Add-ons Guide

Front Desk 2021 - Practice Management System

Manual Revision Version 26, March 2021

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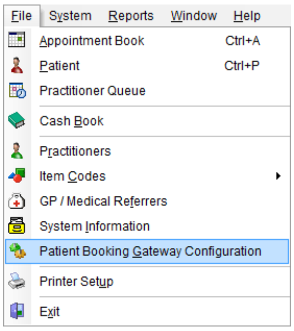
Patient Booking Gateway Configuration

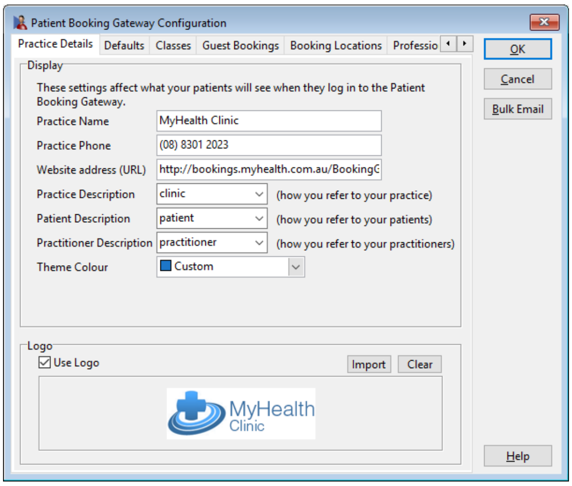
The Front Desk Patient Booking Gateway is designed for patients to book and manage their own appointments online through an integrated web-based system.

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.

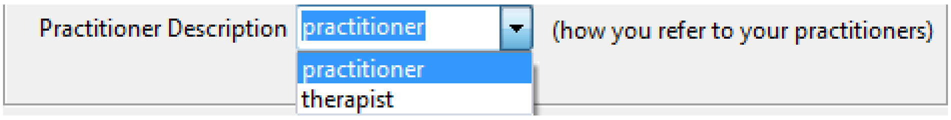
Following installation by Smartsoft, the Patient Booking Gateway address by default will use the clinic public IP address e.g. http://116.212.211.142/bookinggateway Alternatively, you can use your own domain by speaking with your domain provider or web developer about setting up an A Record entry.

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

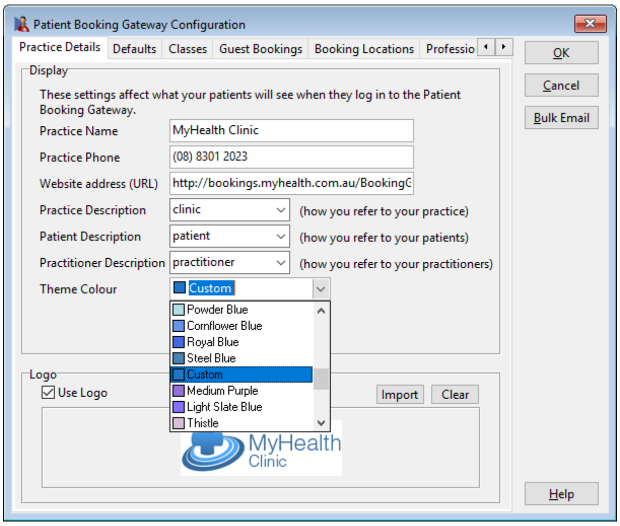
Patient Booking Gateway Configuration

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

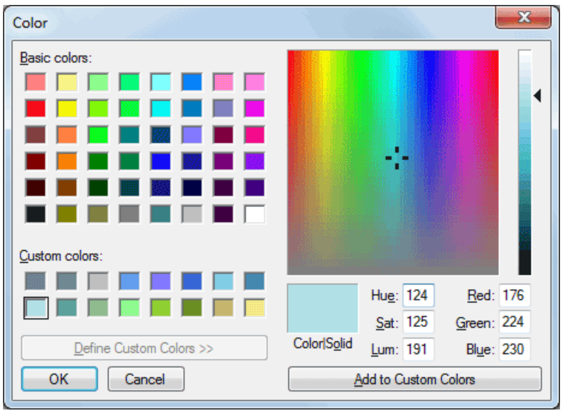
Select a **Practitioner Description** which best describes how you refer to your practitioners. A custom description can be entered manually if required.



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



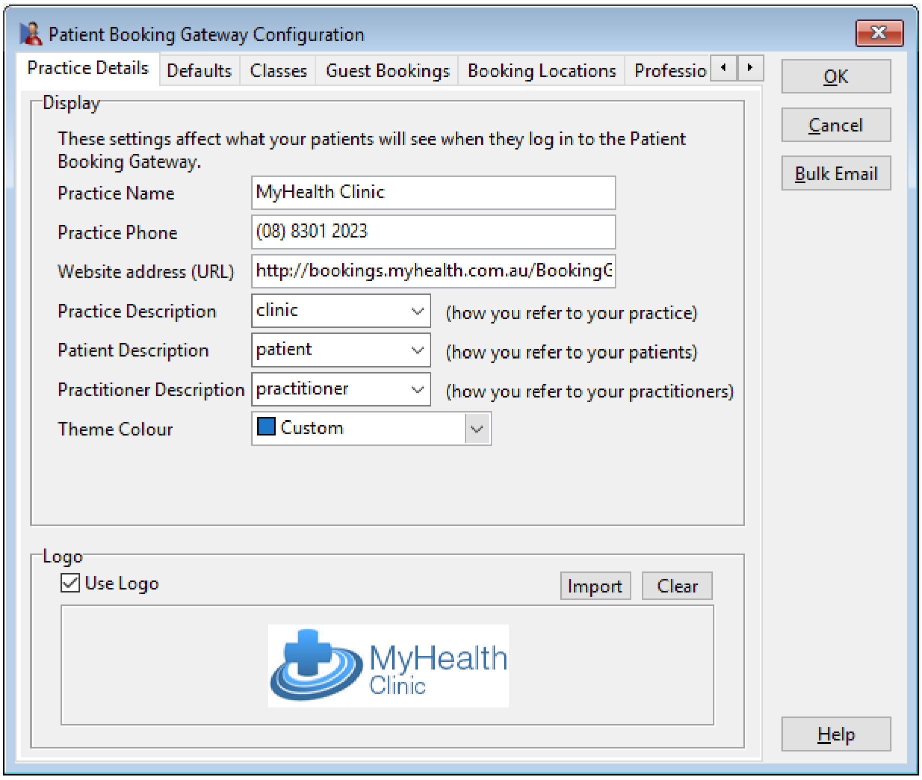
This allows exact colours to be selected by entering the Red, Green and Blue (RGB) values.

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.

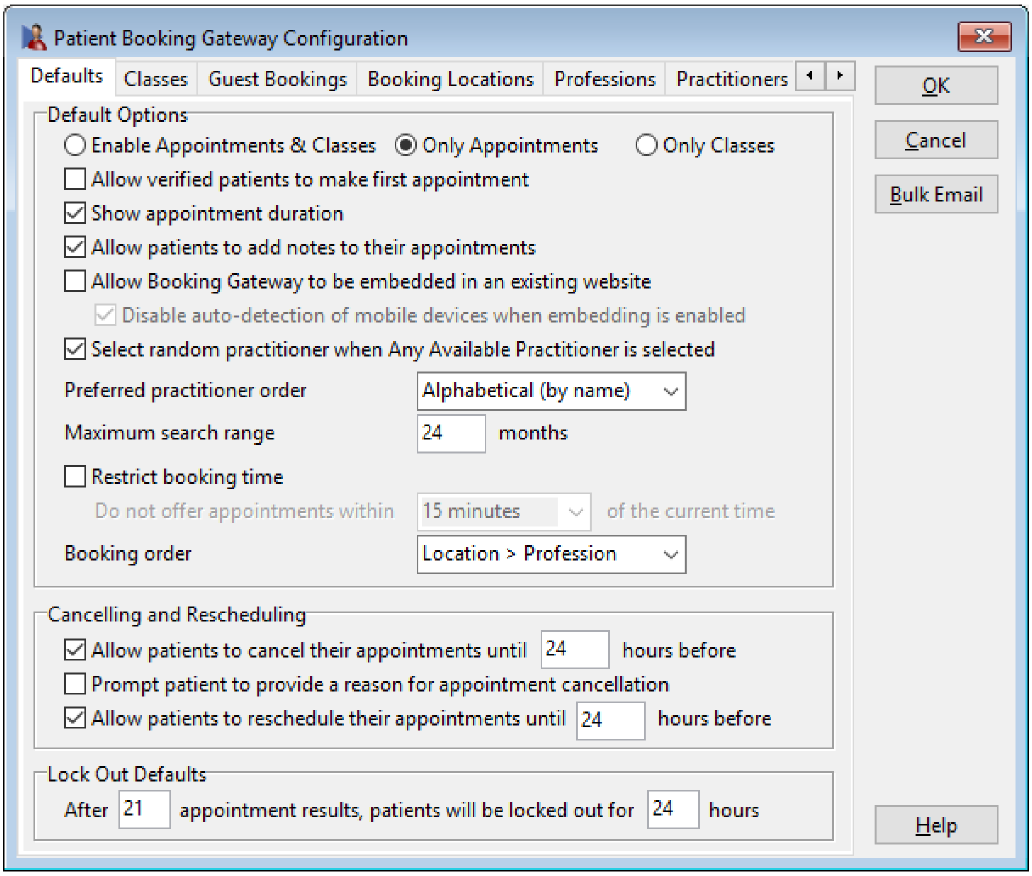
Please note that logo files must not exceed 55 pixels in height and 200 pixels in length.



PATIENT BOOKING GATEWAY

Patient Booking Gateway Configuration

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



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.

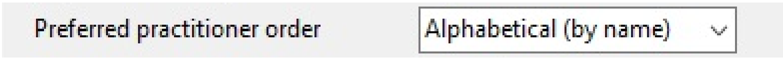
Allow Booking Gateway to be embedded in an existing website will format the booking gateway appropriately when embedding the site into an existing webpage. Secondary to enabling this, you will need to request your web developer to embed your gateway using an <iframe> tag.

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.

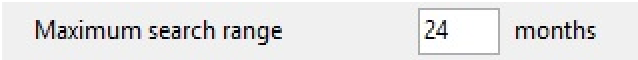
PATIENT BOOKING GATEWAY

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**.

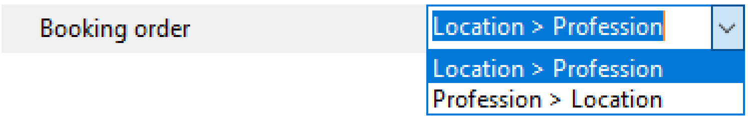


The **Maximum search range** limits how far into the future a patient can search for an appointment.



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

Booking order refers to the order in which patients select a business **Location** and **Profession** on the booking gateway. By default, patients select their location and then a profession, which can be reversed if needed.



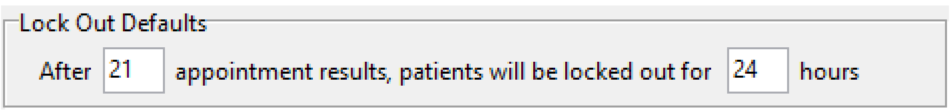
Select the desired **Cancellation Defaults**.

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.

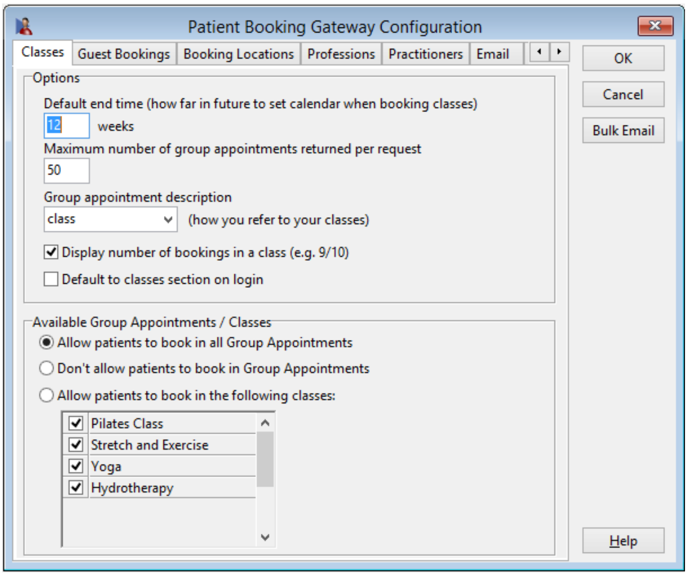
Allow patients to reschedule their appointments will give patients access to reschedule their own appointments within the minimum reschedule time limit set.

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.



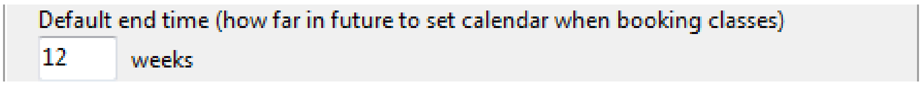
Patient Booking Gateway Configuration

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

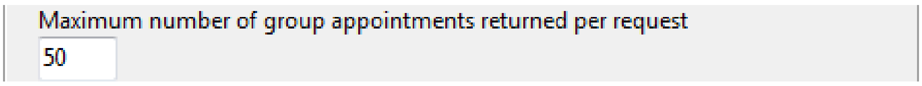


When searching the Patient Booking Gateway for available classes, users will be asked to enter a date range to search within.

