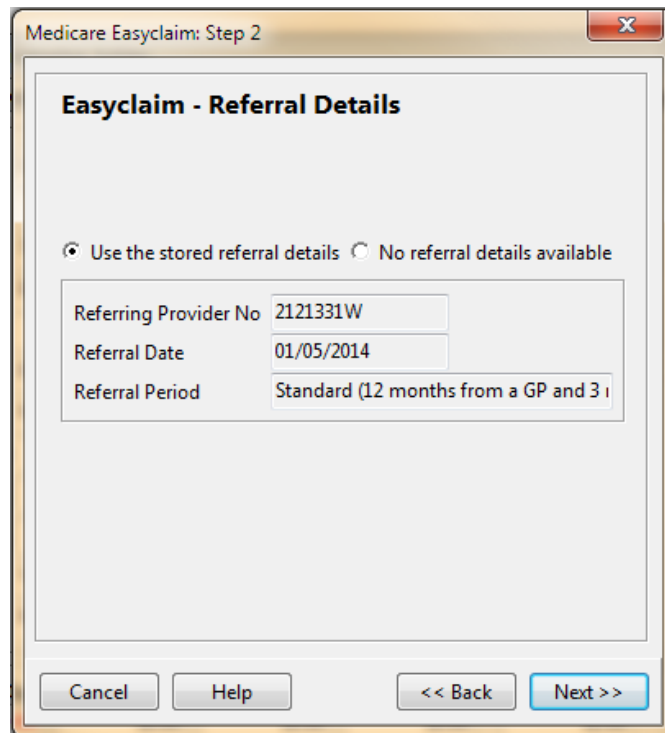
OK Cancel

Select any relevant options and click **OK** to return to the Wizard.

Click **Next** to continue to the next page.

MEDICARE EASYCLAIM INTEGRATION

Patient Claiming from Receipt



Medicare Easyclaim: Step 2

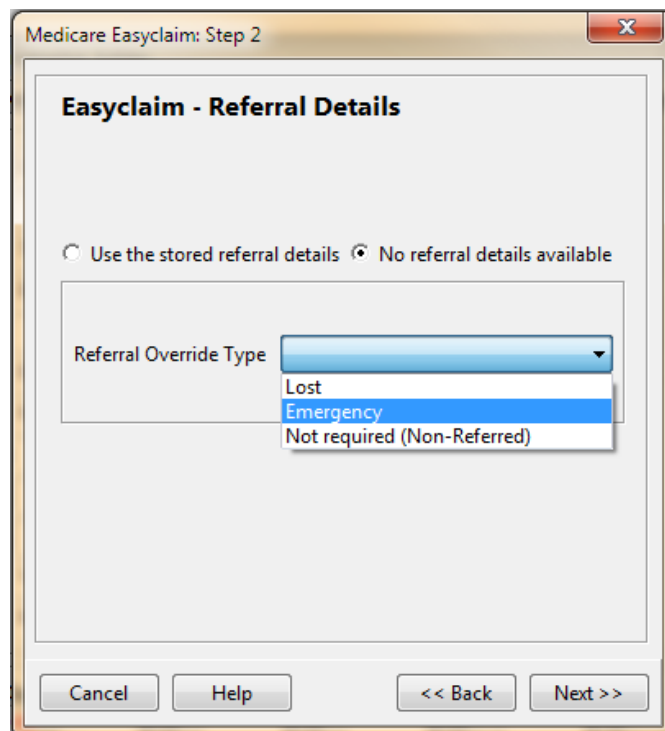
Easyclaim - Referral Details

☒ Use the stored referral details ☐ No referral details available

Referring Provider No	2121331W
Referral Date	01/05/2014
Referral Period	Standard (12 months from a GP and 3 months from a specialist)

Cancel Help << Back Next >>

The **Easyclaim - Referral Details** page is displayed. If referral details were entered for the patient these will be displayed here. If there are no referral details then the **No referral details available** option will be selected, and a reason must be selected from the list.



Medicare Easyclaim: Step 2

Easyclaim - Referral Details

☐ Use the stored referral details ☒ No referral details available

Referral Override Type

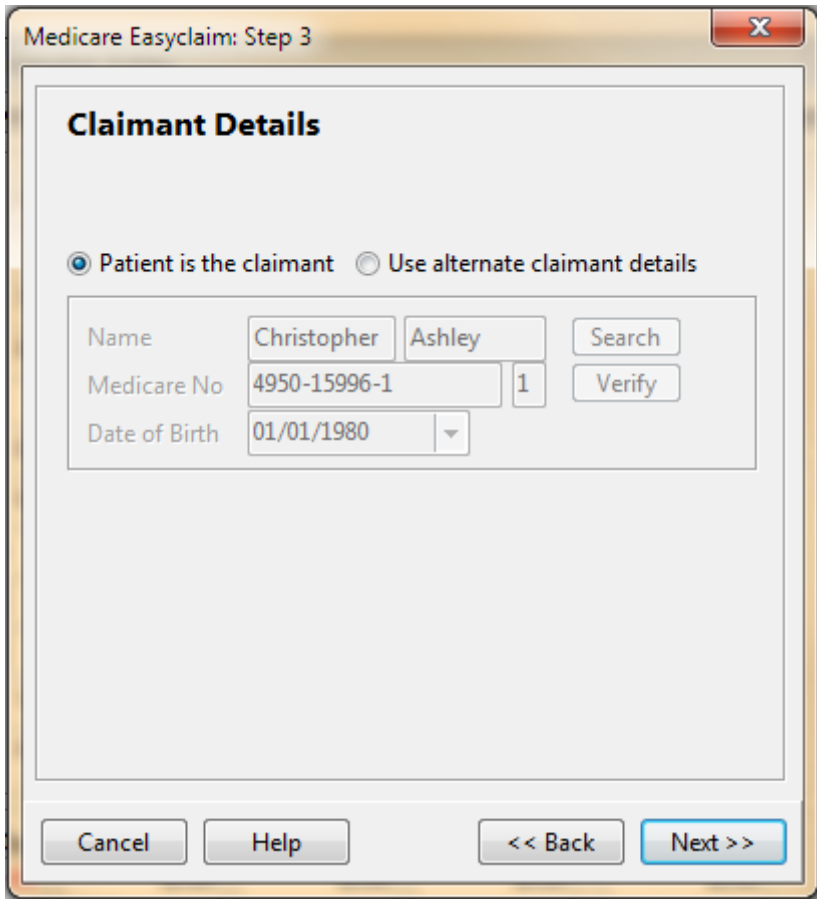
- Lost
- Emergency
- Not required (Non-Referred)

Cancel Help << Back Next >>

MEDICARE EASYCLAIM INTEGRATION

Patient Claiming from Receipt

Click **Next** to continue to the next page.



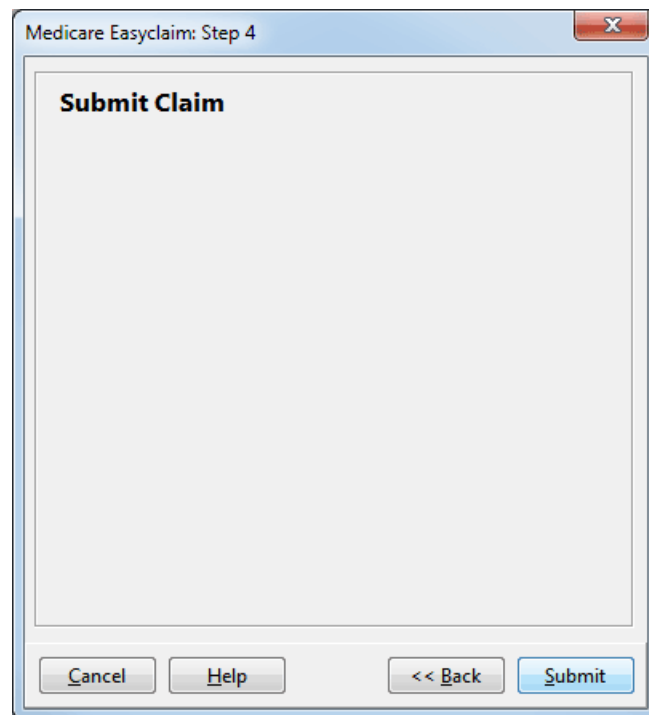
The image shows a software window titled "Medicare Easyclaim: Step 3". Inside the window, under the heading "Claimant Details", there are two radio buttons: "Patient is the claimant" (which is selected) and "Use alternate claimant details". Below these are input fields for "Name" (containing "Christopher" and "Ashley"), "Medicare No" (containing "4950-15996-1" and "1"), and "Date of Birth" (containing "01/01/1980" and a dropdown arrow). To the right of the "Name" field is a "Search" button, and to the right of the "Medicare No" field is a "Verify" button. At the bottom of the window are four buttons: "Cancel", "Help", "<< Back", and "Next >>".

The next page allows **Claimant Details** to be entered. If the patient will not be the one claiming the rebate from Medicare, select **Use alternate claimant details**. This will automatically display claimant details if they have been entered on the patient's file, or it will allow users to search for a claimant. This option would typically be used in the case where a child is the patient, and the rebate will be sent to a parent.

Click **Next** to continue to the next page.

MEDICARE EASYCLAIM INTEGRATION

Patient Claiming from Receipt

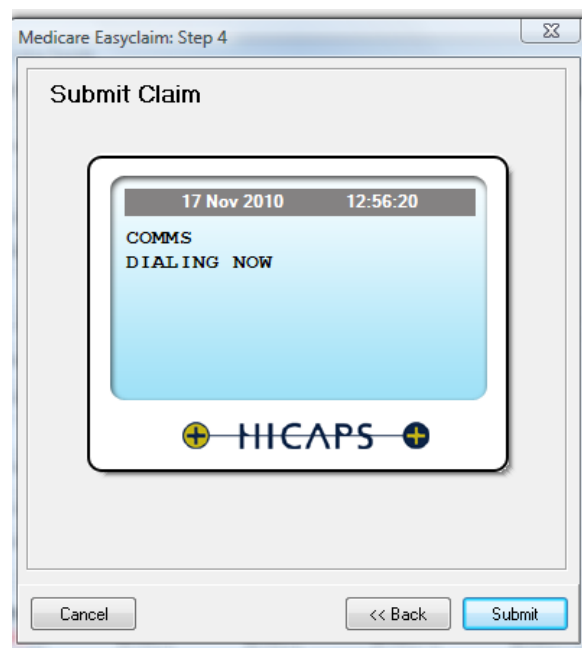


Click **Submit** to send the claim to the terminal.

HICAPS

If a Medicare number has not been entered, the patient will be asked to swipe their Medicare card.

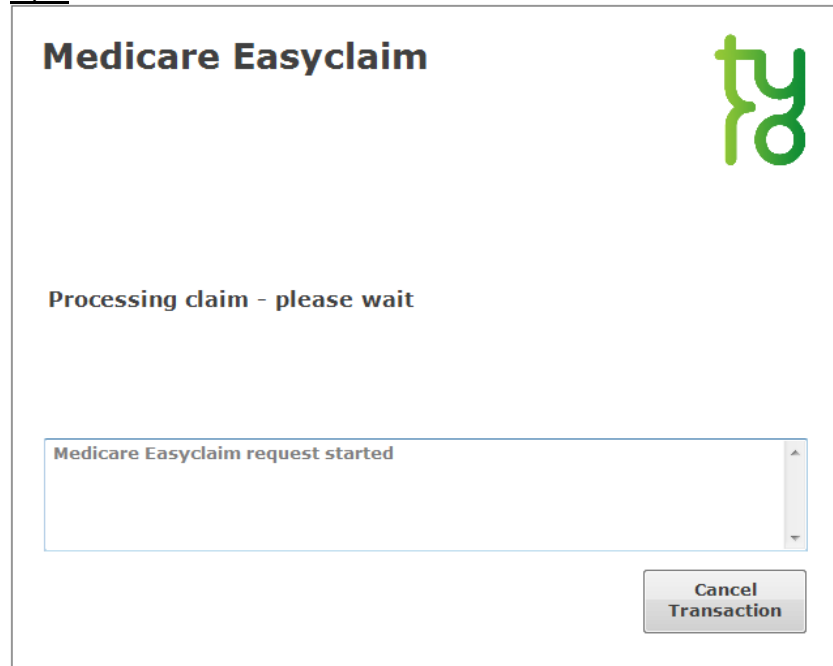
Follow the prompts on the terminal (also displayed on the screen).