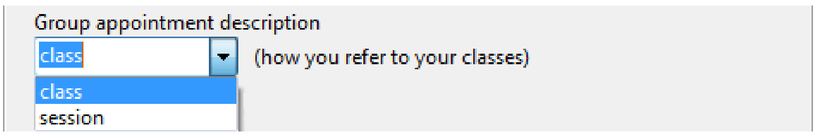
The default date range selected can be adjusted using the **Default end time** option.



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

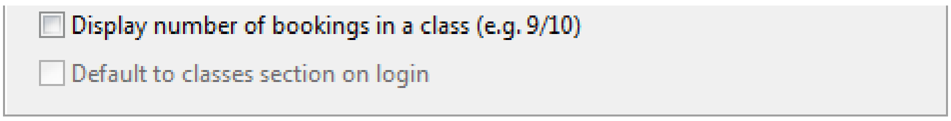


Select a **Group appointment description** which best describes how you refer to your group appointments. A custom description can be entered manually if required.



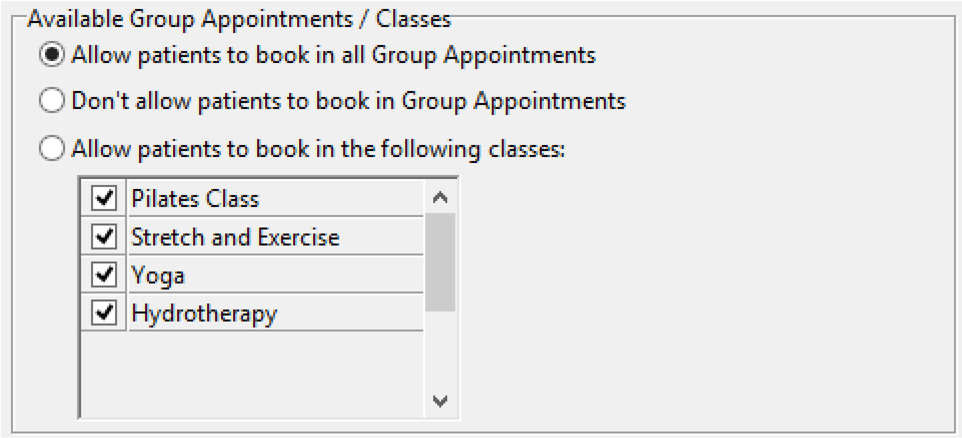
Select **Display number of bookings in a class (e.g. 9/10)** to show the total number of current bookings within the class.

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.



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.

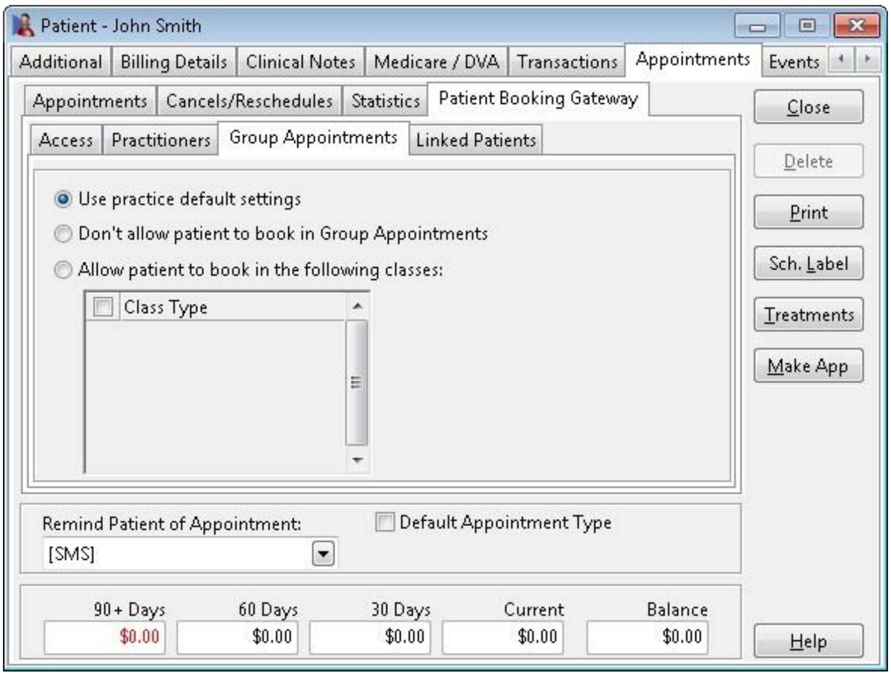


Allow patients to book in all Group Appointments will allow an online booking to be made into any Group Appointment with a Class Type set.

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

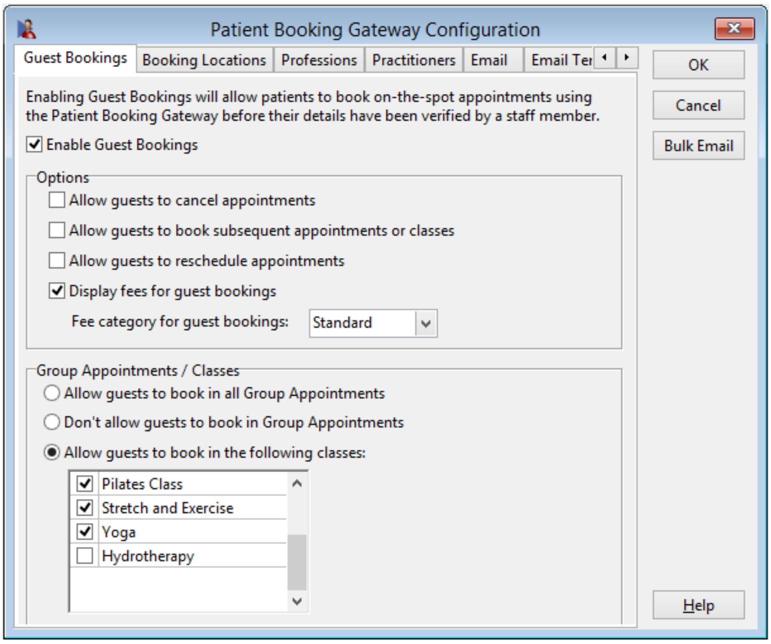
Allow patients to book in the following classes allows the user to select which Class Types appear on the booking gateway.

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



Patient Booking Gateway Configuration

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



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:

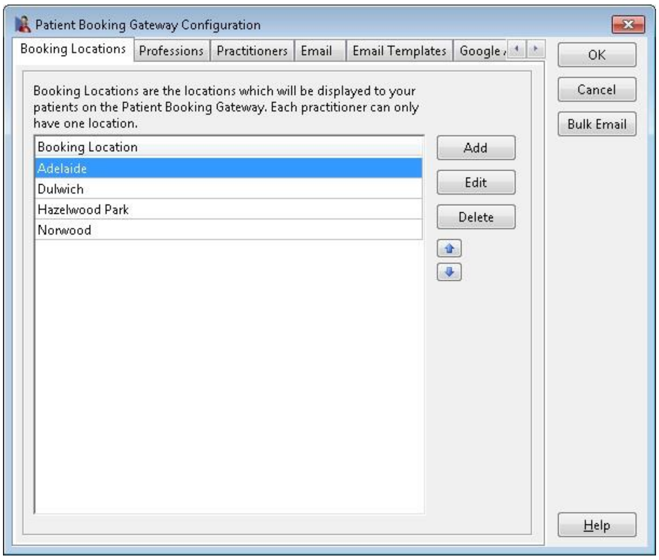
- **Allow guests to cancel appointments**
- **Allow guests to book subsequent appointments or classes**
- **Allow guests to reschedule appointments**
- **Display fees for guest bookings**

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 Configuration

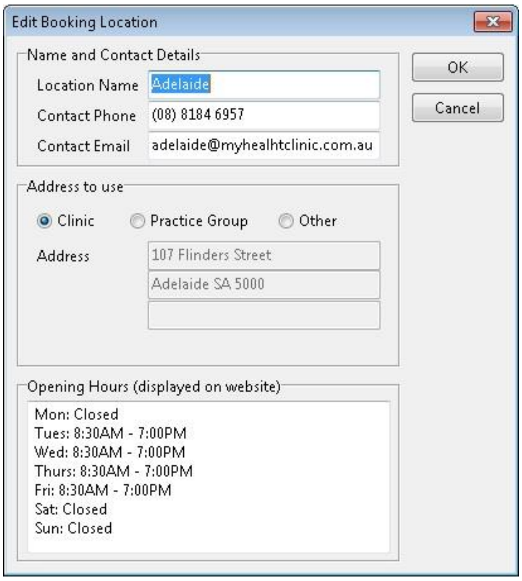
Select the **Booking Locations** tab from the *Patient Booking Gateway Configuration*.



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.



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

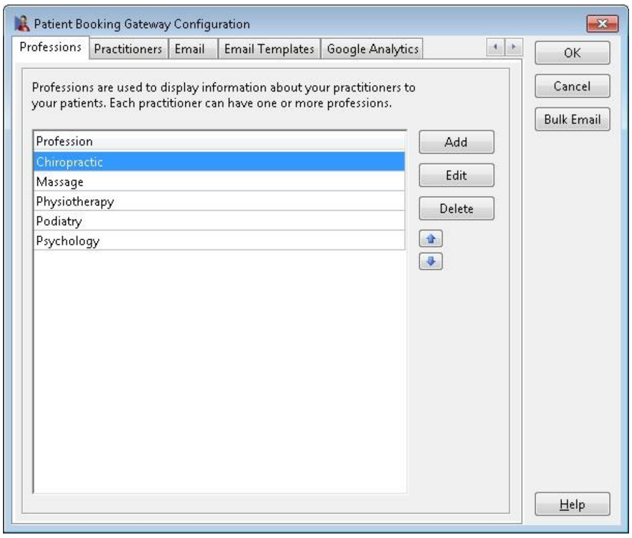
Address details can be selected from the registered **Clinic** address, **Practice Group** headers or entered manually via the **Other** option.

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 Configuration

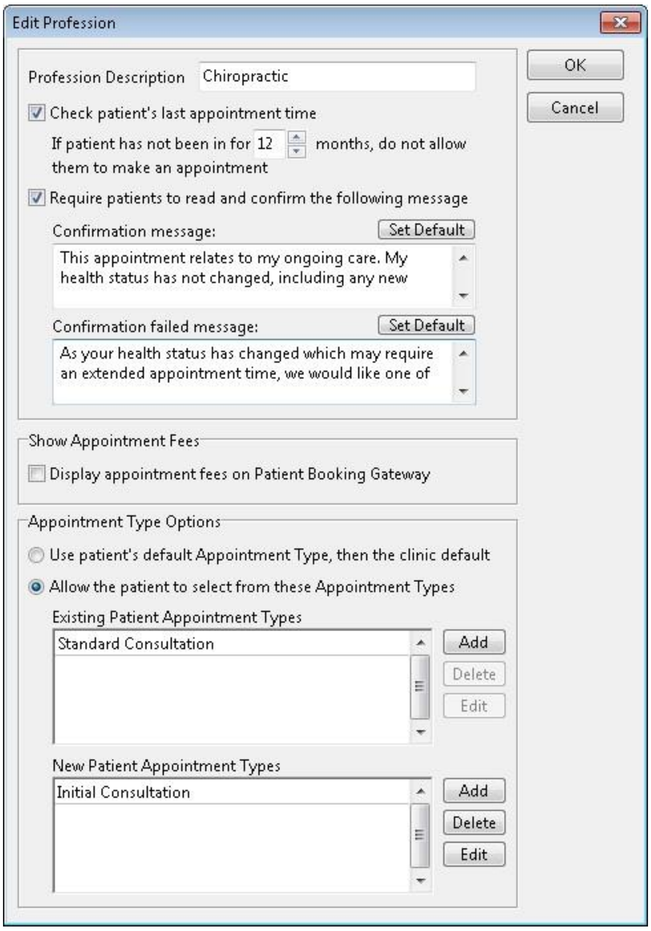
Select the **Professions** tab from the *Patient Booking Gateway Configuration*.



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

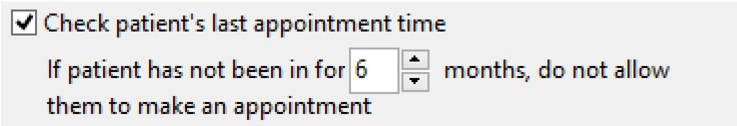
Click **Edit** to modify a profession or **Delete** to remove a profession.