MEDICARE EASYCLAIM INTEGRATION

Patient Claiming from Receipt

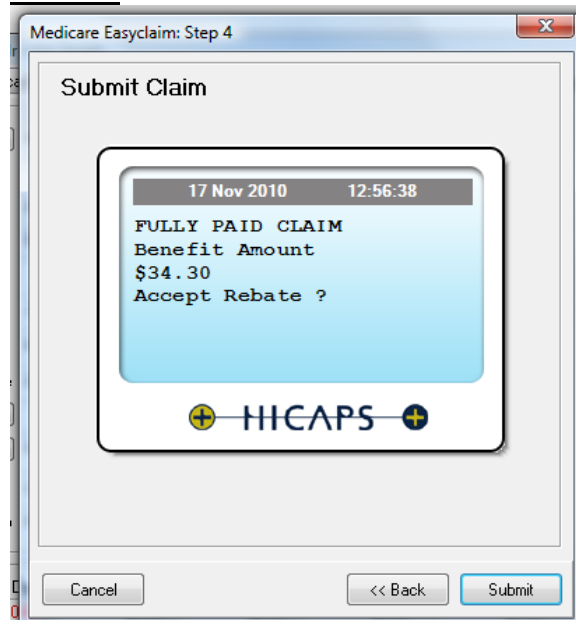
Tyro



The Tyro Medicare Easyclaim interface is a web-based window. At the top left, it says "Medicare Easyclaim" in bold. At the top right is the Tyro logo, which consists of the letters "ty" in a stylized green font. Below the title, it says "Processing claim - please wait". In the center, there is a large rectangular box with a light blue border and a light blue background. Inside this box, the text "Medicare Easyclaim request started" is displayed. At the bottom right of the window, there is a button labeled "Cancel Transaction".

All Medicare Easyclaim claims submitted using the Receipt function will be **Fully Paid** claims, meaning the rebate will be paid to the patient.

HICAPS



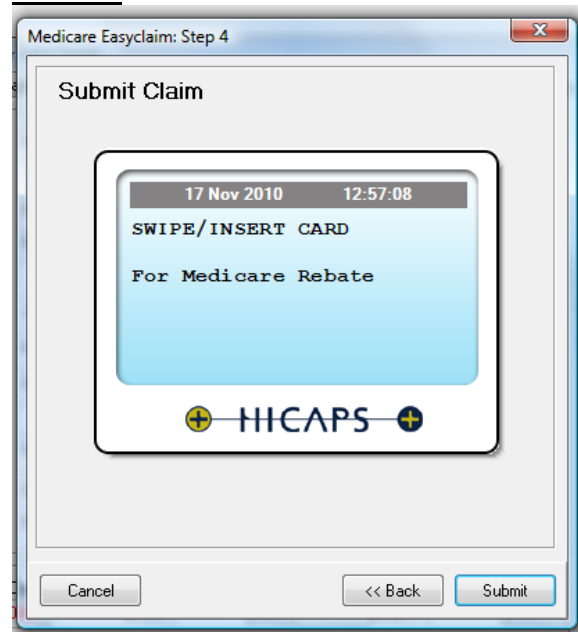
The HICAPS Medicare Easyclaim: Step 4 window is a software dialog box. The title bar says "Medicare Easyclaim: Step 4". The main area is titled "Submit Claim". In the center, there is a smaller window with a light blue background. This inner window has a header bar with the date "17 Nov 2010" and time "12:56:38". Below the header, it says "FULLY PAID CLAIM". Underneath, it lists "Benefit Amount" as "\$34.30" and "Accept Rebate ?". At the bottom of this inner window is the HICAPS logo, which features a yellow circle with a plus sign, the word "HICAPS" in blue, and another yellow circle with a plus sign. At the bottom of the main window, there are three buttons: "Cancel", "<< Back", and "Submit".

MEDICARE EASYCLAIM INTEGRATION

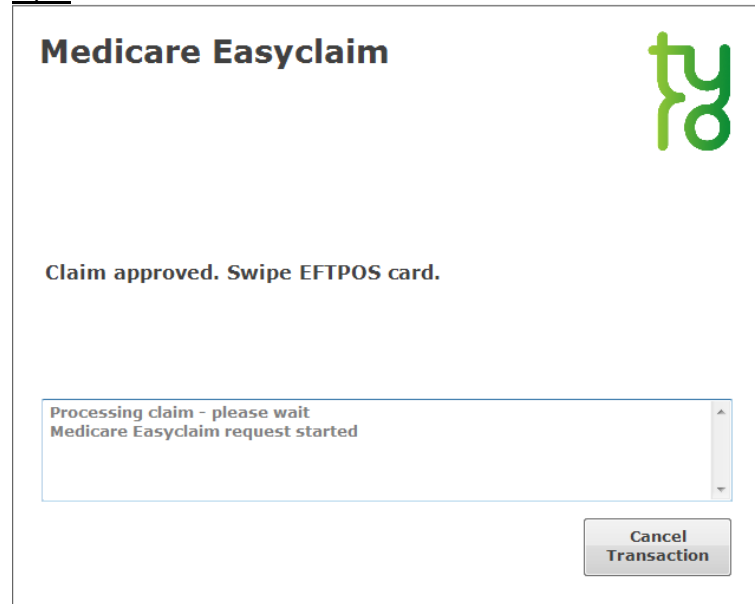
Patient Claiming from Receipt

If the claim is successful the patient will be asked to swipe or insert their EFTPOS card so that the rebate can be paid to their EFTPOS account.

HICAPS



Tyro

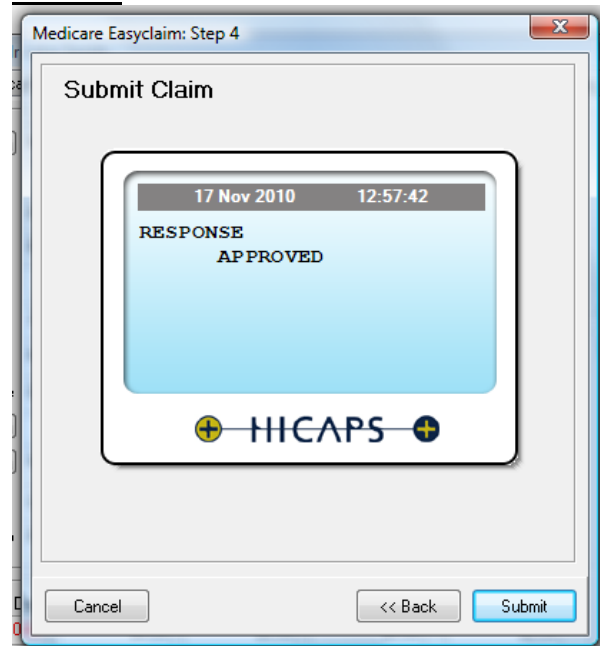


Follow the prompts on the terminal to accept the rebate payment.

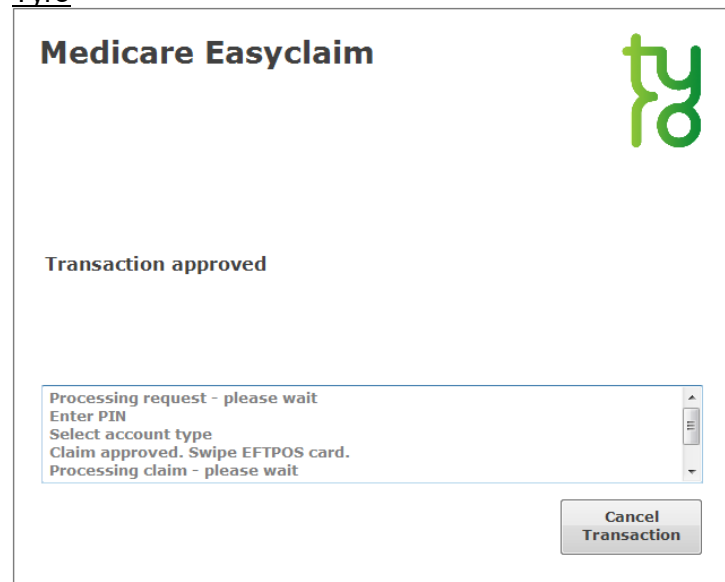
MEDICARE EASYCLAIM INTEGRATION

Patient Claiming from Receipt

HICAPS



Tyro

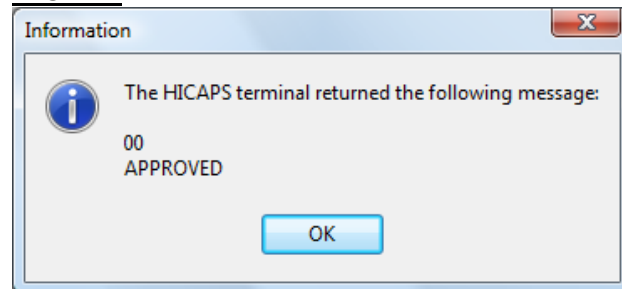


MEDICARE EASYCLAIM INTEGRATION

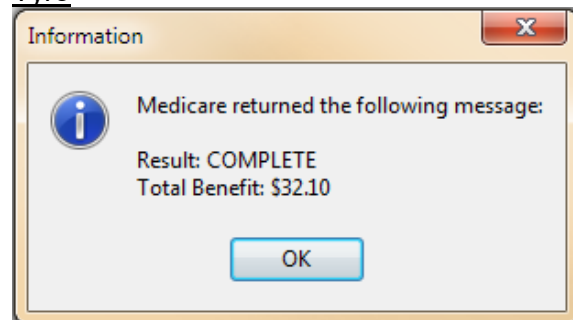
Patient Claiming from Receipt

If the claim is approved, the following message will be displayed.

HICAPS

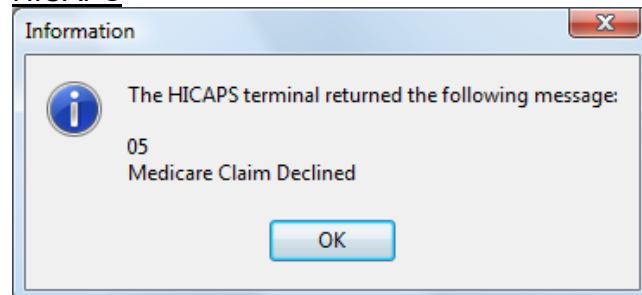


Tyro

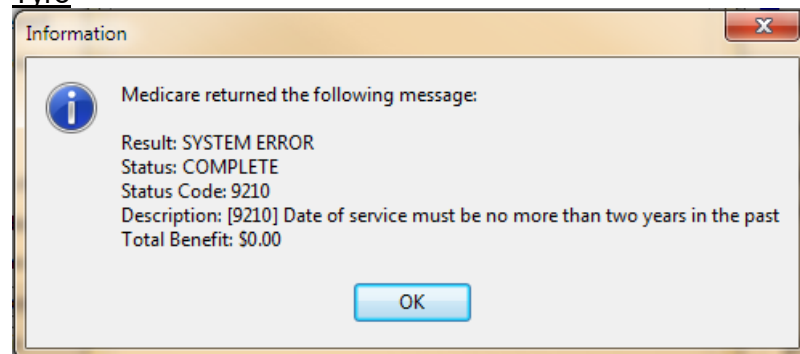


Declined claims will display a code and description, returned by the terminal.

HICAPS



Tyro

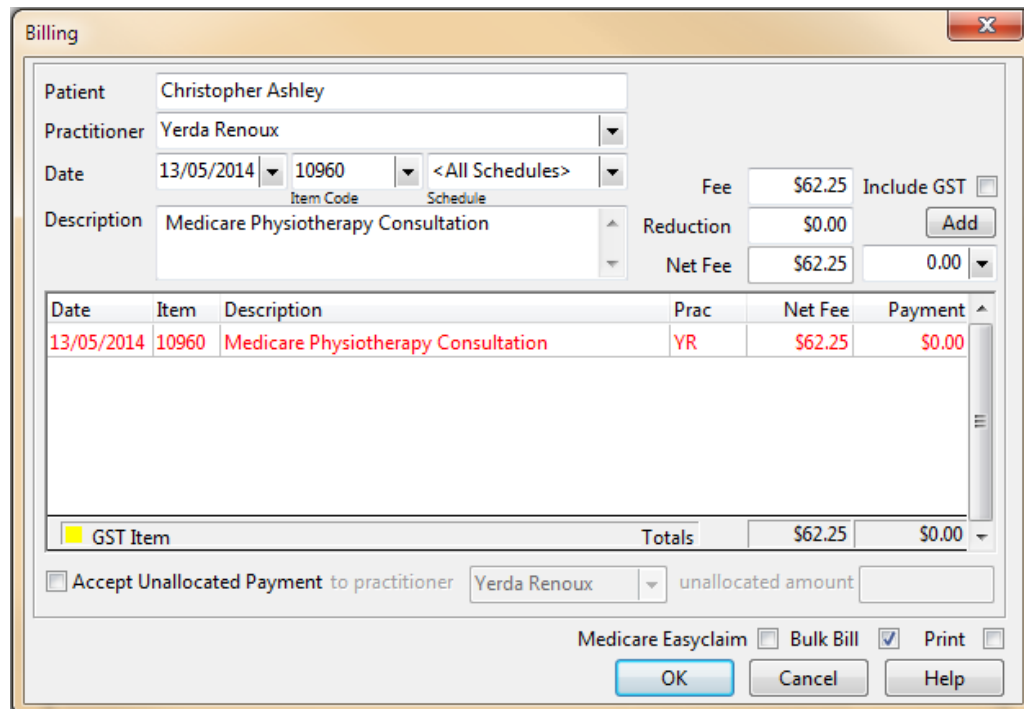


Front Desk 2018 - Note

All Medicare Easyclaim receipts will be printed through the HICAPS terminal.

MEDICARE EASYCLAIM INTEGRATION

Bulk Bill from Billing



The Billing window displays patient and practitioner information, a list of items to bill, and a summary table. The patient is Christopher Ashley, and the practitioner is Yelda Renoux. The date is 13/05/2014, and the item code is 10960. The description is Medicare Physiotherapy Consultation. The fee is \$62.25, and the net fee is \$62.25. The summary table shows a total of \$62.25 and a payment of \$0.00. The Bulk Bill option is checked.

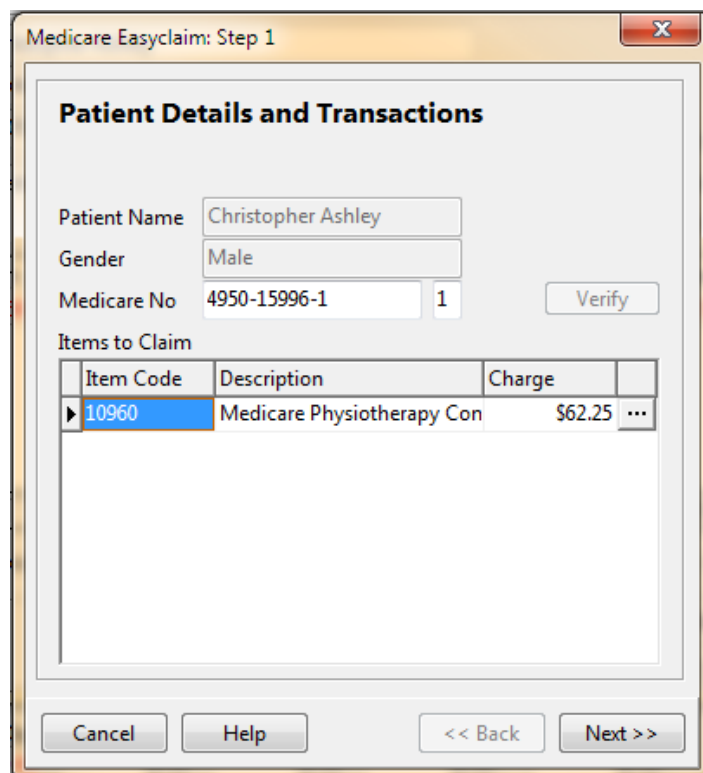
Date	Item	Description	Prac	Net Fee	Payment
13/05/2014	10960	Medicare Physiotherapy Consultation	YR	\$62.25	\$0.00

Totals		Net Fee	Payment
		\$62.25	\$0.00

Check the **Bulk Bill** option.

Note: this option is only available when no payment has been made.

Click **OK**. The **Medicare Easyclaim Wizard** will be displayed.



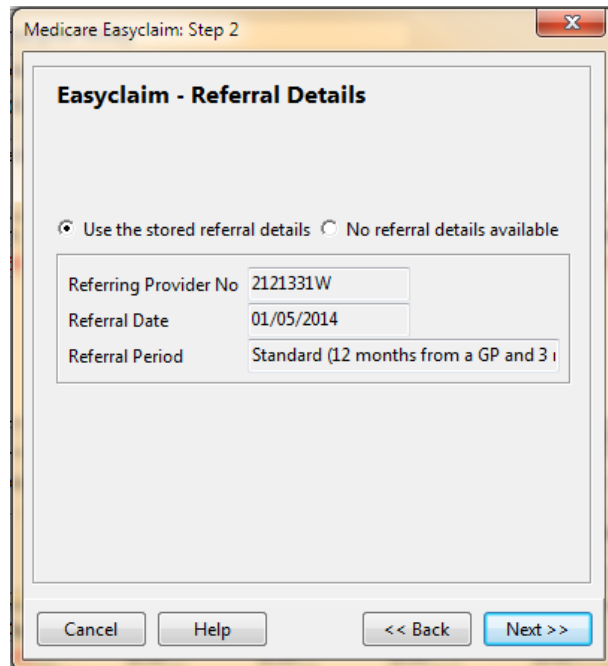
The Medicare Easyclaim: Step 1 window displays patient details and transactions. The patient name is Christopher Ashley, gender is Male, and Medicare No is 4950-15996-1. The item to claim is 10960, Medicare Physiotherapy Con, with a charge of \$62.25. The window includes buttons for Cancel, Help, << Back, and Next >>.

Item Code	Description	Charge
10960	Medicare Physiotherapy Con	\$62.25

MEDICARE EASYCLAIM INTEGRATION

Bulk Bill from Billing

Click **Next** to continue.

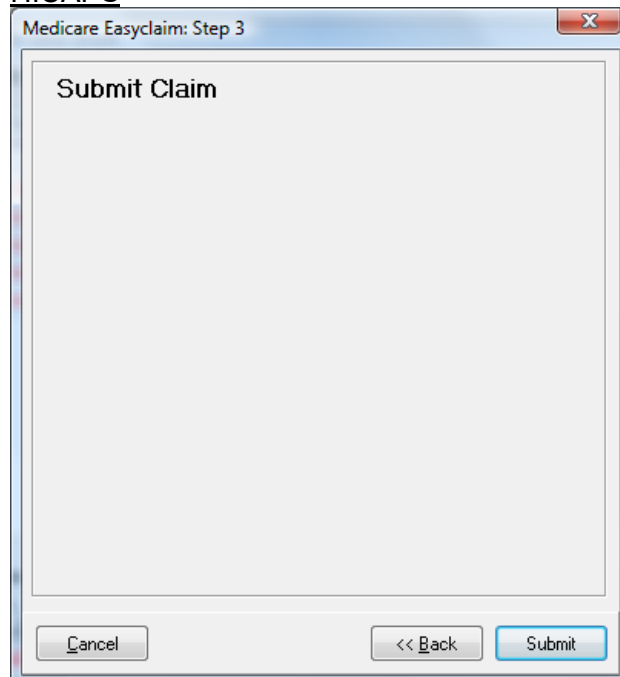


The dialog box is titled "Medicare Easyclaim: Step 2". It contains a section titled "Easyclaim - Referral Details". Inside this section, there are two radio buttons: "Use the stored referral details" (which is selected) and "No referral details available". Below the radio buttons, there are three text input fields: "Referring Provider No" with the value "2121331W", "Referral Date" with the value "01/05/2014", and "Referral Period" with the value "Standard (12 months from a GP and 3 i". At the bottom of the dialog box, there are four buttons: "Cancel", "Help", "<< Back", and "Next >>".

The **Easyclaim - Referral Details** page is displayed.

Click **Next** to continue. The **Submit Claim** page is displayed.

HICAPS

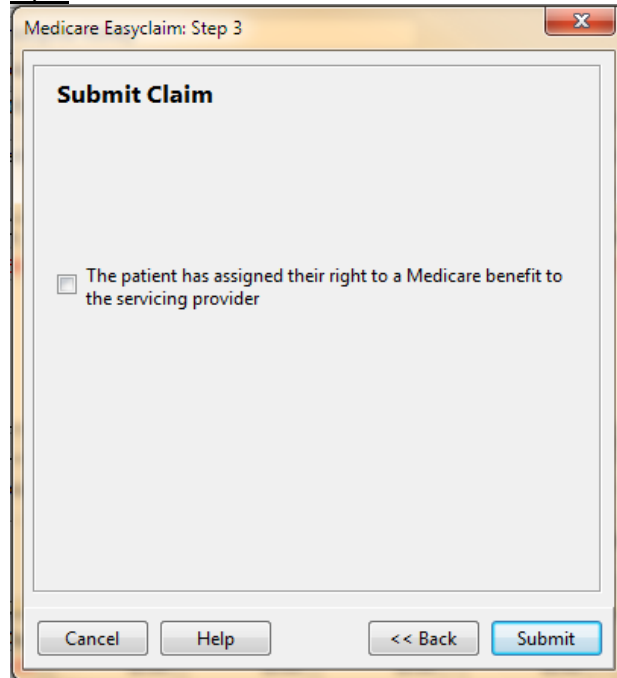


The dialog box is titled "Medicare Easyclaim: Step 3". It contains a section titled "Submit Claim". Below this section, there is a large empty text area. At the bottom of the dialog box, there are three buttons: "Cancel", "<< Back", and "Submit".

MEDICARE EASYCLAIM INTEGRATION

Bulk Bill from Billing

Tyro



The image shows a software dialog box titled "Medicare Easyclaim: Step 3". Inside the dialog, there is a section titled "Submit Claim". Below this title, there is a checkbox with the text "The patient has assigned their right to a Medicare benefit to the servicing provider". At the bottom of the dialog, there are four buttons: "Cancel", "Help", "<< Back", and "Submit".

If the patient has assigned their right to benefit before seeing the practitioner, check **The patient has assigned their right to a Medicare benefit to the servicing provider**. This is used in practices where the patient signs for the claim prior to their appointment and does not return to reception afterwards.

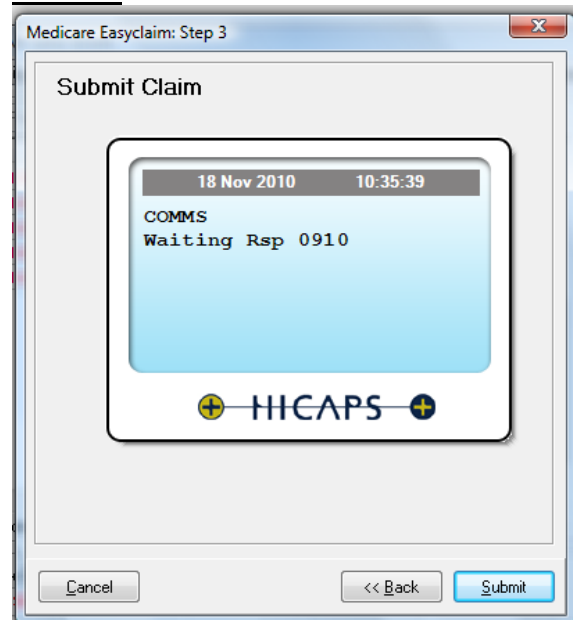
MEDICARE EASYCLAIM INTEGRATION

Bulk Bill from Billing

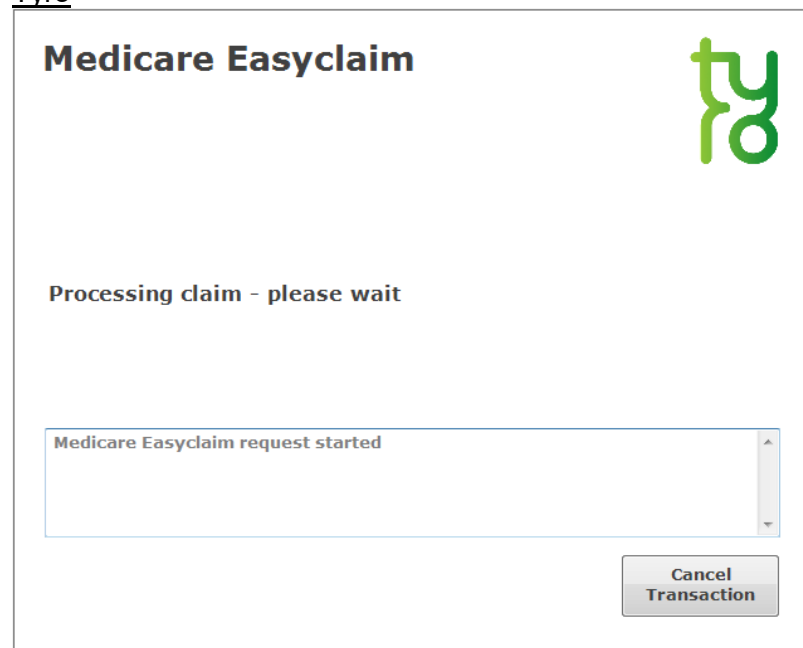
Click **Submit** to send the claim to the terminal.

Follow the prompts on the terminal. These will also be displayed on your screen.

HICAPS



Tyro

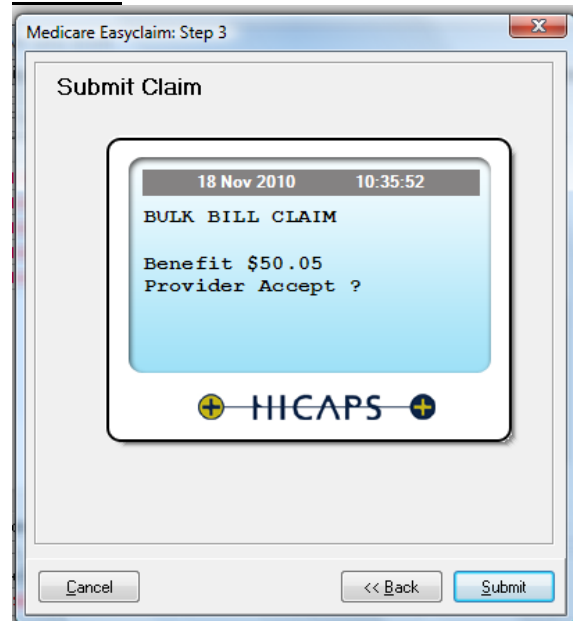


MEDICARE EASYCLAIM INTEGRATION


Bulk Bill from Billing

If the bulk bill claim has been approved, the provider will be asked if they wish to accept the benefit.