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



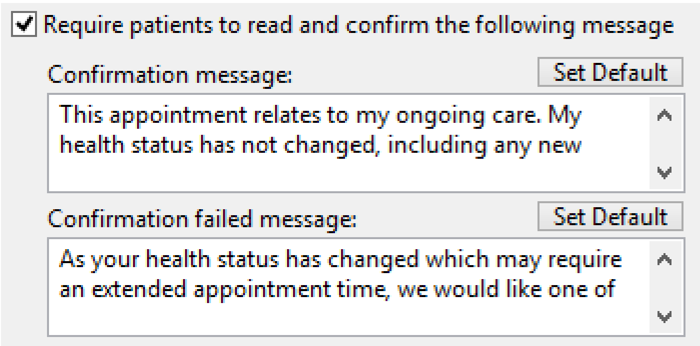
Patient Booking Gateway Configuration

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.

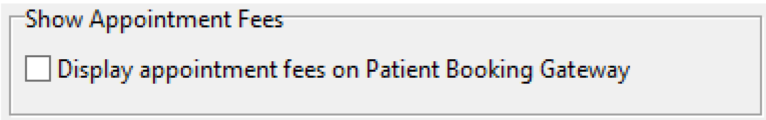


Select **Require patients to read and confirm the following message** if you wish to enter a disclaimer or confirmation message each patient must agree to prior to booking an appointment.

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.



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



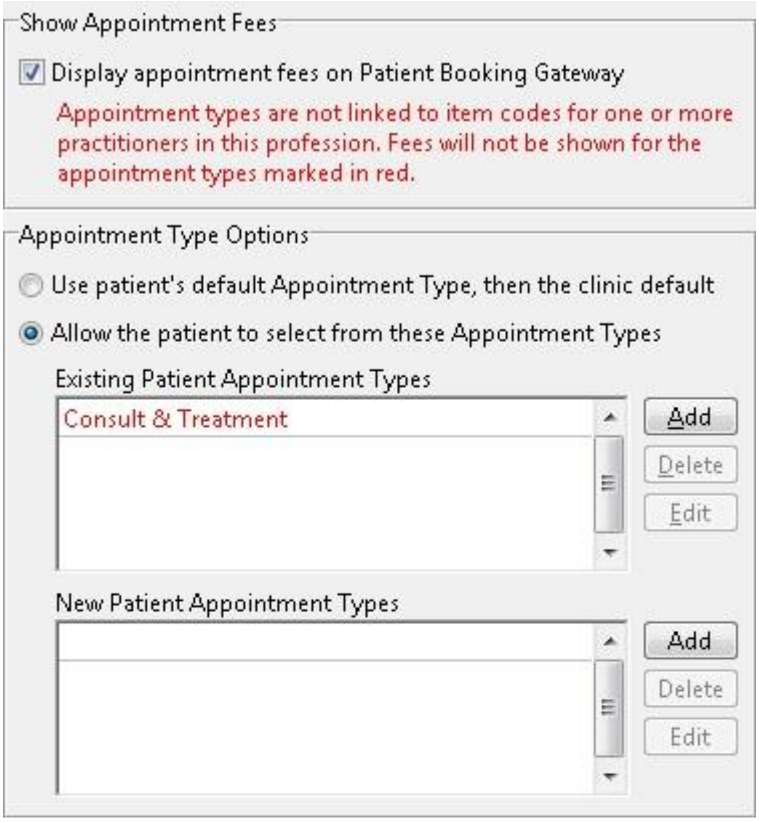
The fee displayed is determined within the Appointment Type by selecting a corresponding item code for each practitioner. Only the underlying fee will be displayed and not the item code itself.

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

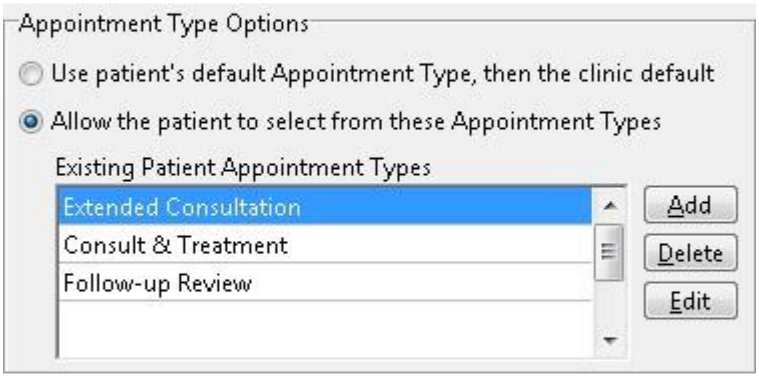
Patient Booking Gateway Configuration



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.

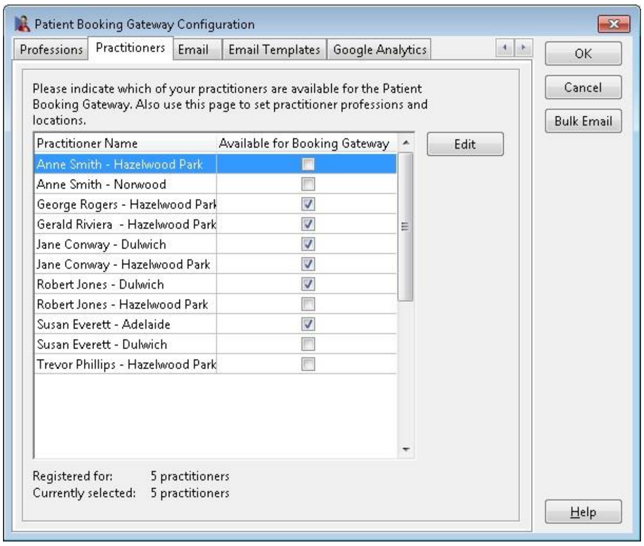
Allow the patient to select from these Appointment Types allows the patient to select from a specified list of appointment types.



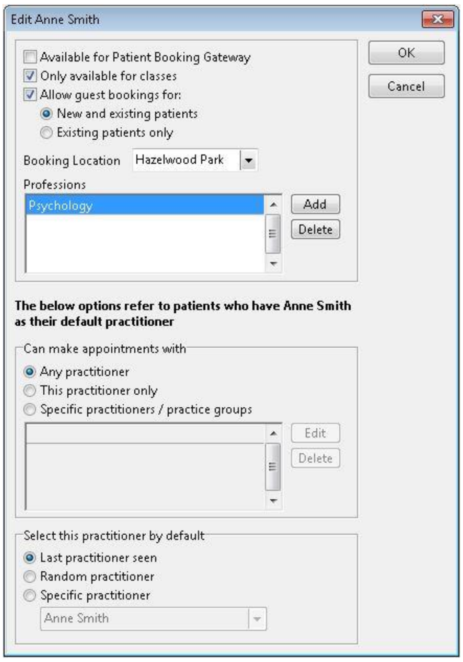
Click **OK** to complete the **Profession**.

Patient Booking Gateway Configuration

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



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



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.

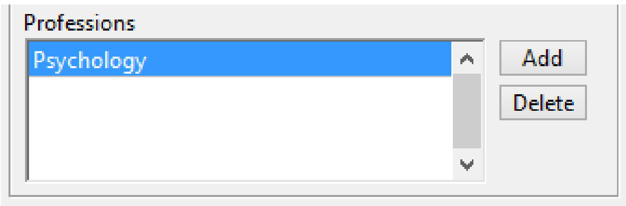
Enable **Allow guest bookings** to allow un-registered patients to make appointments with this practitioner online. This can be configured to allow **New and existing patients** or **Existing patients only**.

Patient Booking Gateway Configuration

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

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

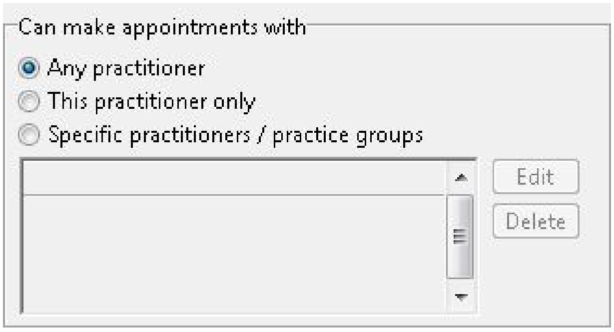
Click **Add** to select one or more **Professions** for the practitioner.



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.

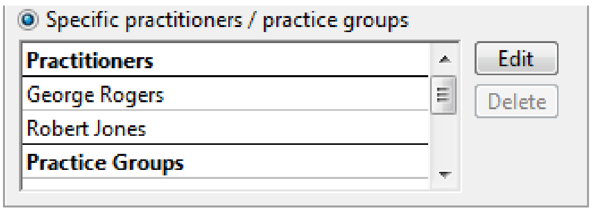
This practitioner only will allow the patient to make appointments only with their set Default Practitioner.



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.



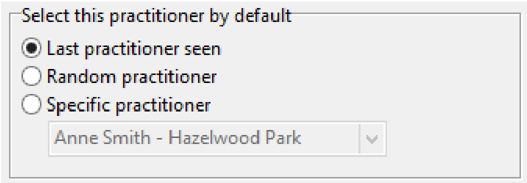
Patient Booking Gateway Configuration

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**.

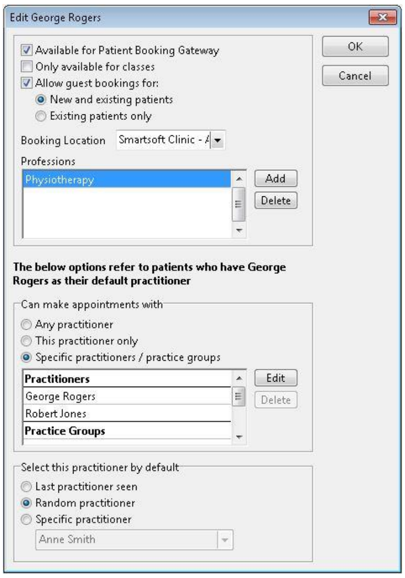
Last practitioner seen will set the last practitioner seen by the patient as the default.

Random practitioner will randomise the practitioner selected by default.

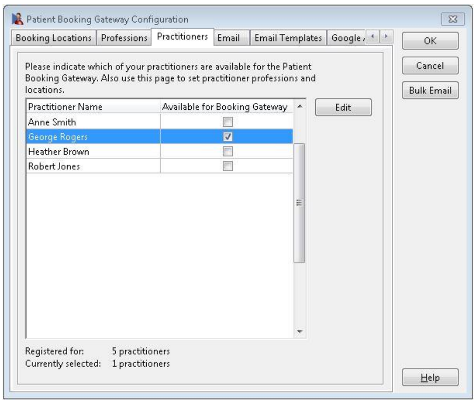
Specific practitioner will set a specific practitioner as the default.



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



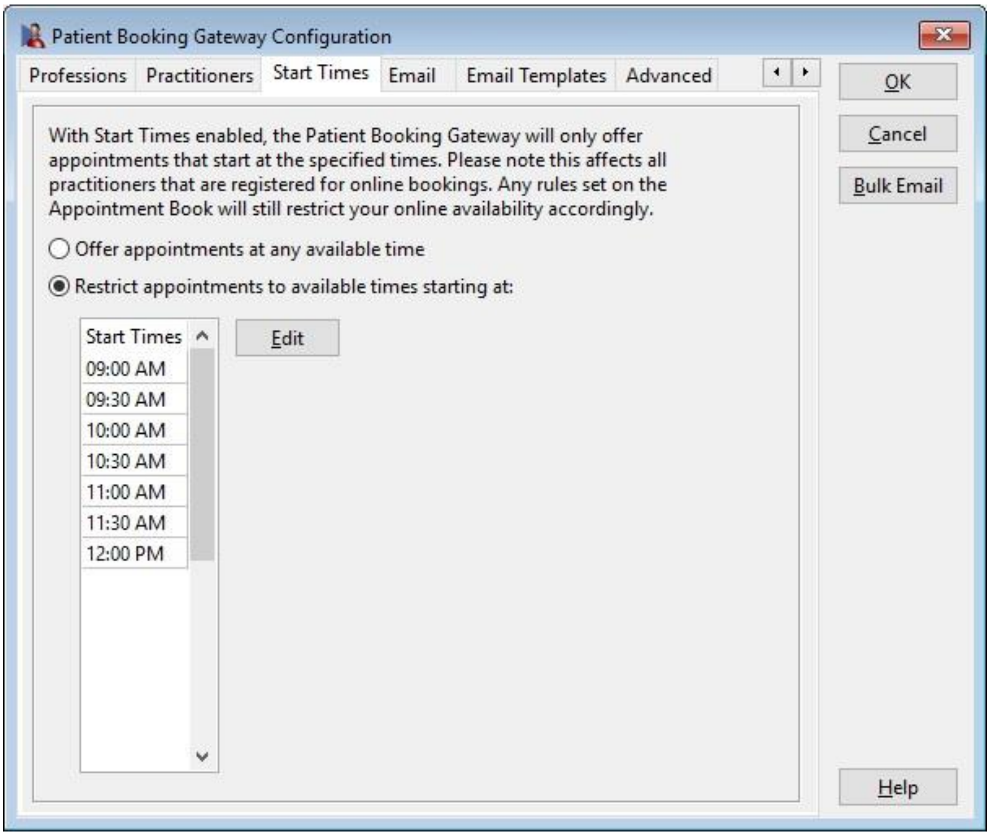
Practitioners set as **Available for Patient Booking Gateway** will appear with a tick next to their name, and are now setup for the Patient Booking Gateway.



PATIENT BOOKING GATEWAY

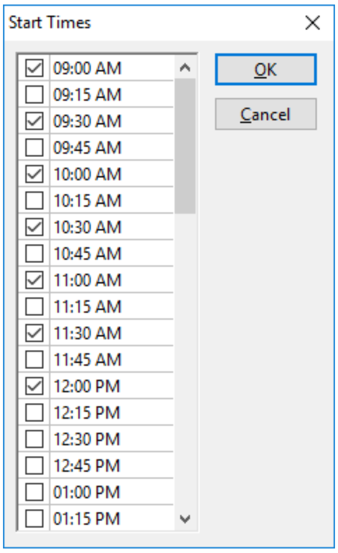
Patient Booking Gateway Configuration

Select the **Start Times** tab from the *Patient Booking Gateway Configuration*.



If required, this allows users to **restrict appointments to available times starting at** a specific time.

Click **Edit** to select the start times you wish to be available for online booking.



Please note this applies to all professions and practitioners using the Patient Booking Gateway.

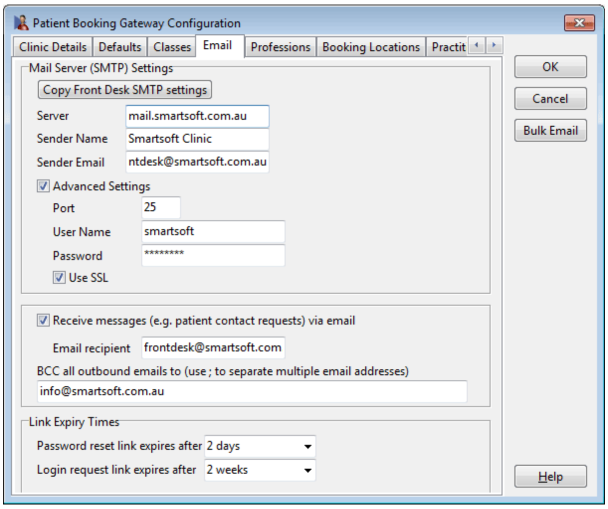
Patient Booking Gateway Configuration

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.

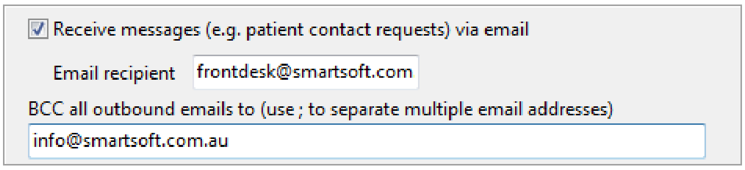
If you are unsure of your SMTP email settings please contact your system administrator or ISP (Internet Service Provider) for further assistance.



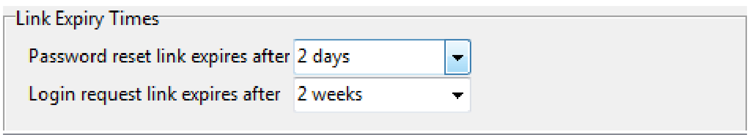
Enable **Receive messages (e.g. patient contact requests) via email** and enter an **Email recipient** to receive email notifications from patients requesting to be contacted.

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



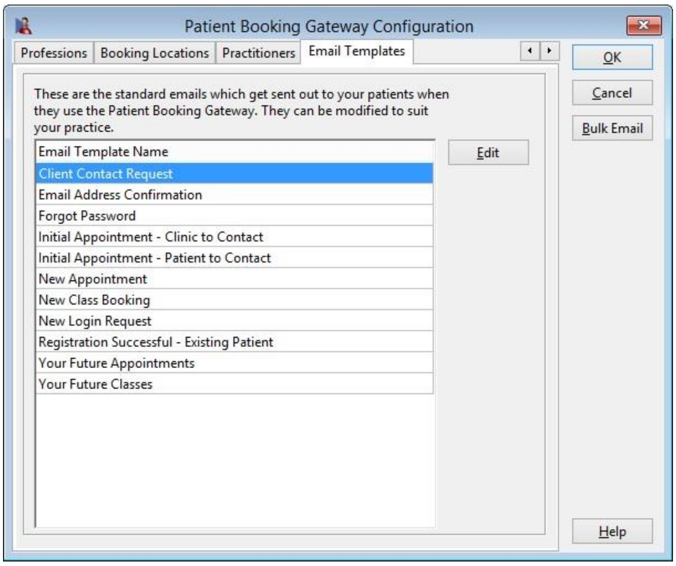
Link Expiry Times can be set to expire password reset links and login request links after a set period of time.



Patient Booking Gateway Configuration

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

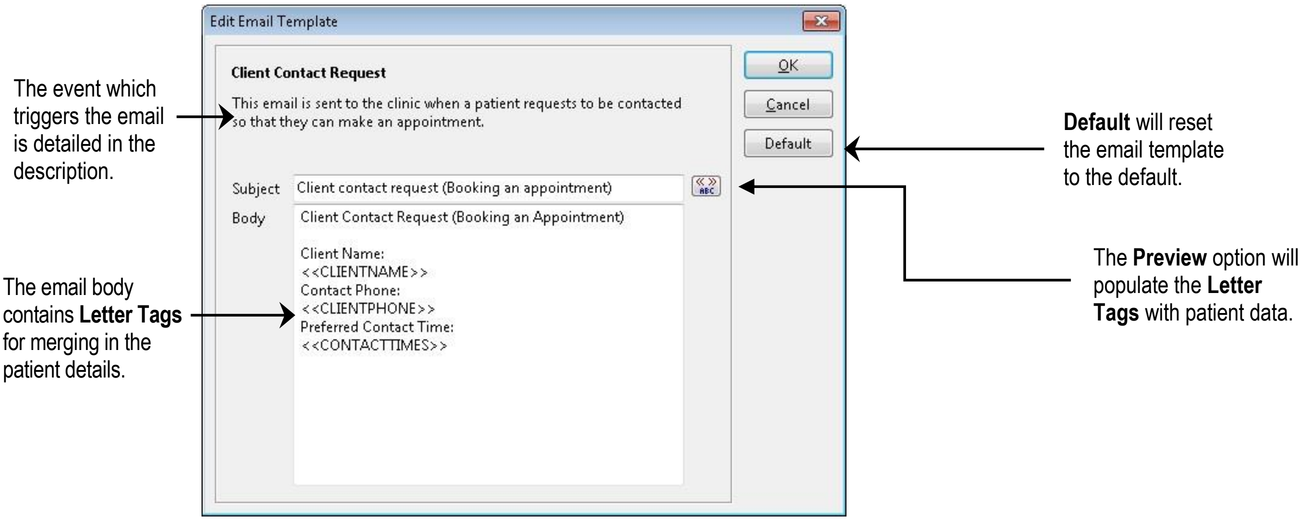
When using the Patient Booking Gateway an email notification may be sent to either the patient or the practice when certain events are triggered. These email templates can be modified to suit the practice.



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.

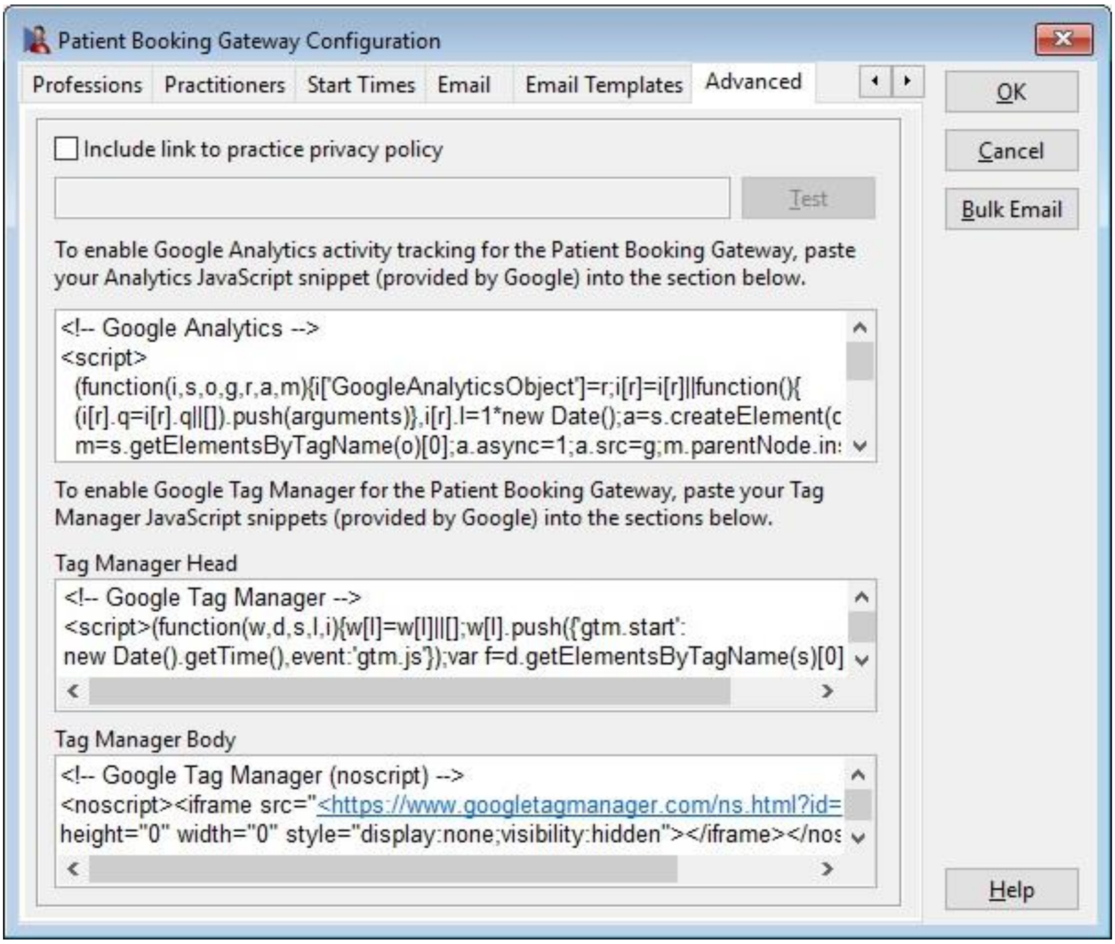
Please note the *Letter Tags* within the body of the email will populate with patient information vital to the email's purpose.



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

Patient Booking Gateway Configuration

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



Click **Include link to practice privacy policy** to add a link to your privacy policy on the booking gateway website.

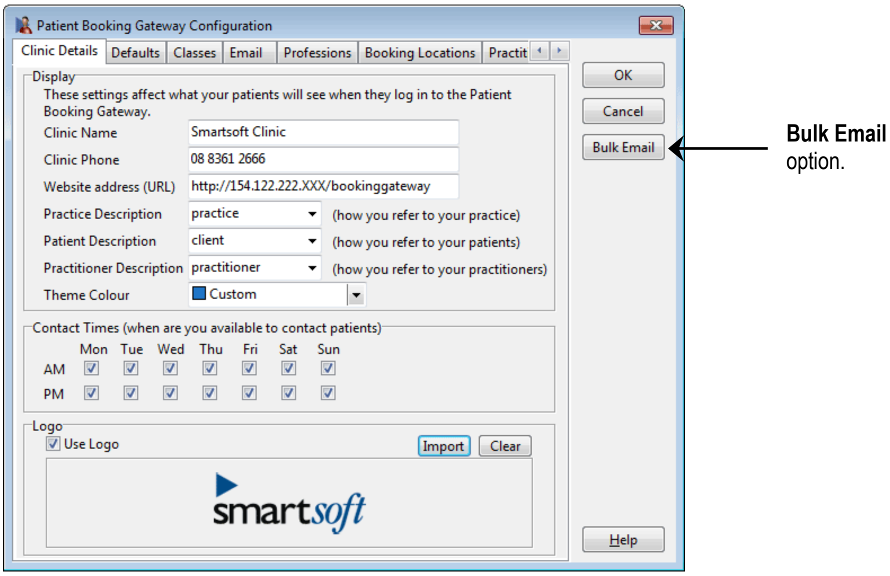
Google Analytics activity tracking can be enabled for the Patient Booking Gateway by pasting your Analytics JavaScript snippet (provided by Google) into this window.