HICAPS



Tyro

Medicare Easyclaim

Do you accept the claim for \$52.95



Processing claim - please wait
Medicare Easyclaim request started


MEDICARE EASYCLAIM INTEGRATION

Bulk Bill from Billing

Tyro

If the patient hasn't previously assigned their right to benefit, the following question will be displayed.

Medicare Easyclaim




Do you assign your right to benefit?

Answer accepted
Do you accept the claim for \$52.95
Processing claim - please wait
Medicare Easyclaim request started

Cancel Transaction

Once complete, the user will be asked if they would like to print a copy of the receipt.


Medicare Easyclaim



CLAIM SUBMITTED. Print practitioner copy?

YES (1)

NO (2)



Do you assign your right to benefit?
Answer accepted
Do you accept the claim for \$52.95
Processing claim - please wait
Medicare Easyclaim request started

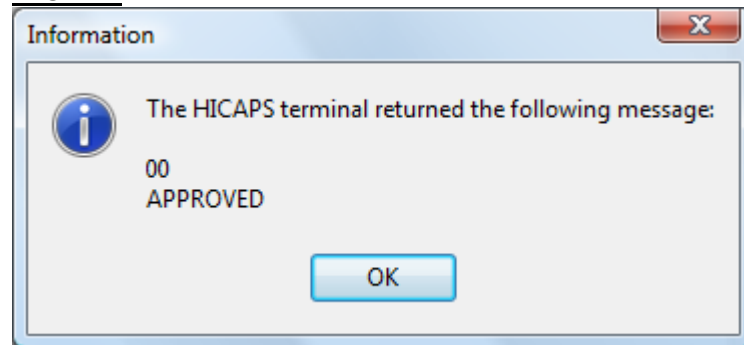
Cancel Transaction

MEDICARE EASYCLAIM INTEGRATION

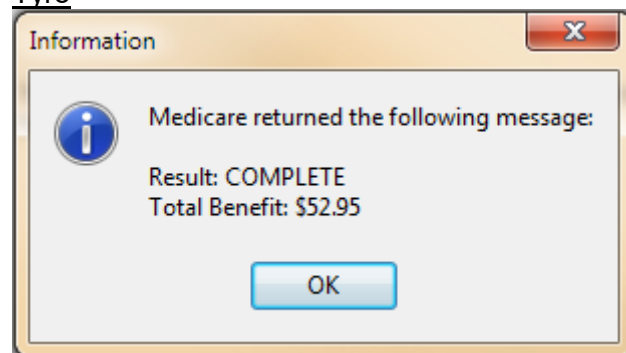
Bulk Bill from Billing

The following message will then be displayed.

HICAPS

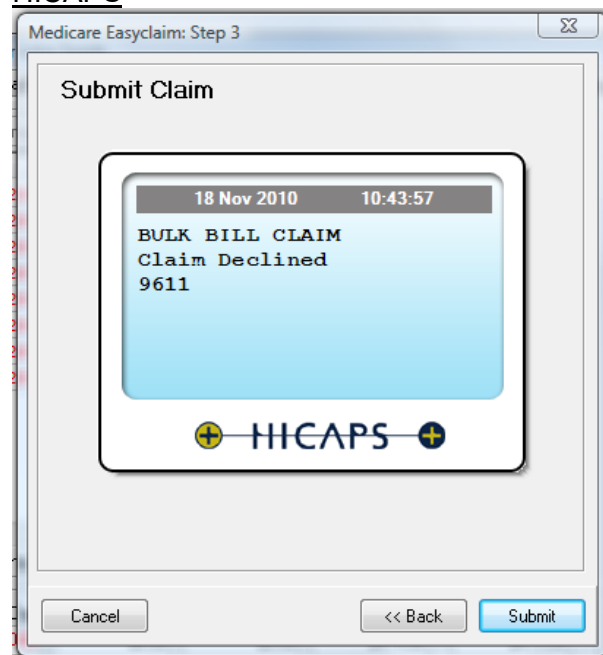


Tyro



If the bulk bill claim is declined, the following messages (or similar) will be displayed.

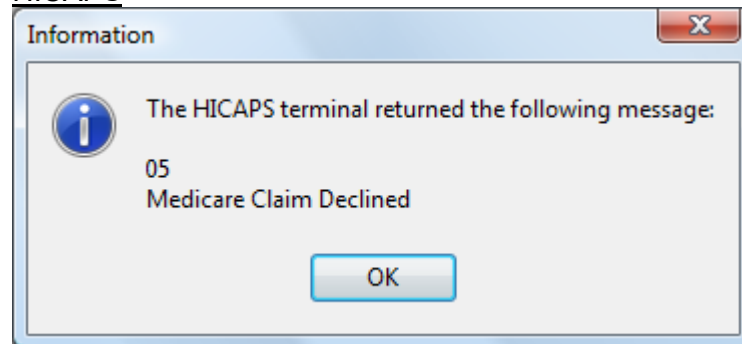
HICAPS



MEDICARE EASYCLAIM INTEGRATION

Bulk Bill from Billing

HICAPS



Tyro

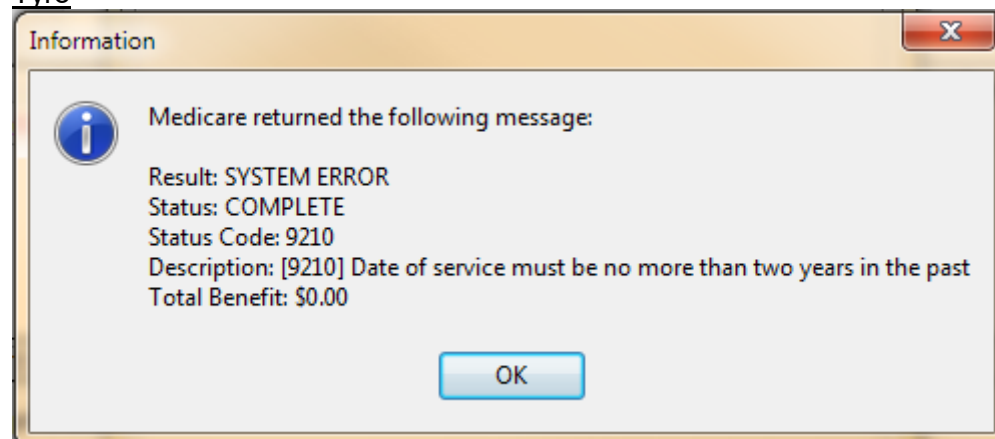
Medicare Easyclaim

CLAIM DECLINED. Print patient copy?



Processing claim - please wait
Medicare Easyclaim request started

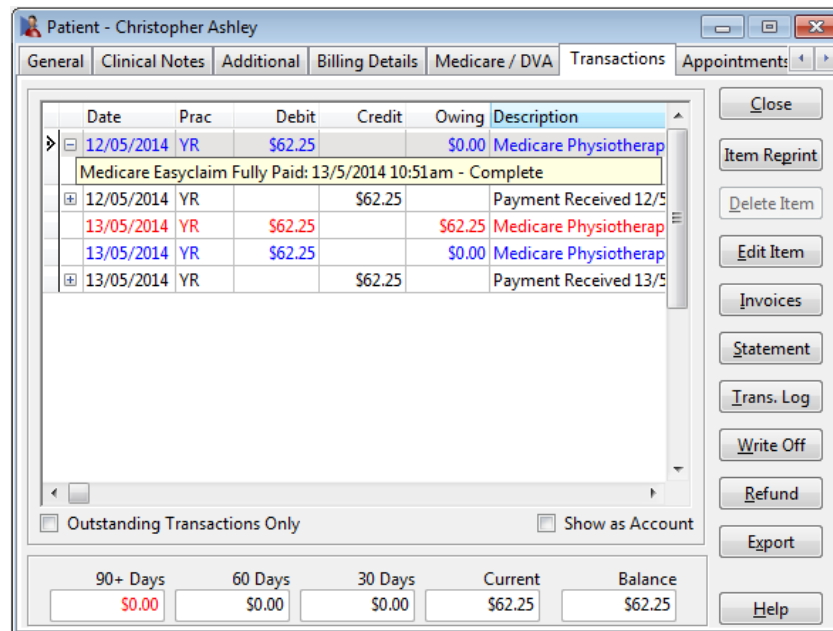
Tyro



MEDICARE EASYCLAIM INTEGRATION

Patient Transactions

Go to the **Transactions** tab on the patient's file.



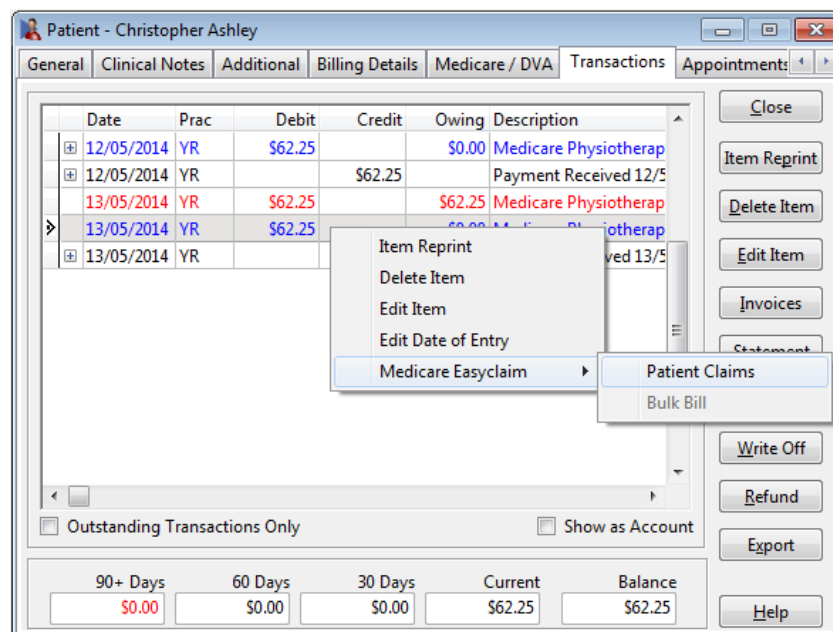
Date	Prac	Debit	Credit	Owing	Description
12/05/2014	YR	\$62.25		\$0.00	Medicare Physiotherap
Medicare Easyclaim Fully Paid: 13/5/2014 10:51am - Complete					
12/05/2014	YR		\$62.25		Payment Received 12/5
13/05/2014	YR	\$62.25		\$62.25	Medicare Physiotherap
13/05/2014	YR	\$62.25		\$0.00	Medicare Physiotherap
13/05/2014	YR		\$62.25		Payment Received 13/5

Outstanding Transactions Only ☐ Show as Account ☐

90+ Days	60 Days	30 Days	Current	Balance
\$0.00	\$0.00	\$0.00	\$62.25	\$62.25

Buttons: Close, Item Reprint, Delete Item, Edit Item, Invoices, Statement, Trans. Log, Write Off, Refund, Export, Help

Click on the plus + symbol next to a billed item to see details of the Medicare claim.



Date	Prac	Debit	Credit	Owing	Description
12/05/2014	YR	\$62.25		\$0.00	Medicare Physiotherap
12/05/2014	YR		\$62.25		Payment Received 12/5
13/05/2014	YR	\$62.25		\$62.25	Medicare Physiotherap
13/05/2014	YR	\$62.25		\$0.00	Medicare Physiotherap
13/05/2014	YR				Payment Received 13/5

Outstanding Transactions Only ☐ Show as Account ☐

90+ Days	60 Days	30 Days	Current	Balance
\$0.00	\$0.00	\$0.00	\$62.25	\$62.25

Buttons: Close, Item Reprint, Delete Item, Edit Item, Invoices, Statement, Write Off, Refund, Export, Help

Context Menu Options:

- Item Reprint
- Delete Item
- Edit Item
- Edit Date of Entry
- Medicare Easyclaim
- Patient Claims
- Bulk Bill

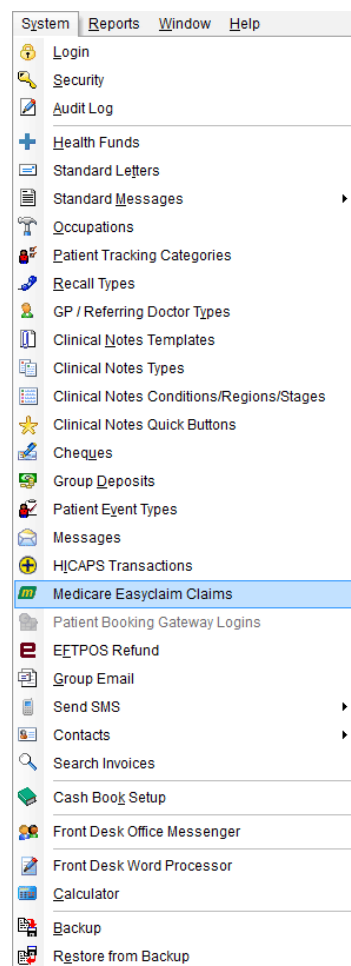
To submit an unclaimed item to Medicare, right-click on a billed item, select **Medicare Easyclaim**, then **Patient Claims** or **Bulk Bill**.