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

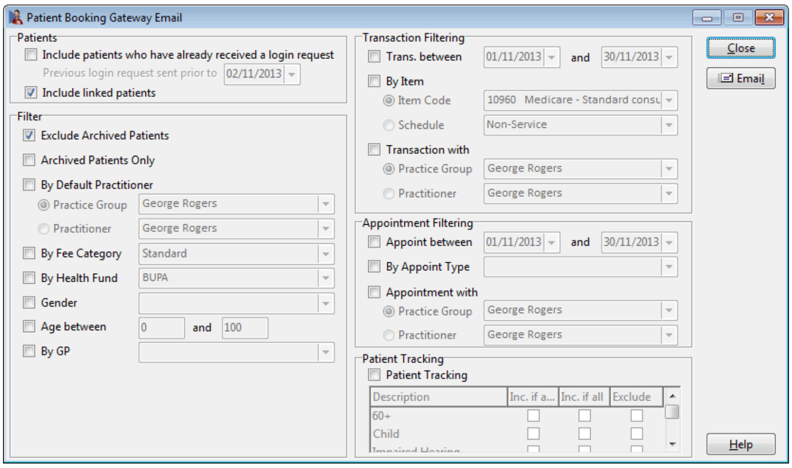
Patient Booking Gateway Configuration

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

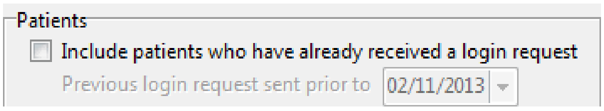
The **Bulk Email** option allows users to send bulk emails to patients within the Front Desk database. This is used to send a personalised invitation to patients to register and begin using the Patient Booking Gateway.



The following window will appear.



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



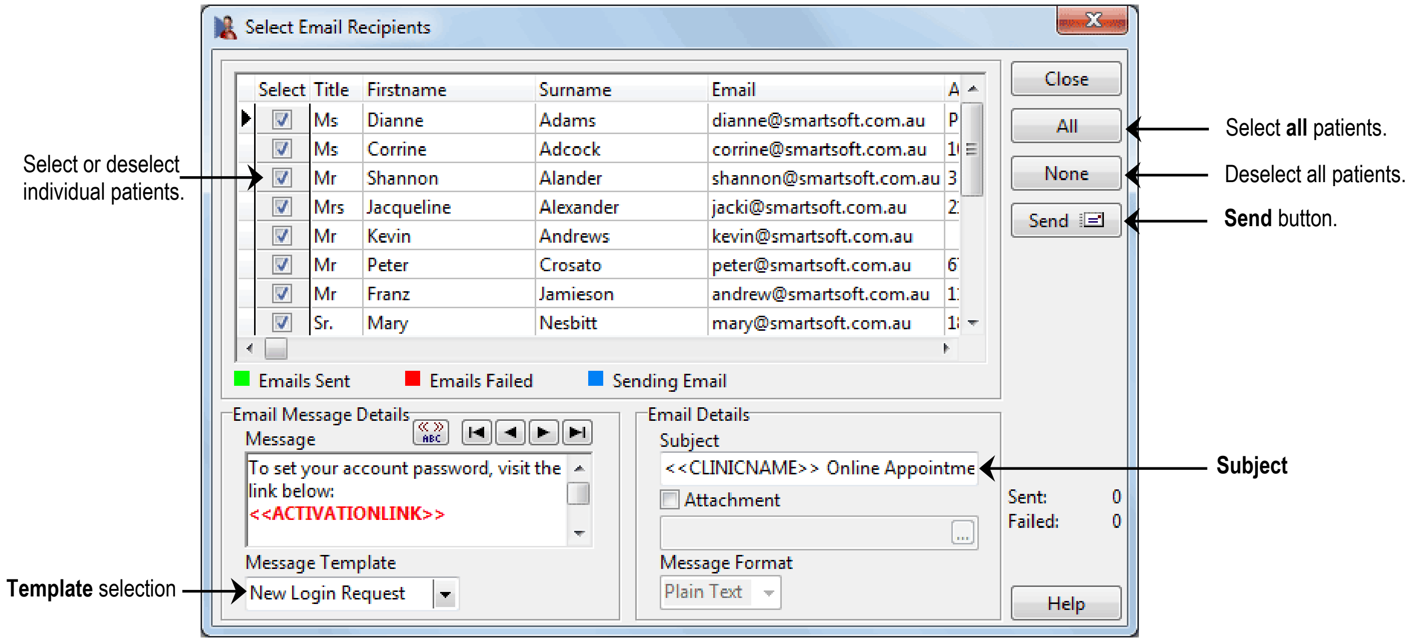
The **Filter** options can be used to select only patients who meet the selected criteria.

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.



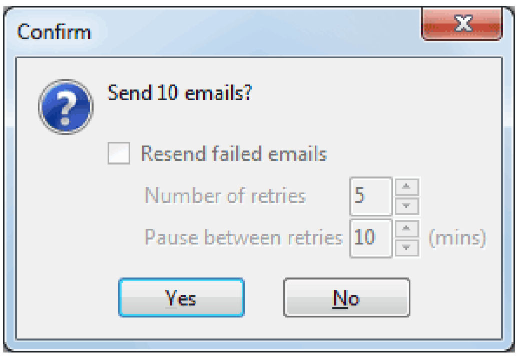
Individual patients can be selected or deselected from the **Select** column.

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.



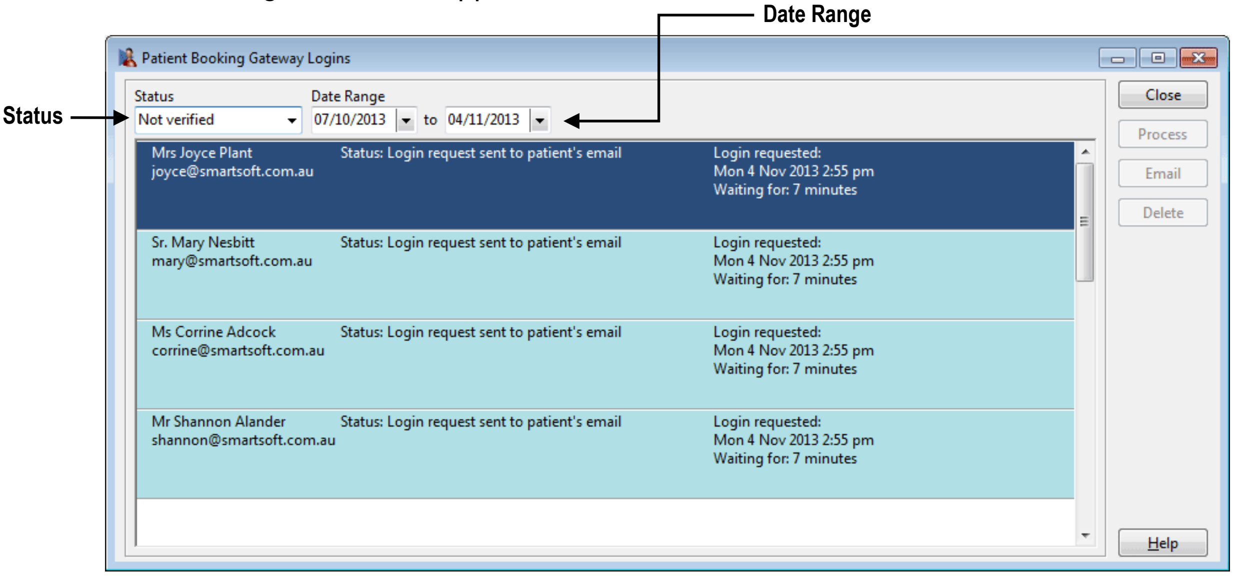
The selected patients will now receive an email invitation to begin using the Patient Booking Gateway.

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.

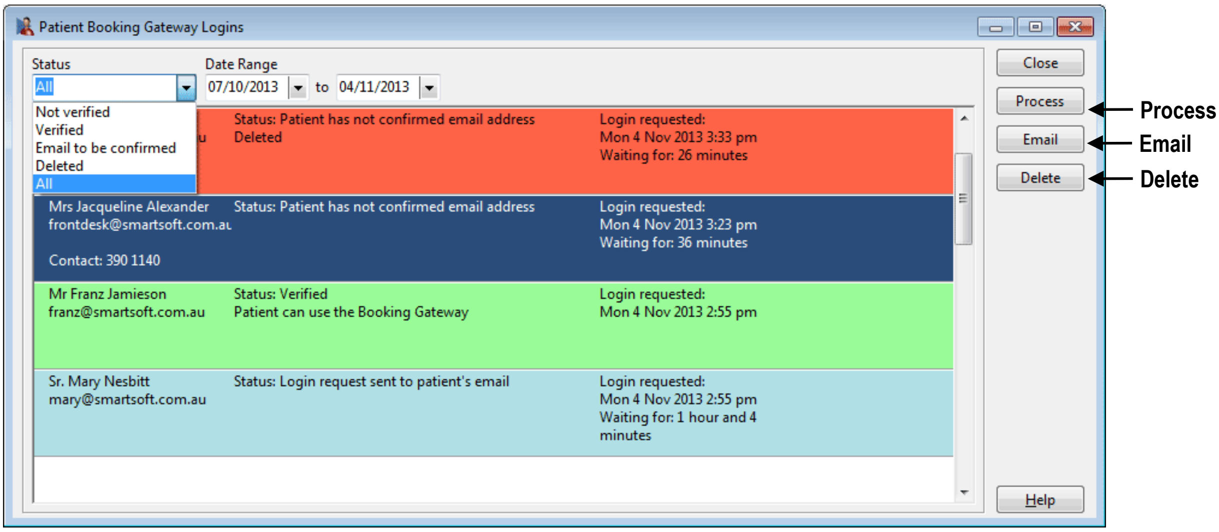
Verified will list patient logins which have been successfully verified and are ready to use within the Patient Booking Gateway.

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.

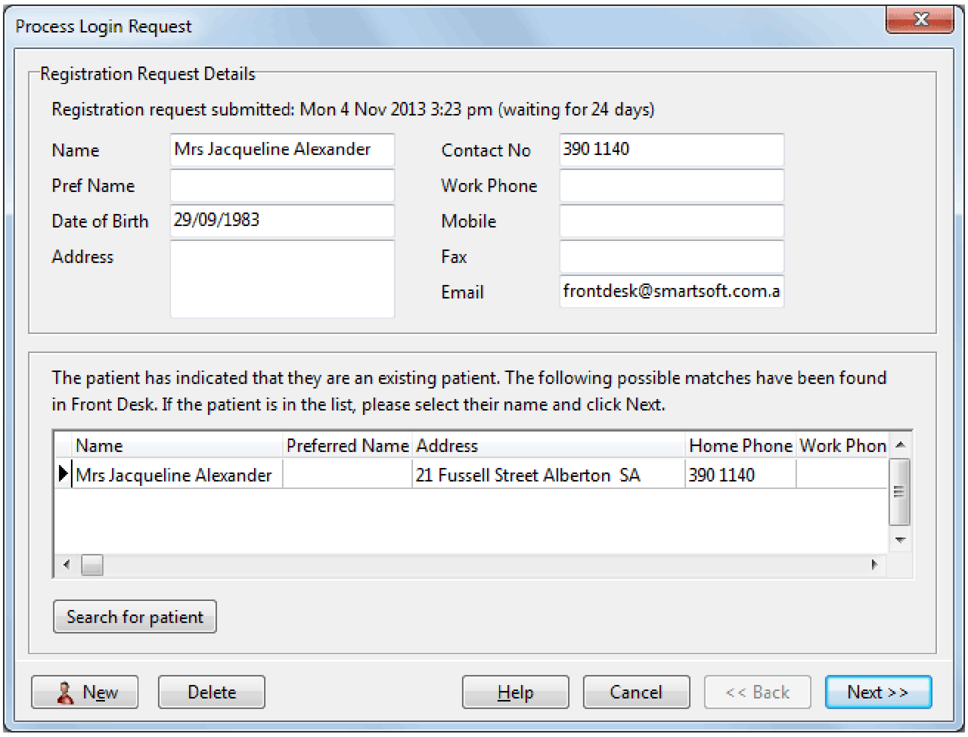
All will list patient login details of any status.

Patient Booking Gateway Logins



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

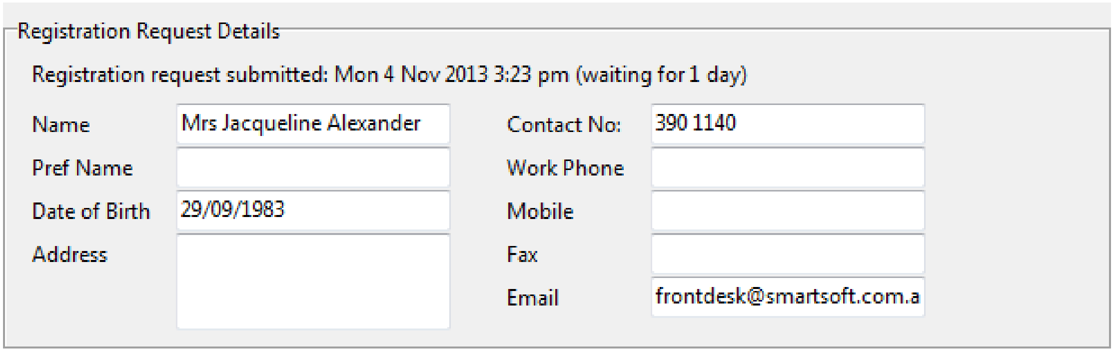
Select **Process** to link the registration request to a patient file. This can be an existing patient file, or a new patient file. The following **Process Login Requests** window will appear.



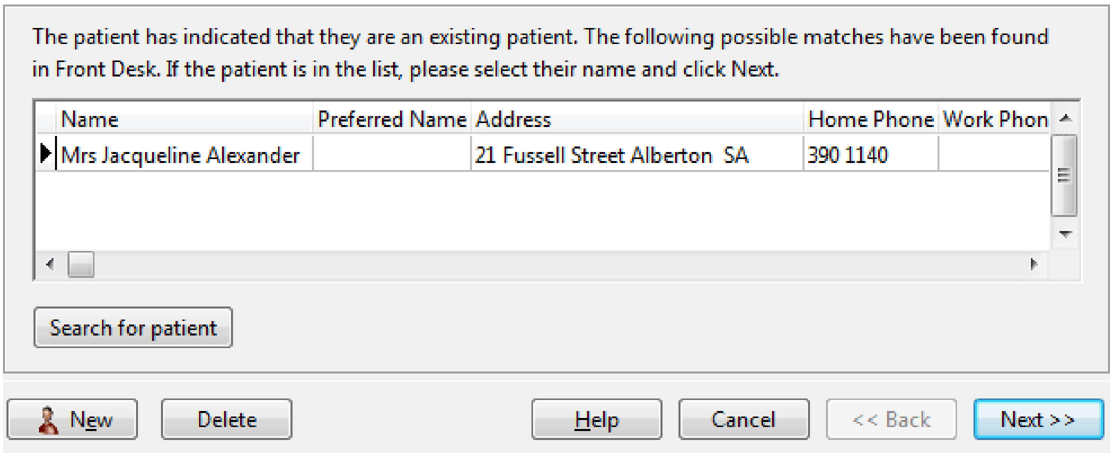
Patient Booking Gateway

Patient Booking Gateway Logins

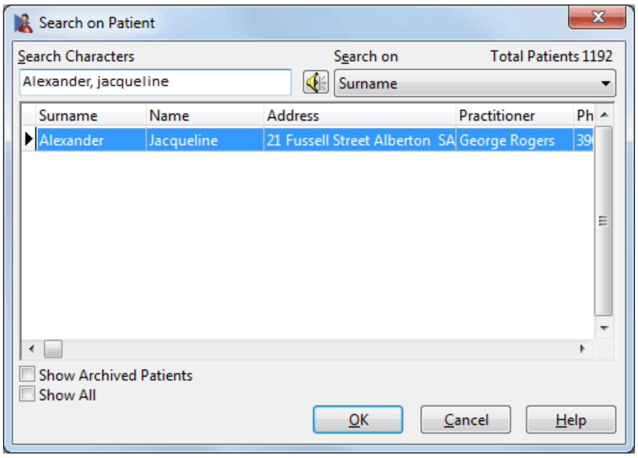
The **Registration Request Details** will be listed at the top of the window. This can be used to compare the requesting patient details against an existing patient file.



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

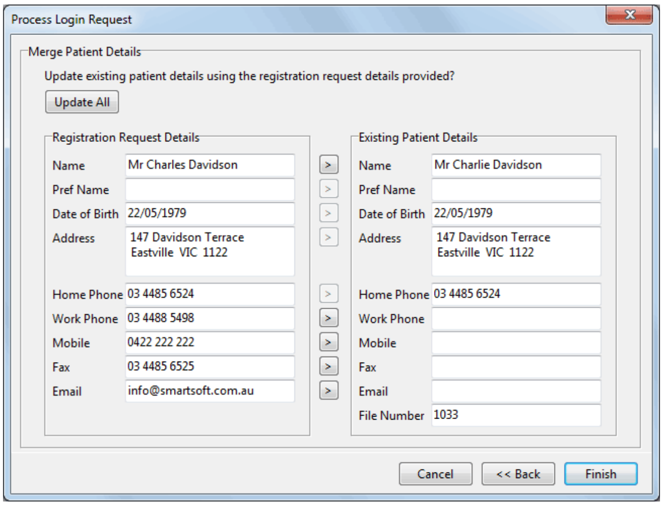


If the returned results do not match sufficiently, users can search the database for a better matching patient file by selecting **Search for patient**.



Patient Booking Gateway Logins

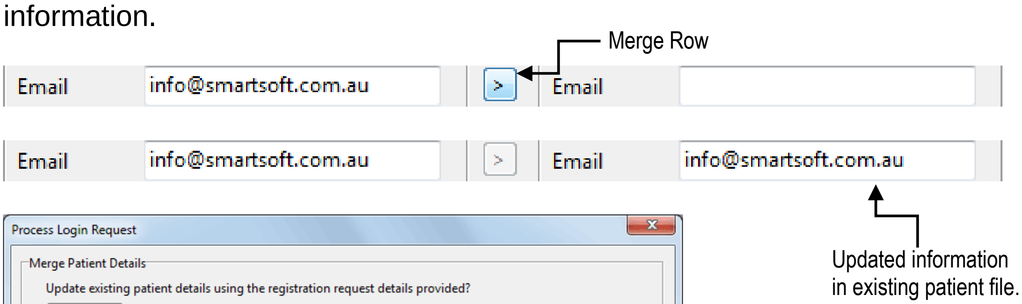
Once a patient file suitable to link with the registration request has been found and selected, click **Next** to begin the **Merge Patient Details** process.

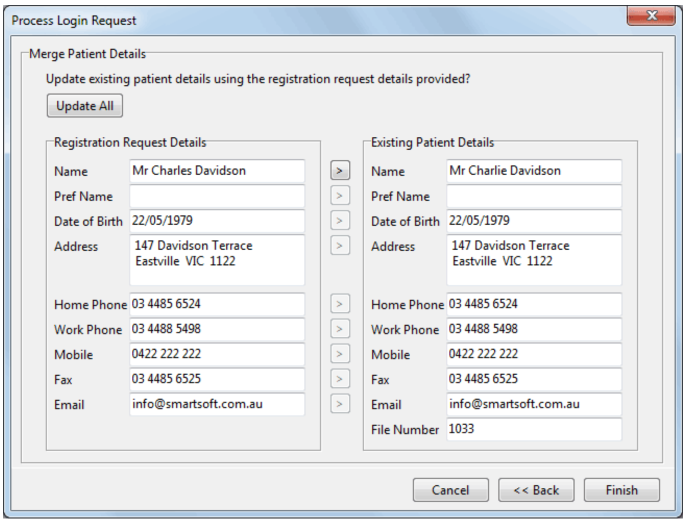


The **Merge Patient Details** window allows users to update the existing patient file with the details registered for the Patient Booking Gateway by the patient.

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

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





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

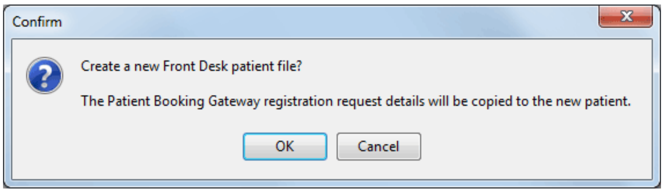
Click **Back** to return to the **Registration Request Details**, or **Cancel** to close the window without processing.

PATIENT BOOKING GATEWAY

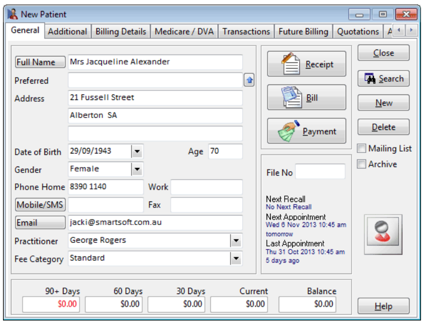
Patient Booking Gateway Logins

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

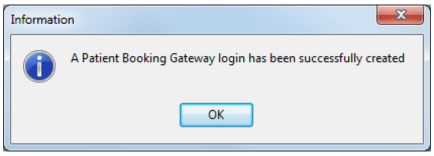
The registration request details will be copied to the new patient file automatically.



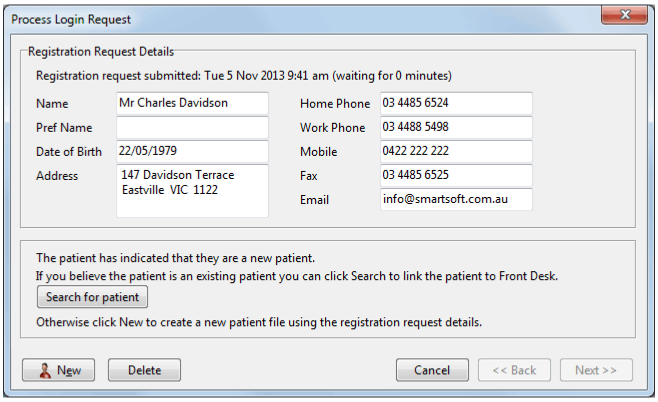
Click **OK** to complete the patient file creation.



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.

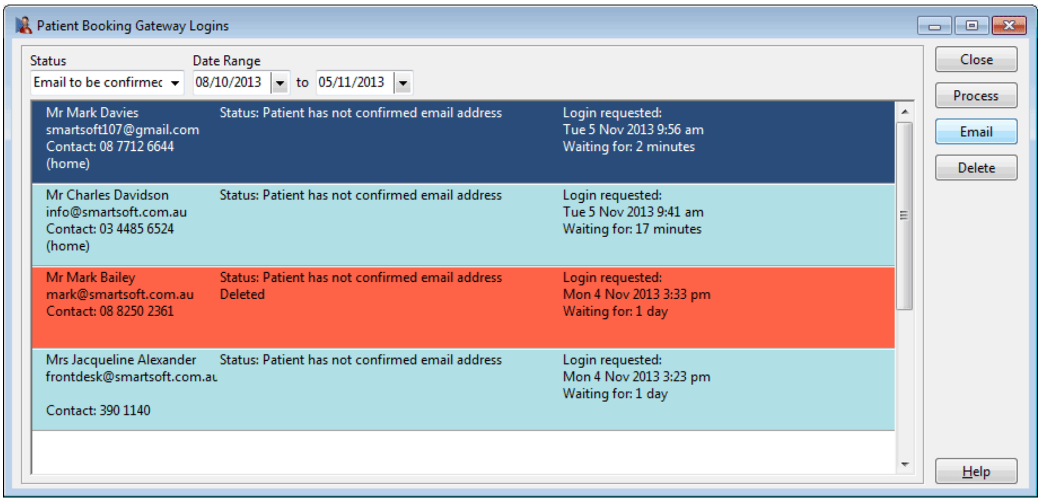


By selecting the **Search for patient** option users can search for an existing patient file to link the registration to if required.

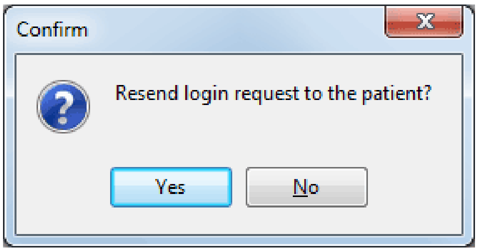
Otherwise click **New** to create a new patient file using the registration request details.

Patient Booking Gateway Logins

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



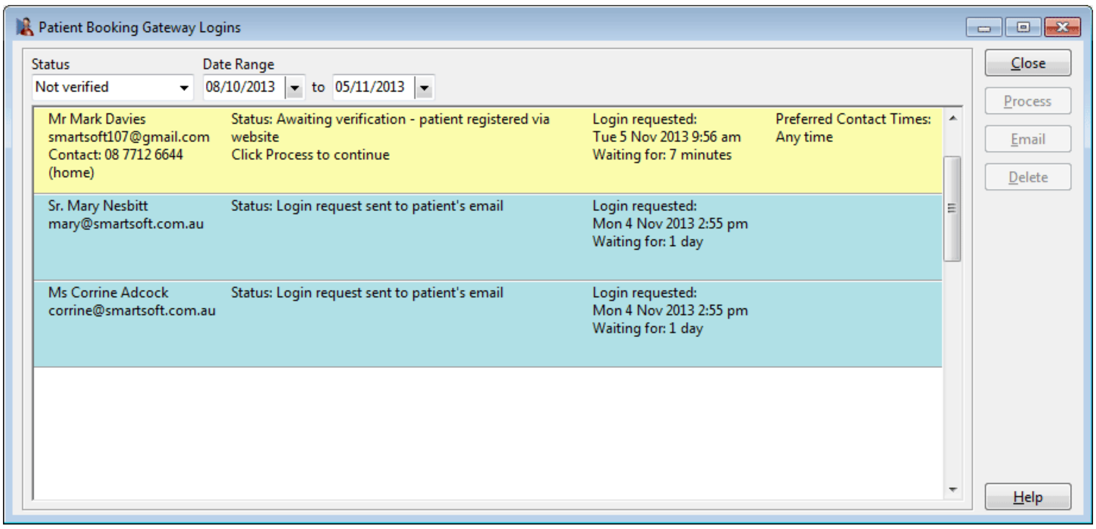
The following window will appear.



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*.