Note: the Bulk Bill option is only available when no payment has been made.

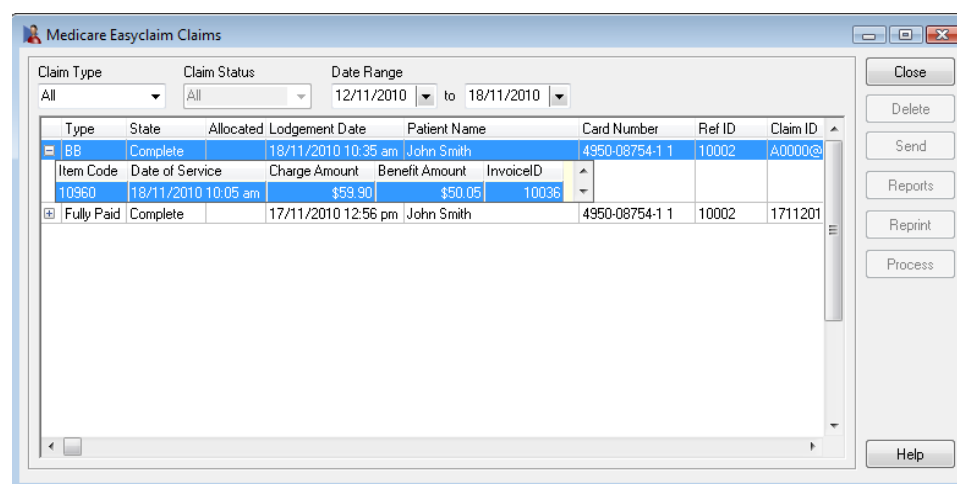
MEDICARE EASYCLAIM INTEGRATION

Viewing Previous Transactions

Select **Medicare Easyclaim Claims** from the **System** menu.



The following window will be displayed.



All Medicare Easyclaim claims processed in the last week will be displayed. This list can be filtered by **Claim Type** (e.g. Bulk Bill, Fully Paid, etc), and **Date Range**. Click on the plus + symbol next to a claim for more details.

MAILCHIMP INTEGRATION



About MailChimp

MailChimp is an online email marketing solution to manage contacts, send emails and track results.

Front Desk's MailChimp integration allows you to upload your client list to MailChimp, and keep it in sync with changes to Front Desk patient files. Front Desk also allows you to produce subgroups of this list (called segments) by using the standard Front Desk reports. The topics on this page should be used in conjunction with MailChimp's documentation.

The topics below assume you already have a MailChimp account, and some prior knowledge of MailChimp.



Create a List in MailChimp

Log in to your MailChimp account, select **Lists**, and click the **Create List** button. A new list must be created that will contain only your Front Desk client list.

Create List

Enter the required details for your list, and click **Save**.

Lists

Create List

List details

List name

Front Desk Patient List

Default "from" email

frontdesk@smartsoft.com.au

Default "from" name

Smartsoft

Your MailChimp list is now ready for you to upload your client list.

MAILCHIMP INTEGRATION



Enable MailChimp Integration and Upload your Client List

First you must get your API key from MailChimp. Go to your account details, select **Extras**, and **API keys**.

Account

Smartsoft (Australia) Pty Ltd

Account settings ▾ Billing ▾ Extras ▾ Integrations Rewards ▾

API keys

If you don't already have an API Key listed, click **Create a Key**. Otherwise, highlight and copy your **API Key**.

Your API keys

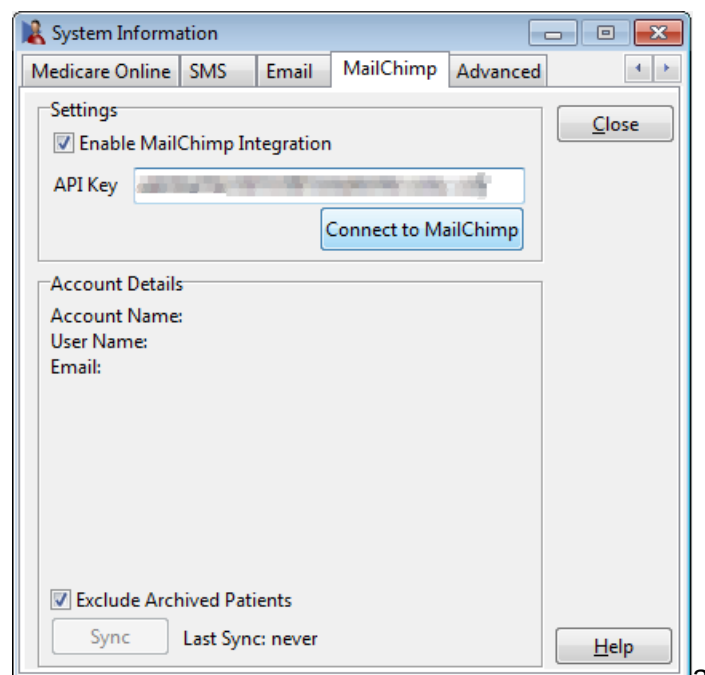
API keys provide full access to your MailChimp account, so keep them like a secret.

[Tips on keeping API keys safe.](#)

[Mandrill API Keys.](#)

Created	User	Label	API Key	QR Code
09 Dec 2014 12:13 pm		none set		QR

In Front Desk, go to the **MailChimp** tab in **System Information**. Tick **Enable MailChimp Integration** and paste your MailChimp **API Key**. Then click **Connect to MailChimp**.

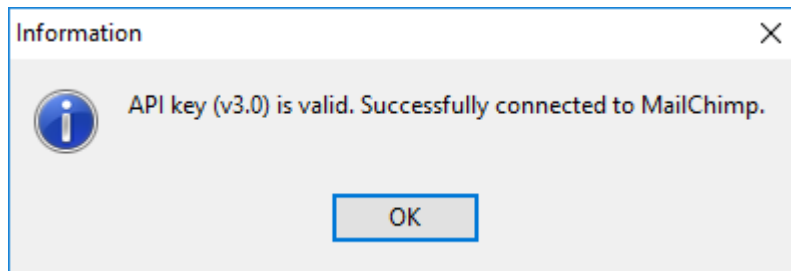


MAILCHIMP INTEGRATION



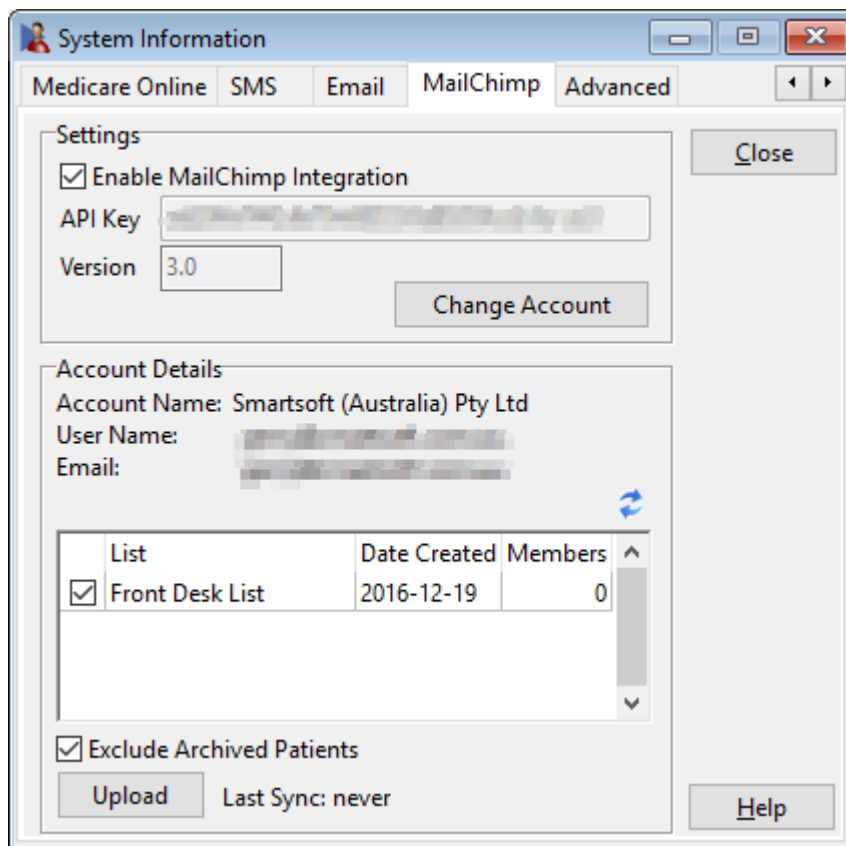
Enable MailChimp Integration and Upload your Client List

If successful, the following message will be displayed.



The details of your account will be displayed to you, along with your MailChimp lists. If you have not yet created a list, please do so now.

By default, archived patients will be excluded from the MailChimp sync, but if you want to include them, untick **Exclude Archived Patients**. Select your list, and click **Upload**.

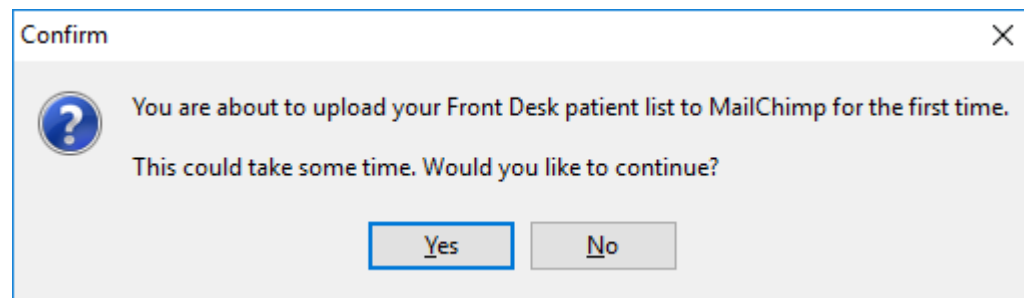


MAILCHIMP INTEGRATION



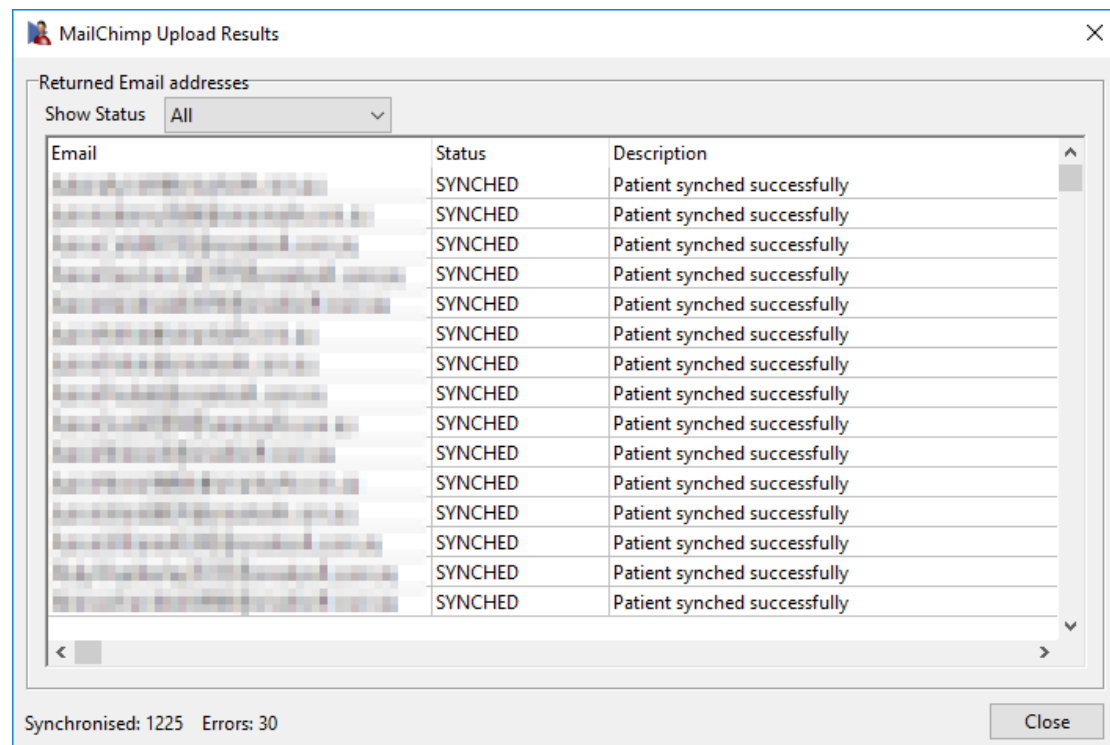
Enable MailChimp Integration and Upload your Client List

Click **Yes** to the confirmation message that will be displayed.



If your client list is large, a progress window will be displayed, which can be cancelled at any time. If you decide to cancel, the sync can be resumed later.

Once complete, the results of the sync will be displayed. This lists successful additions, along with any errors that have occurred. Click **Close**.



MAILCHIMP INTEGRATION



Enable MailChimp Integration and Upload your Client List

Your list **Members** should have been updated to reflect your new list size. The **Last Sync** date will also have been updated.

System Information

Medicare Online SMS Email MailChimp Advanced

Settings

☒ Enable MailChimp Integration

API Key [Redacted]

Version 3.0

Change Account

Close

Account Details

Account Name: Smartsoft (Australia) Pty Ltd

User Name: [Redacted]

Email: [Redacted]

List	Date Created	Members
<input checked="" type="checkbox"/> Front Desk List	2016-12-19	1234

☒ Exclude Archived Patients

Sync Last Sync: 23 February 2017 3:08pm

Help

MAILCHIMP INTEGRATION

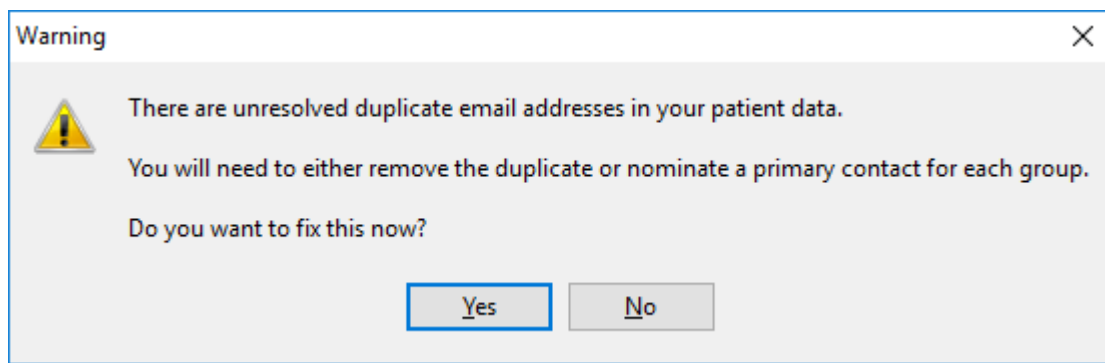


Resolving Duplicate Email Addresses

MailChimp doesn't allow more than one subscriber with the same email address, so before each MailChimp sync *Front Desk* will check your clients for duplicate email addresses. For each duplicate email address you must select a primary contact.

The primary contact will be the one whose details are included in the MailChimp sync. These are the details that will be included in any MailChimp campaigns, should you choose to personalise them by using list fields / merge tags. For example, if you have several members of a family in your client list, all of whom share an email address, one of those people will need to be selected before they will be synced to MailChimp.

After clicking **Upload** or **Sync**, or before adding patients to a segment, you may see the following message.

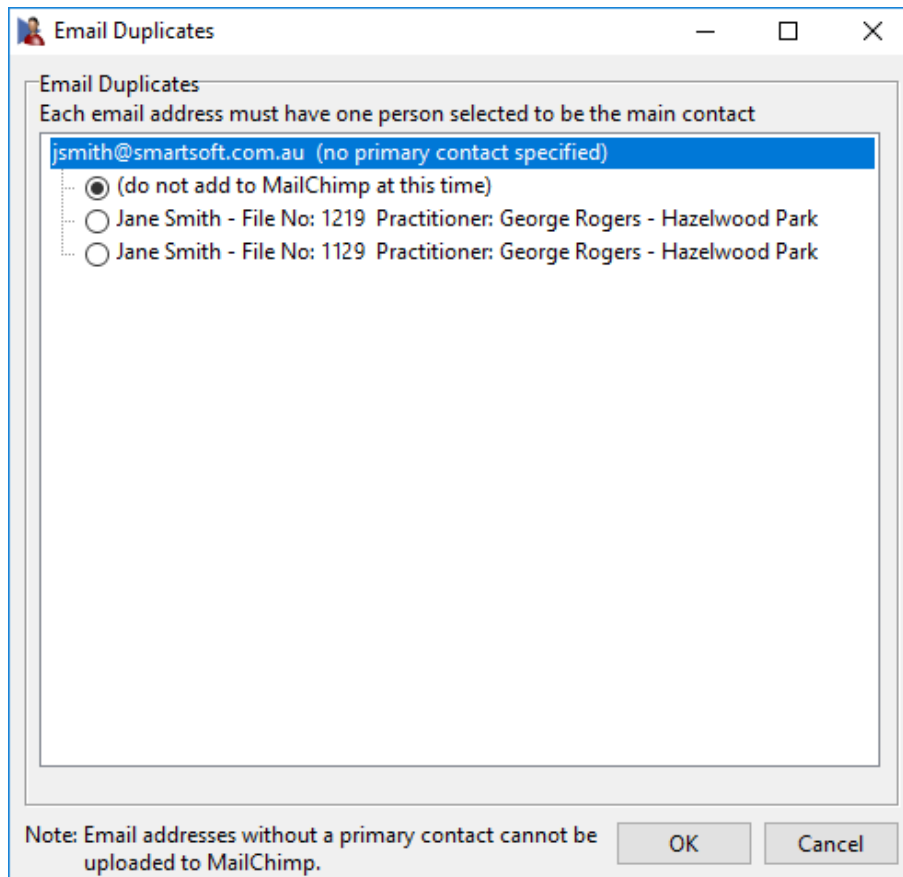


You will be presented with a list of any patients with duplicate email addresses. For each one you can choose to do nothing (in which case they will not be uploaded to MailChimp), or select a primary contact.

MAILCHIMP INTEGRATION



Resolving Duplicate Email Addresses



Email Duplicates

Each email address must have one person selected to be the main contact

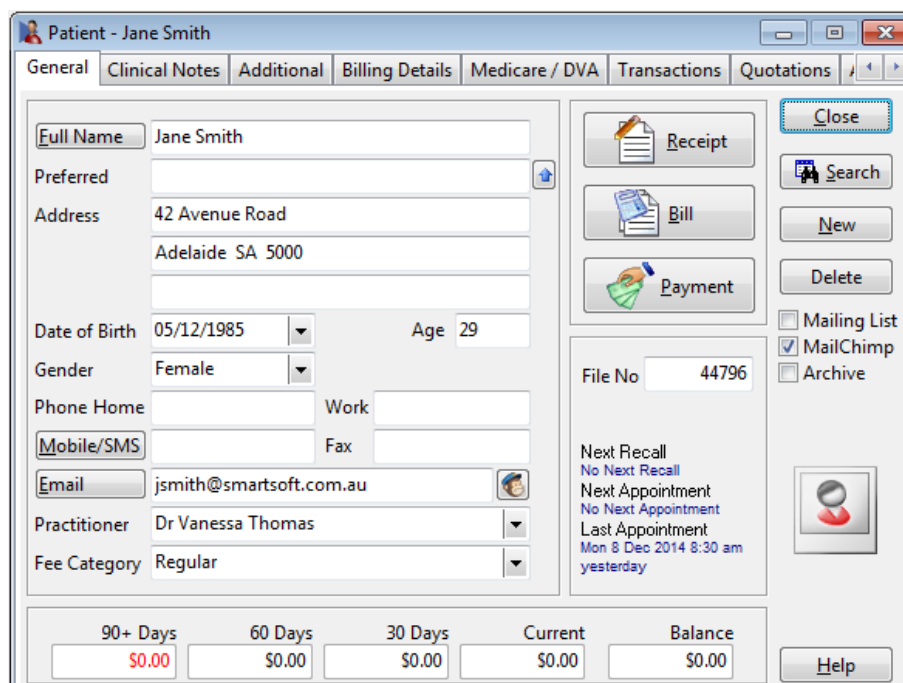
jsmith@smartsoft.com.au (no primary contact specified)

- ☒ (do not add to MailChimp at this time)
- ☐ Jane Smith - File No: 1219 Practitioner: George Rogers - Hazelwood Park
- ☐ Jane Smith - File No: 1129 Practitioner: George Rogers - Hazelwood Park

Note: Email addresses without a primary contact cannot be uploaded to MailChimp.

OK Cancel

If you need to change the primary contact for a patient you can do this using the **MailChimp** button, situated next to the **Email** field on patient files which have a duplicate email address.



Patient - Jane Smith

General Clinical Notes Additional Billing Details Medicare / DVA Transactions Quotations

Full Name: Jane Smith

Preferred: [button]

Address: 42 Avenue Road
Adelaide SA 5000

Date of Birth: 05/12/1985 Age: 29

Gender: Female

Phone Home: Work: Mobile/SMS: Fax:

Email: jsmith@smartsoft.com.au [button]

Practitioner: Dr Vanessa Thomas

Fee Category: Regular

File No: 44796

Next Recall: No Next Recall
Next Appointment: No Next Appointment
Last Appointment: Mon 8 Dec 2014 8:30 am yesterday

90+ Days: \$0.00 60 Days: \$0.00 30 Days: \$0.00 Current: \$0.00 Balance: \$0.00

Close Search New Delete Mailing List MailChimp Archive Help

MAILCHIMP INTEGRATION



Resolving Duplicate Email Addresses

Note: patients who haven't been chosen to be the primary contact for their email address can't be unsubscribed from MailChimp. You must unsubscribe the primary contact. The **MailChimp** checkbox on these patients will be unavailable.



Unsubscribing

Patients can unsubscribe themselves from your MailChimp list by clicking the unsubscribe link in your email campaigns. Patients unsubscribed in this way cannot be subscribed again using Front Desk.

You can choose to unsubscribe a patient by unticking the **MailChimp** checkbox on the patient's file. The patient will be removed from your MailChimp list at the next sync. At any time you can resubscribe the patient by ticking the **MailChimp** checkbox again.

Patients will be automatically unsubscribed from your list if they are deleted from Front Desk. They will also be unsubscribed if you archive them, and you have chosen to **Exclude Archived Patients**.

MAILCHIMP INTEGRATION



Segments

A segment is a subgroup of your patient list. Segments can be used to target a campaign at a particular section of your patients. Front Desk can create segments easily using its standard reports.

Segments can be created and managed by clicking the **MailChimp** button on the **Recall Patient List**, **Active / Inactive Patients** report, **Birthday List**, **Patient Referrals** report, **Patient List**, and **Events Report**.

The screenshot shows the 'Recall Patient List' window. It has a title bar with a person icon and the text 'Recall Patient List'. The window is divided into several sections. On the left, there's a 'Report Type' section with two radio buttons: 'Patient List' (selected) and 'Mailing Labels'. Below that is a 'Recall Period' section with a 'By Date' checkbox and two date pickers: 'From' (15/12/2014) and 'To' (21/12/2014). Further down is a 'Filter' section with several checkboxes: 'Exclude Archived Patients' (checked), 'By Practice' (unchecked), 'By Recall Type' (unchecked), and 'Patient Tracking' (unchecked). The 'By Practice' section has two options: 'Practice Group' (selected) with a dropdown menu showing 'test', and 'Practitioner' (unchecked) with a dropdown menu showing 'Dr Jonathan Pepper'. The 'By Recall Type' section has a dropdown menu showing 'Appointment'. On the right side of the window, there's a vertical column of buttons: 'Close', 'Print', 'Preview', 'Export', 'Mail Merge', 'Email', 'SMS', 'MailChimp' (highlighted with a blue border), and 'Help'.

If your list contains no segments you will be prompted to enter a **New Segment Name**.

The screenshot shows a 'Segment Name' dialog box. It has a title bar with a person icon and the text 'Segment Name'. The dialog box contains a text input field labeled 'New Segment Name' with the text 'Recall Patient List' entered. To the right of the input field are two buttons: 'OK' and 'Cancel'.

The **MailChimp Segments** window will be displayed. This contains all of your segments. The number of selected patients is displayed at the top.

MAILCHIMP INTEGRATION



Segments

MailChimp Segments

1257 patient(s) selected.

Add these patients to a MailChimp list segment to target them in your campaign.

Select an existing segment, or create a new segment for this list

Segment Name	Members	Date Created	Last Update
Vanessa's Patient List	0	23/02/2017 3:16 pm	23/02/2017 3:16 pm
Recall Patient List	730	23/02/2017 3:16 pm	23/02/2017 3:16 pm
Patient List	0	23/02/2017 3:13 pm	23/02/2017 3:13 pm

Close

Add to Segment

New Segment

Reset

Delete

The "Members" number isn't always updated immediately by MailChimp. It may not be accurate.

You can choose to add the selected patients to one of your current segments, or to create a **New Segment**. Highlight the segment you wish to use, and click **Add to Segment**. You will be asked to confirm before Front Desk continues.

Confirm

?

Add 515 selected patient(s) to this segment? Front Desk will perform a MailChimp sync first.

Yes

No

When complete, Front Desk will display the following message.

Information

i

MailChimp segment update completed.

515 patients were successfully added to the segment.