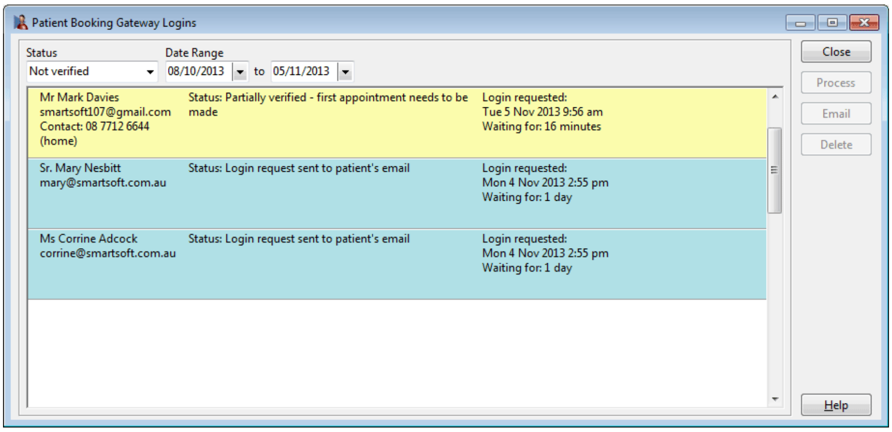
The patient can then be **processed** and linked to a patient file.



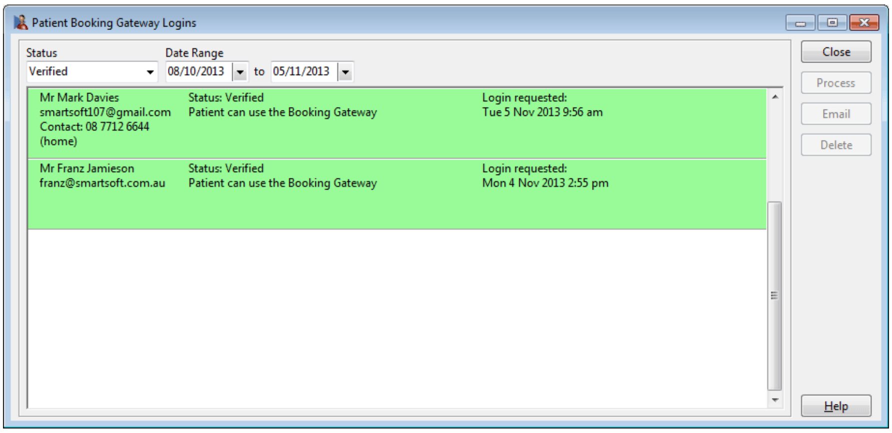
Patient Booking Gateway Logins

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*.



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*.



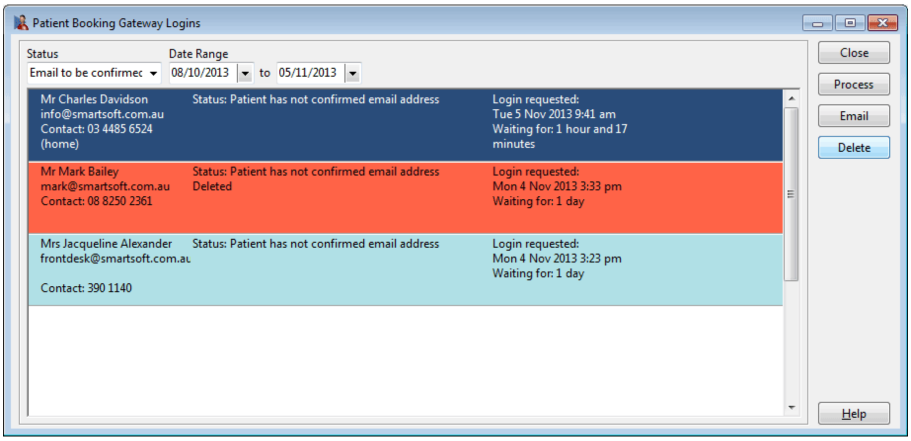
The Patient Booking Gateway login registration is now complete.

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

Patient Booking Gateway Logins

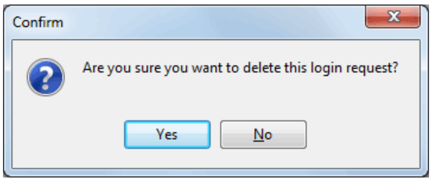
Click **Delete** to remove an incomplete login request.

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



A confirmation window will appear.

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

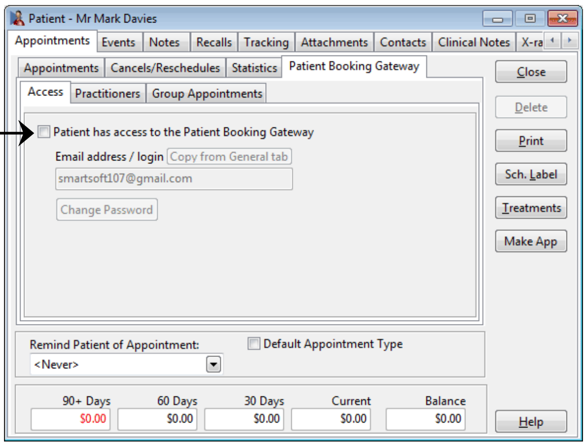


Please note that once a login request has been deleted it cannot be undeleted and must be resubmitted manually.

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.

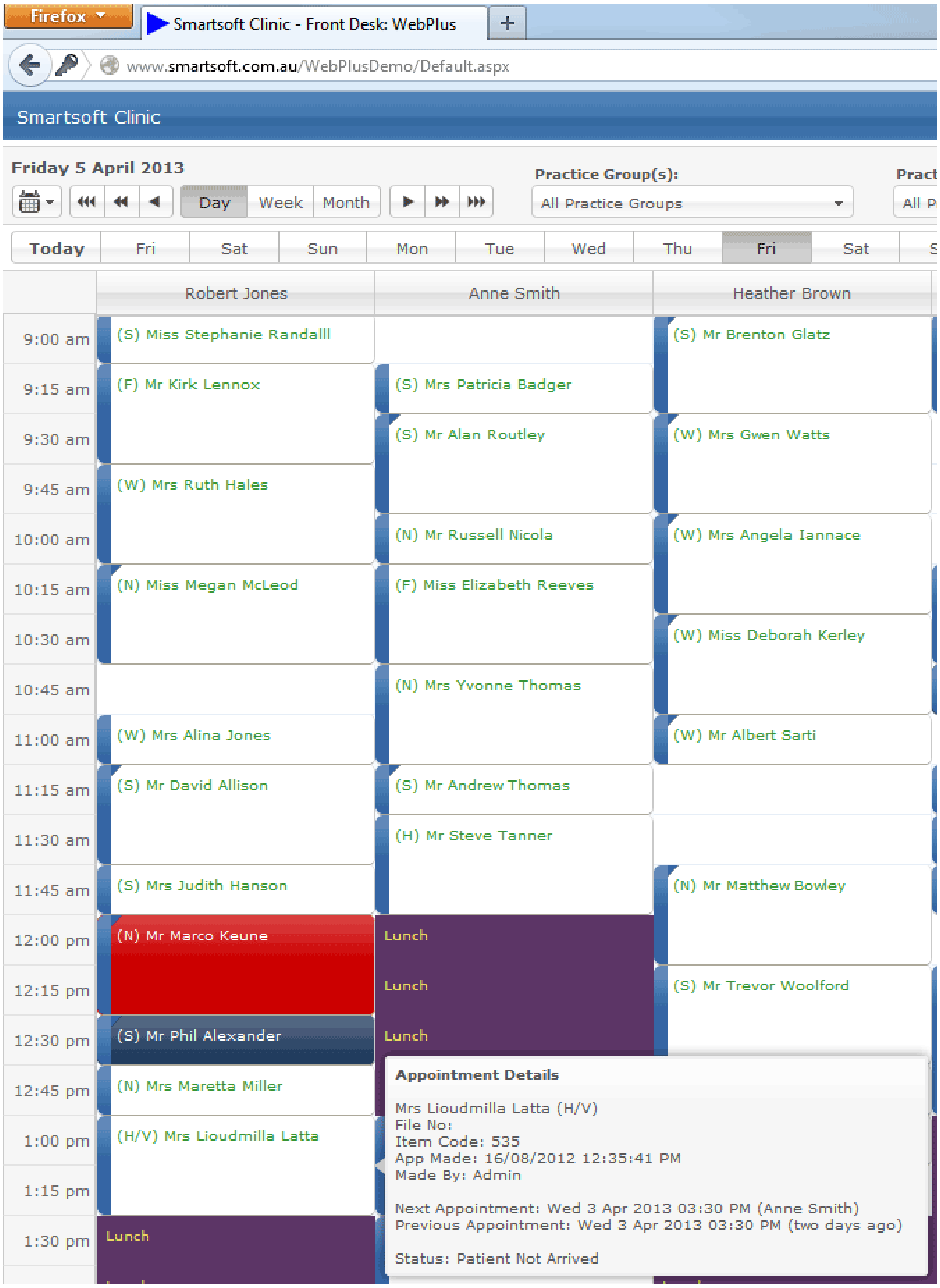
To remove access to the Booking Gateway deselect **Patient has access to the Patient Booking Gateway** as below.

Deselect to remove access.



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.



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 2021** CD into your CD-ROM.

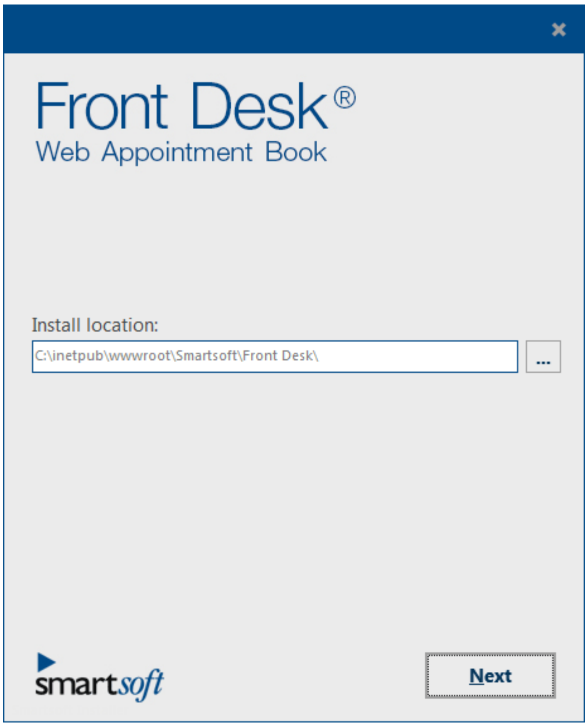
The dialog below should automatically appear on your screen.

*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**.*

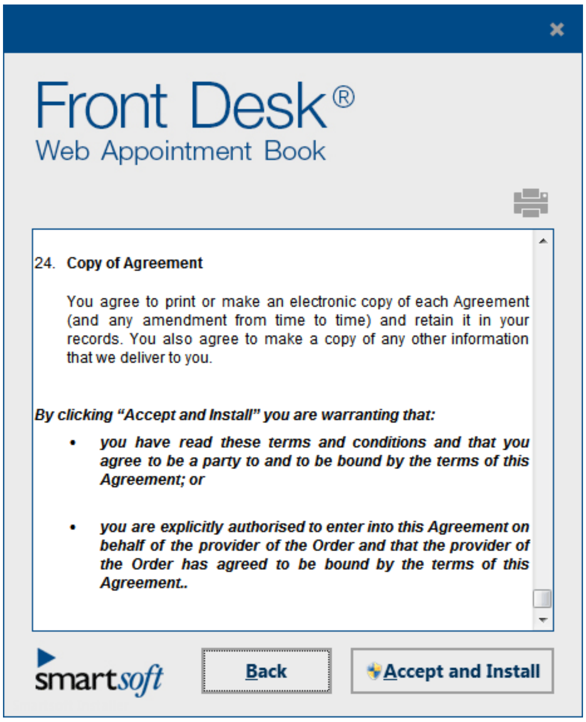
Web Appointment Book (Installation)

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**.