0 errors occurred.

OK

If any errors occurred, which could happen if trying to add a patient who has been unsubscribed from your list, Front Desk will display a summary of the failed email addresses.

MAILCHIMP INTEGRATION



Segments

You can also use the **MailChimp Segments** window to create a **New Segment**, **Reset** (remove all of the patients from) a segment, or **Delete** a segment.

When creating your campaign on the MailChimp website, you can choose to send to any of the segments created through Front Desk.

To which list shall we send?

☒ **Front Desk Patient List (880 recipients)**

☐ Send to entire list

☒ Send to a saved segment

☐

Recall Patient List ▼

Recall Patient List Patient List

Vanessa's Patient List

☐ Paste emails to build a segment

FRONT DESK MESSENGER FOR iOS / ANDROID

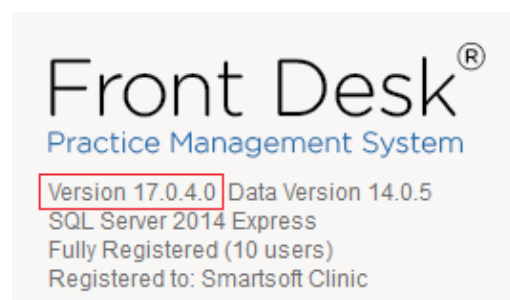
Setup Guide

You will find full instructions below on how to setup both your existing Front Desk application and your iOS and Android devices to start using this feature.

Checking your Front Desk compatibility

You must be running **Front Desk v17.0.5 or higher** on your machines in order to communicate with the iOS / Android application.

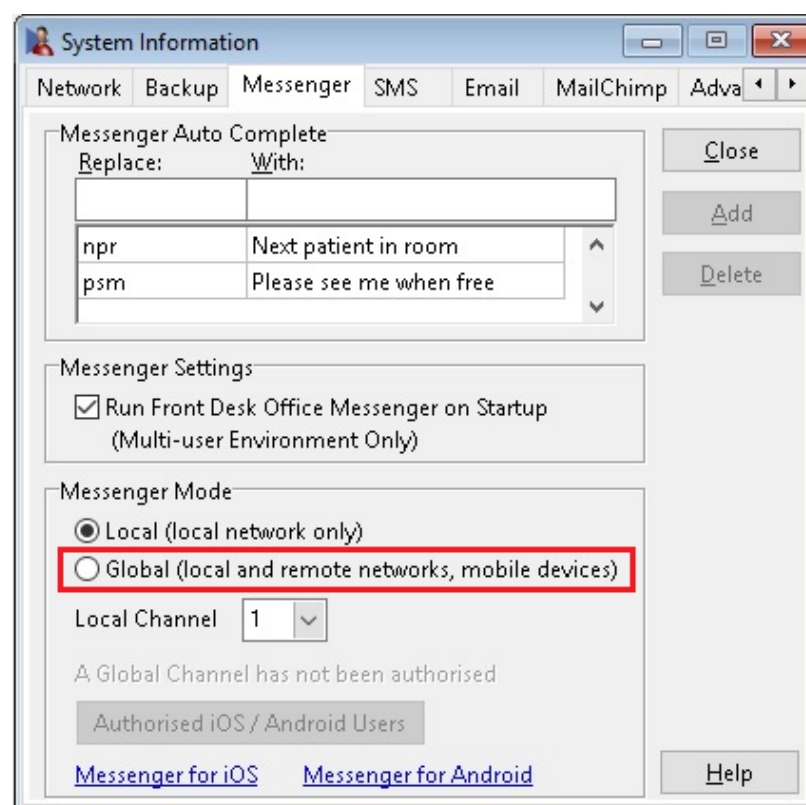
To check the version Front Desk you have installed, go to **Help ► About Front Desk**.



If needed, Front Desk upgrades can be downloaded by logging into your account at: www.smartsoft.com.au/support

Enabling the Global Messenger

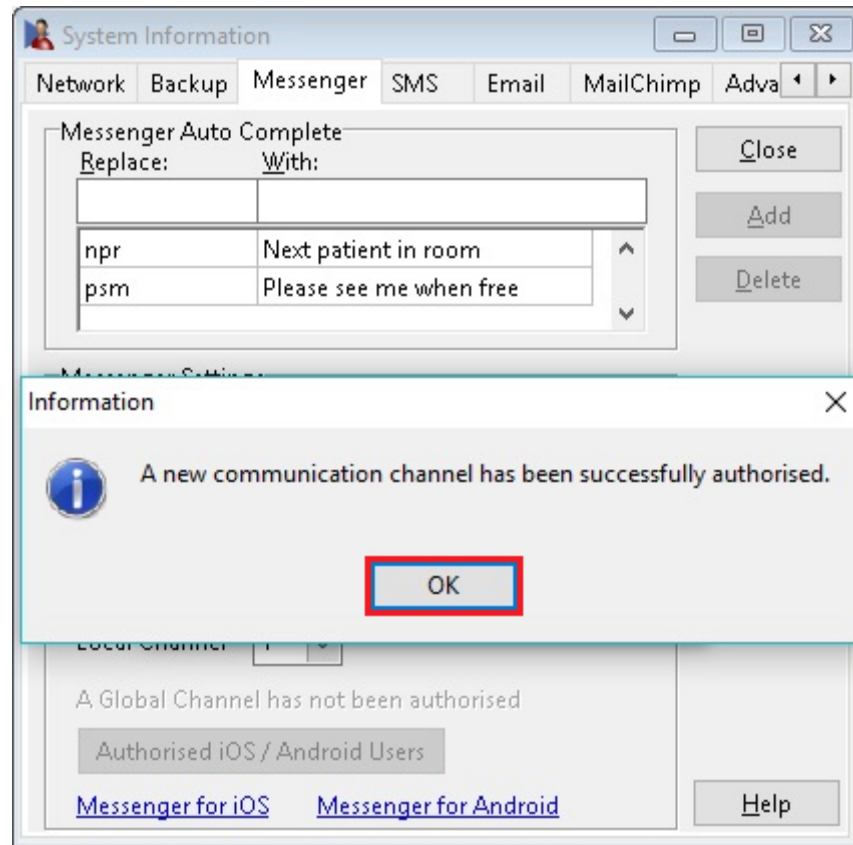
Open Front Desk and select the **Messenger** tab from within **System Information**.
Select the **Global** option to be automatically assigned a channel.



FRONT DESK MESSENGER FOR IOS / ANDROID

Setup Guide

You will receive a prompt to confirm that the new communication channel has been successfully authorised.



Both Front Desk and the Front Desk Messenger will need to be restarted across all machines before this change will take effect.

If needed the Messenger can be closed manually from the icon tray in Windows.

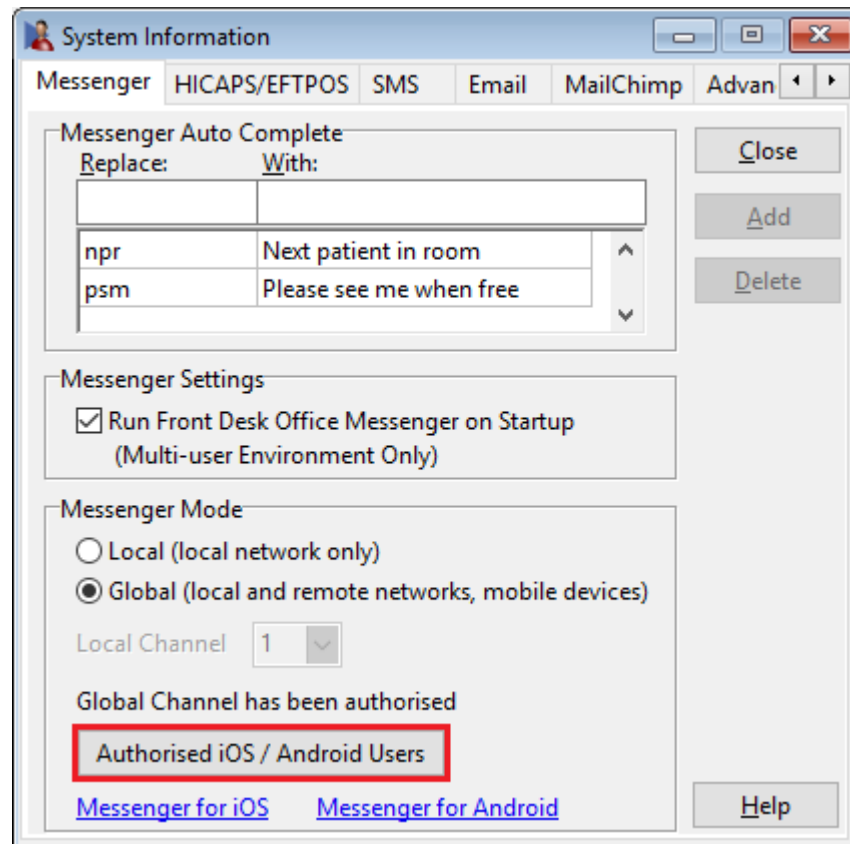


FRONT DESK MESSENGER FOR iOS / ANDROID

Setup Guide

Adding Authorised iOS / Android Users

From the **Messenger** tab of System Information, select the **Authorised iOS / Android Users** button.

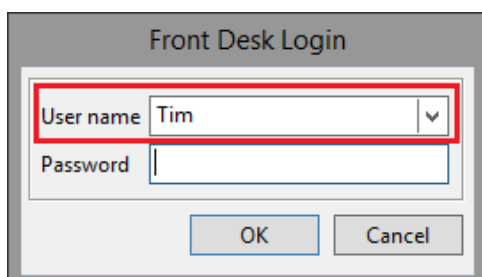
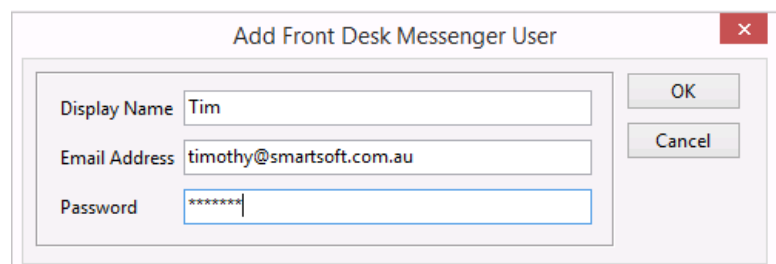


Click **Add User** to create a set of login details for each mobile app user. These details will be used to sign into the iOS / Android app.

Important:

The **Display Name** should be the same name as the Front Desk user login. This will allow you to receive your messages on your desktop and iOS / Android device at the same time.

For this functionality to work each staff member is required to have their own Front Desk user name, which is also considered best practice for security and auditing purposes.

The 'Front Desk Login' dialog box has a title bar with the text 'Front Desk Login'. It contains two input fields: 'User name' with the value 'Tim' and a dropdown arrow, and 'Password' which is empty. Below the fields are 'OK' and 'Cancel' buttons. A red rectangular box highlights the 'User name' field.The 'Add Front Desk Messenger User' dialog box has a title bar with the text 'Add Front Desk Messenger User' and a close button. It contains three input fields: 'Display Name' with the value 'Tim', 'Email Address' with the value 'timothy@smartsoft.com.au', and 'Password' with masked characters '*****'. To the right of the fields are 'OK' and 'Cancel' buttons.

FRONT DESK MESSENGER FOR IOS / ANDROID

Installing the iOS / Android App

iOS devices

On your iPhone or iPad, open the App Store and search for Front Desk Messenger.

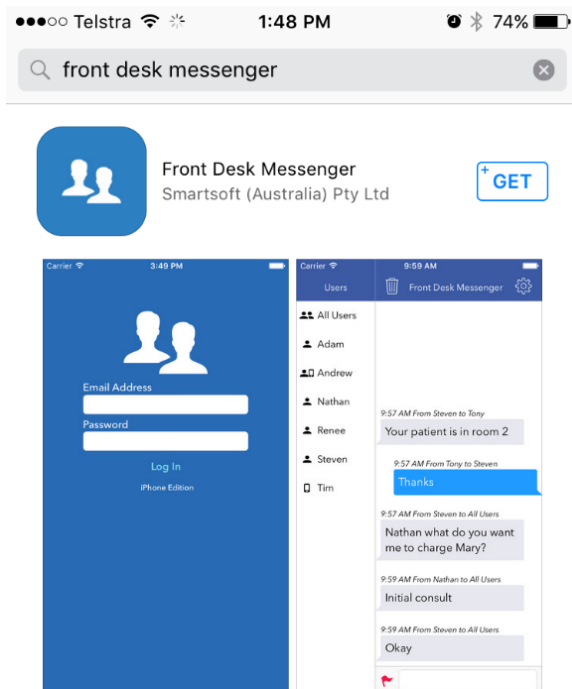
Select **Get** to download and install.

Android devices

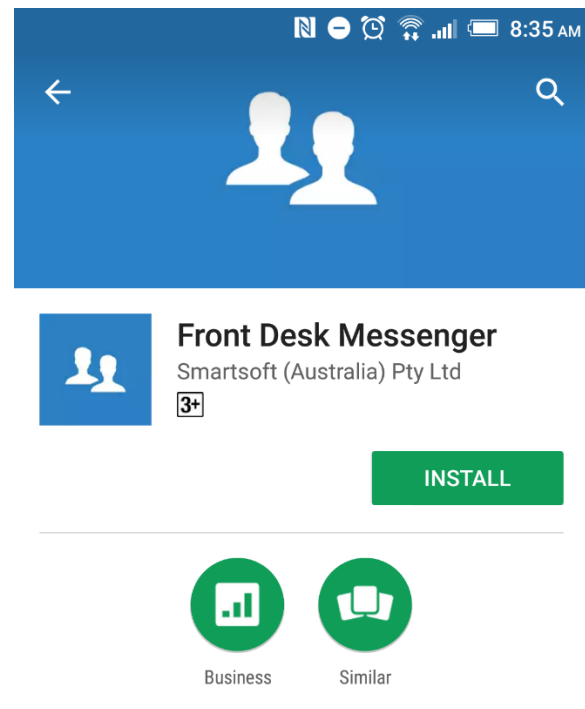
On your Android mobile or tablet, open the Google Play Store and search for Front Desk Messenger.

Open the Front Desk Messenger within the store and click **Install**.

iOS App Store

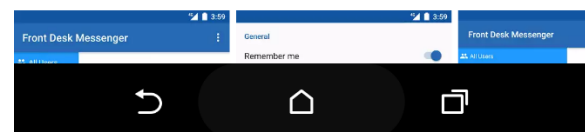
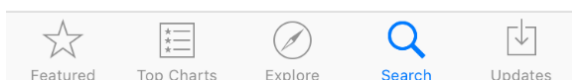


Google Play



Android messaging application for Front Desk - Practice Management System

[READ MORE](#)

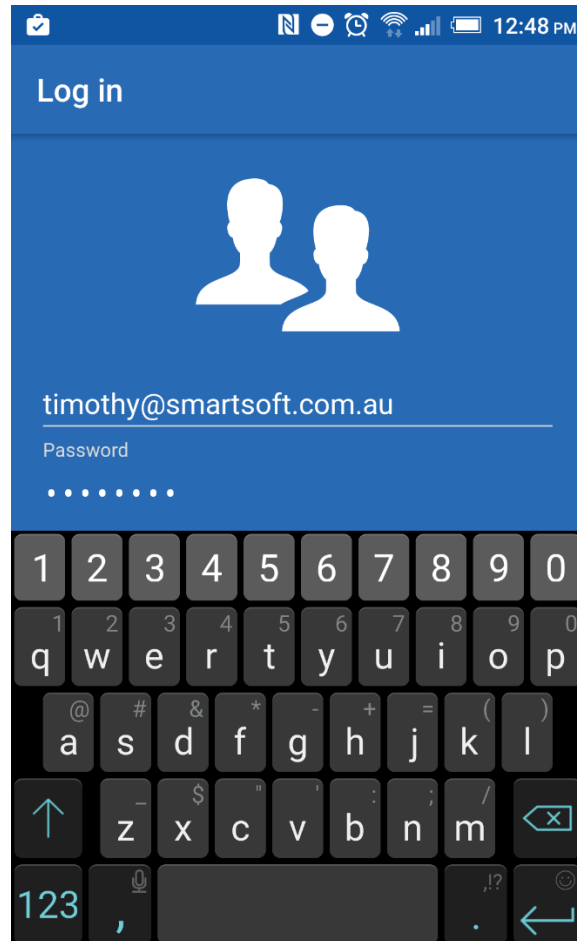
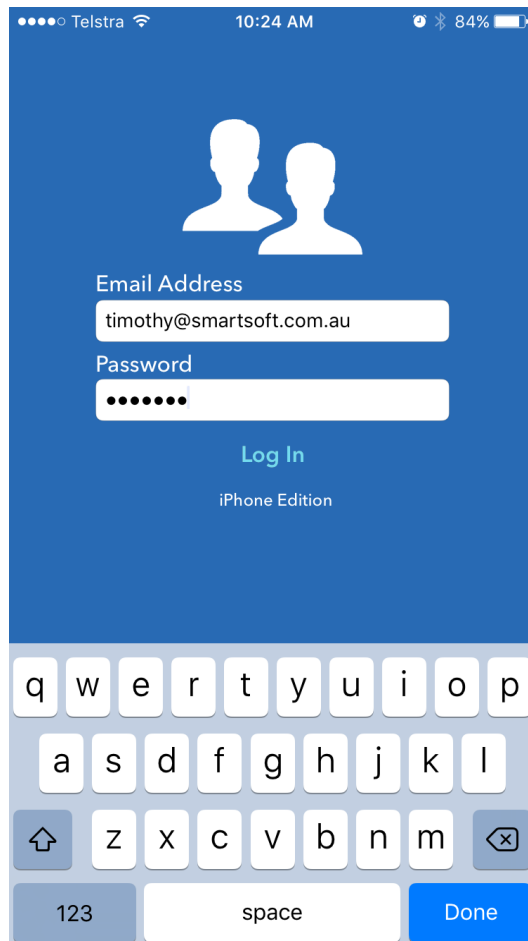


FRONT DESK MESSENGER FOR IOS / ANDROID

Using the Front Desk Messenger on iOS / Android

Open the Front Desk Messenger on your iOS / Android device.

Using the credentials created in **Step 3**, you can now login to the mobile app.



Success! You are now ready to use the Front Desk Messenger on your iOS / Android device.

The mobile apps replicate the behaviour of the Front Desk Messenger for Windows. Simply select **All Users** or specific users on the left-hand side, then type a message to send.

Additional information you need to know:

- For any Front Desk Messenger client to be able to see an iOS / Android device for the first time, the device needs Front Desk Messenger open on-screen at the same time as the desktop application. This only needs to be completed on this first occasion.
- Emoji support is not currently present in the desktop version of Front Desk Messenger. If you send an emoji, it will appear as random characters on a desktop computer. We are looking at addressing this at some stage in the future. Emoji are supported on the iOS / Android versions.

WORKCOVER QUEENSLAND INVOICING



About WorkCover Queensland Invoicing

WorkCover Queensland

Through collaboration between **Smartsoft** and **WorkCover Queensland**, a business to business (B2B) online invoicing process has been developed for medical and allied health practitioners to bill WorkCover Queensland directly through Front Desk.

Benefits in using this functionality include:

- Secure transmission of invoicing information from your practice directly to WorkCover;
- All sent invoices are available to be viewed through your WorkCover provider online account in the Send/History information;
- You can use your WorkCover provider online account to track what stage your invoice is at with up to the minute information on the progress through WorkCover's claim system;
- Quicker turnaround times for processing as your B2B invoice is prioritised and invoice data no longer has to be entered manually by WorkCover.
- Daily disbursements are available so that once the invoice is approved your payment will be disbursed each night.

A WorkCover account is required to use this feature. To request an account please send an email with your practice details to providers.providers@workcoverqld.com.au (include reference to 'B2B' in the subject line) to obtain a B2B username/password which you can then add into *Front Desk 2018*.

WORKCOVER QUEENSLAND INVOICING



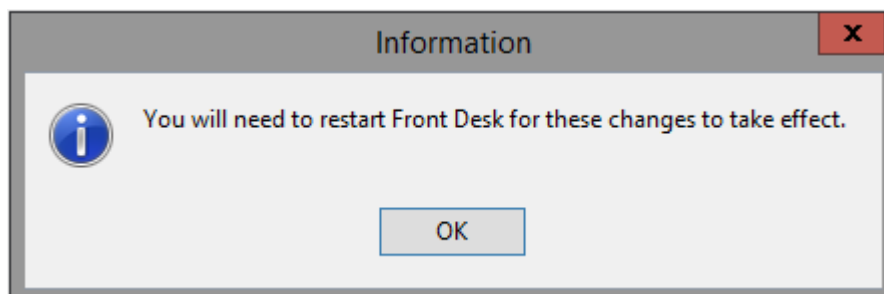
Configuration

WorkCover Queensland electronic invoicing can be enabled on the **Health Fund / EFTPOS / Medicare tab** on the **Advanced tab** in **System Information**.

You will only need to **check the WorkCover Queensland Invoicing tick box**. Leave any existing settings unchanged.

The screenshot shows the 'System Information' window with the 'Advanced' tab selected. The 'Health Fund / EFTPOS / Medicare' section is active. The 'Terminal Type' section has 'None' selected. The 'Medicare / DVA' section has 'Accept Medicare / DVA Payments', 'Medicare / DVA Online Claiming', and 'Medicare / DVA Reports Only' unchecked. The 'NZ ACC Export' checkbox is unchecked, and the 'WorkCover Queensland Invoicing' checkbox is checked and highlighted with a red box. A red box also highlights the text 'Please retain any existing settings on this window'.

After making this change, you will be asked to restart *Front Desk 2018*.



After a restart, there will be a new **WorkCover Queensland tab** in **System Information**.

WORKCOVER QUEENSLAND INVOICING



Configuration

System Information

WorkCover Queensland | SMS | Email | MailChimp | Advanced | < | >

WorkCover Queensland URL:

Certificate Location:

Details provided to you by WorkCover Queensland

User Name:

Password:

Account Name:

Account Number:

☐ Test Mode

Close

Help

On this page you can enter your User Name, Password, Account Name, and Account Number, **all of which will be provided to you by WorkCover Queensland upon request.**

This initial setup process will need to be replicated on all machines running *Front Desk 2018* that are required to send WorkCover Queensland invoices.

Practice Groups with a custom Australian Business Number

Further, if the respective practitioner is a part of a practice group that has a custom ABN listed, the WorkCover Queensland Account Name and Account Number will need to be replicated on the **WorkCover Queensland** tab of the practice group as below:

Edit Practice Group

GST | Members | Appointment Book | WorkCover Queensland | < | >

Account Name:

Account Number:

Close

Help

WORKCOVER QUEENSLAND INVOICING



Transmitting Invoices to WorkCover Queensland

Invoices are generated and transmitted to WorkCover Queensland via the patient's **Transactions** tab. Click **Invoices** to display the **Invoices** window.

The screenshot shows the 'Patient - Mr Timothy Watson' window with the 'Transactions' tab selected. The 'Invoices' button in the right-hand menu is highlighted. The main area displays a table of transactions for the account 'Primary'.

Date	Prac	Debit	Credit	Owing	Description
01/06/2015	George	\$30.00		\$30.00	Standard Physiotherapy
01/06/2015	George	\$30.00		\$30.00	Standard Physiotherapy

Buttons on the right: Close, Item Reprint, Delete Item, Edit Item, Invoices, Statement, Trans. Log, Write Off, Refund, Export, Help.

Select your **Invoice Type**, and click the **WorkCover QLD** button.

The screenshot shows the 'Invoices' window. The 'Invoice Type' section has 'By date of transaction' selected. The 'From' date is 25/05/2015 and the 'To' date is 31/05/2015. The 'WorkCover QLD' button is highlighted with a red box. Other buttons include Close, Print, Preview, and Delete.

Buttons on the right: Close, Print, Preview, Delete, WorkCover QLD, Help.

If successful, you will see the following message.

The screenshot shows an 'Information' dialog box with a blue header and a red close button. The message reads: 'Invoice was successfully submitted to WorkCover Queensland'. There is an 'OK' button at the bottom.

If the invoice submission fails, an error message will be displayed to the user.

WORKCOVER QUEENSLAND INVOICING



Viewing WorkCover Queensland Invoices

To view details of past invoices, select **WorkCover Queensland Invoices** from the **System** menu.

The screenshot shows a window titled "WorkCover Queensland Invoices". It has a filter section at the top with "Invoice Status" set to "Sent Successfully" and "Date Range" from "28/04/2015" to "04/05/2015". Below this is a table of invoices. The first invoice, 12849, is expanded to show details.

Invoice No	Invoice Date	Total Amount	Total GST	Account Name	Account Number	ABN
12849	04/05/2015	\$168.00	\$0.00	Smartsoft (Australia) Pt	P99000000004	67008110558

Service Date	Item Code	Description	Amount	GST	Claim No	Claimant Name	Date
20/04/2015	505	Standard Physiotherapy	\$84.00	\$0.00		Allan Clark	04/05/2015
27/04/2015	505	Standard Physiotherapy	\$84.00	\$0.00		Allan Clark	04/05/2015

Below the expanded invoice, there are two more rows in the main list:

Status	Invoice ID	Submitted	Patient Name
Success	12838	29/04/2015 15:43	Mr John Smith
Success	12840	28/04/2015 10:51	Ms Jane Jones

From this window you can view a history of submitted invoices. Clicking the + symbol next to an invoice allows the user to see invoice details.

By default, only successful invoices are shown. Drop down the **Invoice Status** option to view **All** invoices, or only **Failed** invoices.

The close-up shows the "Invoice Status" dropdown menu. The current selection is "Sent Successfully". The dropdown list is open, showing three options: "All", "Sent Successfully", and "Failed".