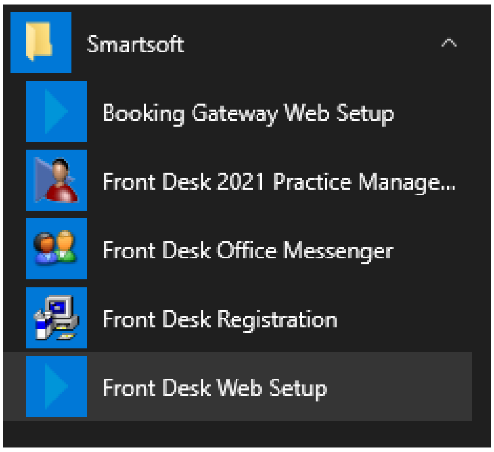


Web Appointment Book (Installation)

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

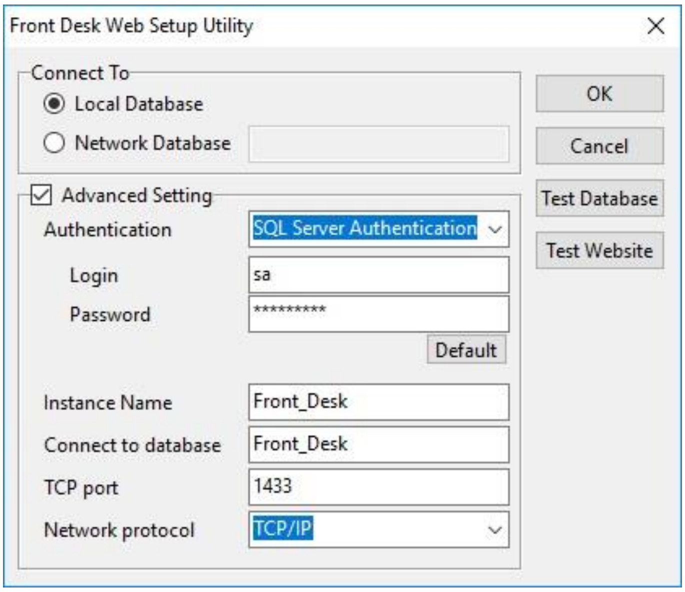
We recommend that you install the Web Appointment book in the default destination folder.

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**.

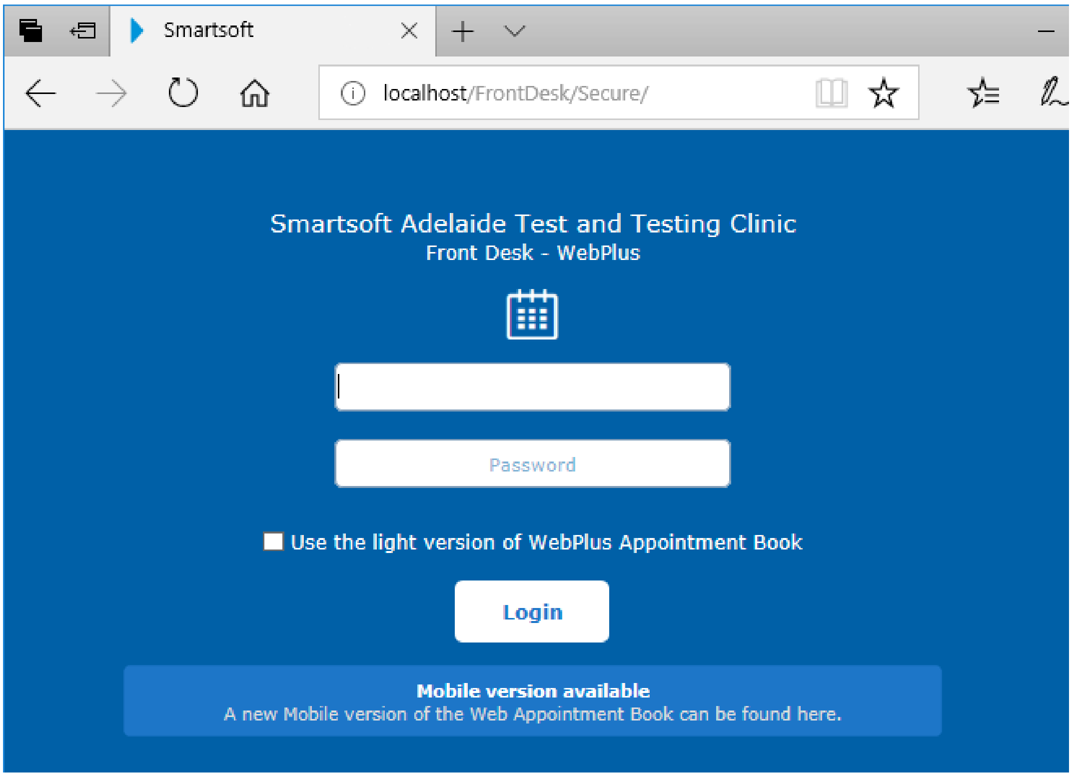
Click **OK** to save your configuration settings.

Web Appointment Book (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.

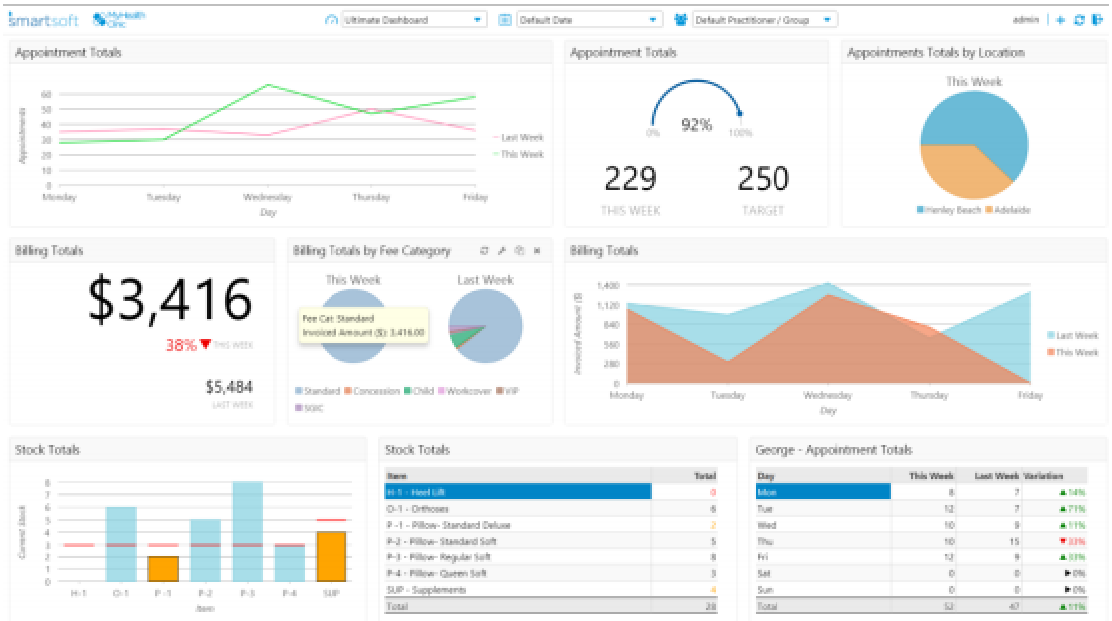
Accessing the Web Appointment Book from outside the practice
Once port forwarding has been configured, the Web Appointment Book can be accessed from outside the practice using the same links as above, however '*localhost*' or '*computername*' must be replaced by the Public IP address of the practice.

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*.**

Web Appointment Book – Insights Dashboard

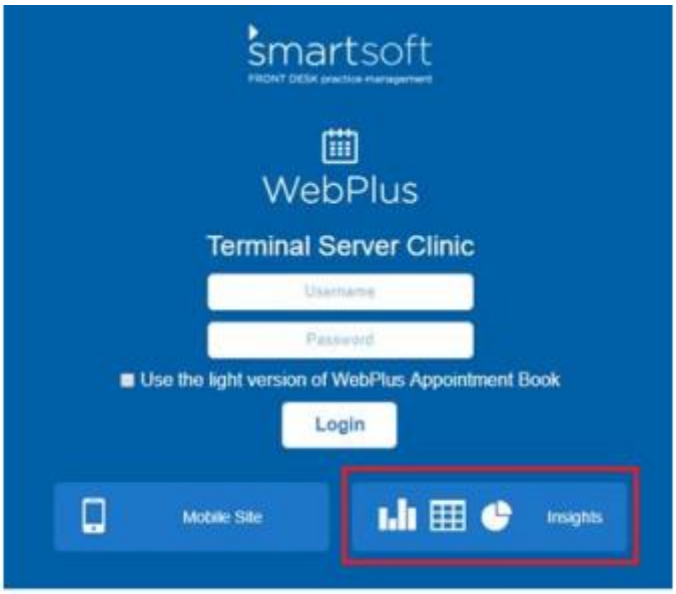
Front Desk Insights is a reporting dashboard that allows users to create customisable widgets and present their practice management data as graphs, tables and KPI metrics. This provides live business intelligence, offering clear and flexible feedback on day-to-day business operations.



Accessing Front Desk Insights

To access Front Desk Insights, visit the login screen of your Web Appointment Book and select the Insights button.

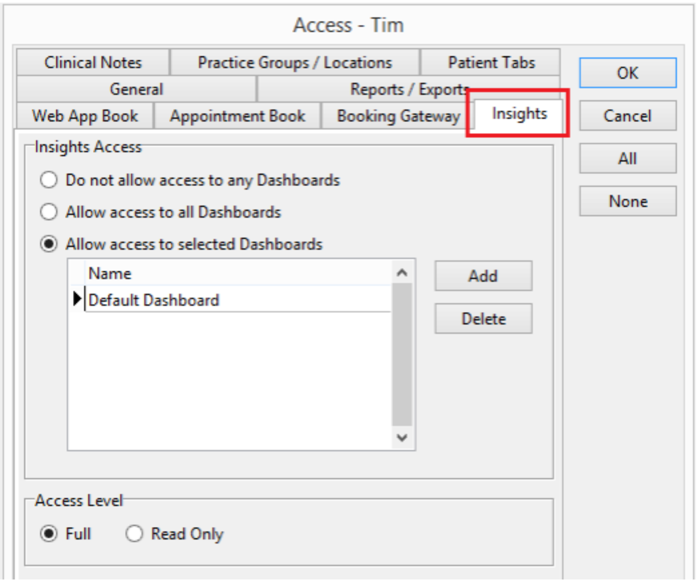
The Web Appointment Book login screen can be accessed in a web browser by navigating to http://localhost/FrontDesk/Dashboard. Alternatively, you can replace 'localhost' with the local IP address or the computer name.



Web Appointment Book – Insights Dashboard

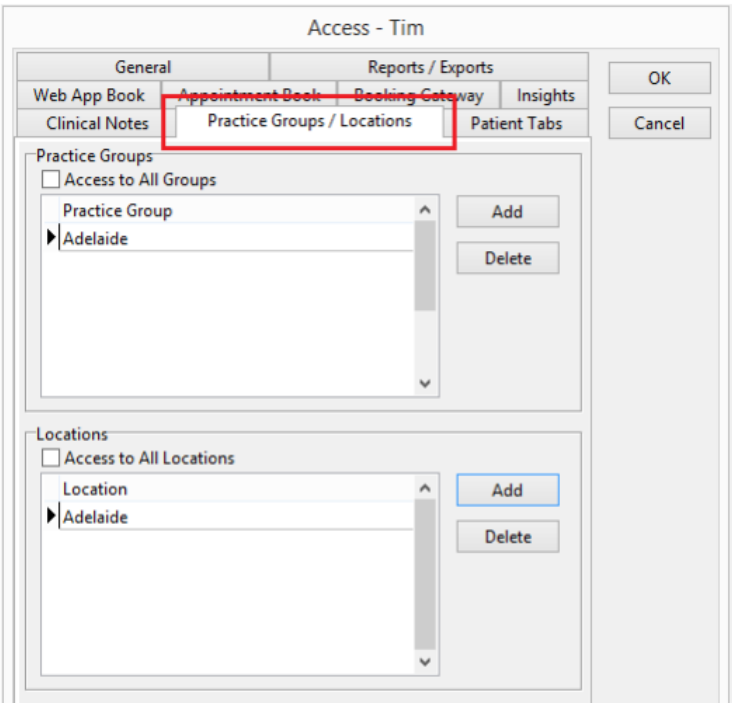
After installation, Front Desk Insights can only be accessed by the Admin user. We recommend using the Admin account to explore, setup and familiarise yourself with Front Desk Insights.

For other users, access to Front Desk Insights is provided on a per dashboard basis under the Insights tab in Front Desk from **System > Security > Access**. A user can either have full or read only access to the dashboards made available to them.



User Access

It is important to note that a Front Desk Insights user will only have access to practice groups and locations as specified within the **Practice Groups/Locations** tab.

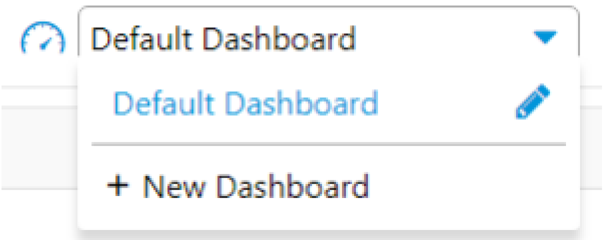


Web Appointment Book – Insights Dashboard

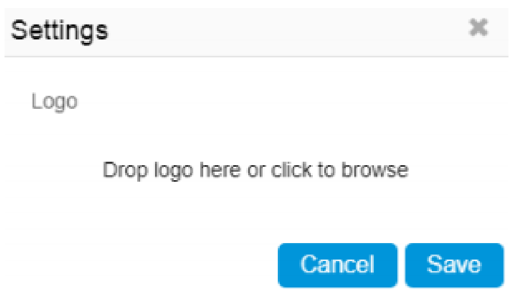
Creating and Editing Dashboards

Front Desk Insights includes a single default dashboard. Additional dashboards can be created for different purposes, such a location or practitioner specific dashboard, or for different business roles i.e. practice manager, practitioner etc.

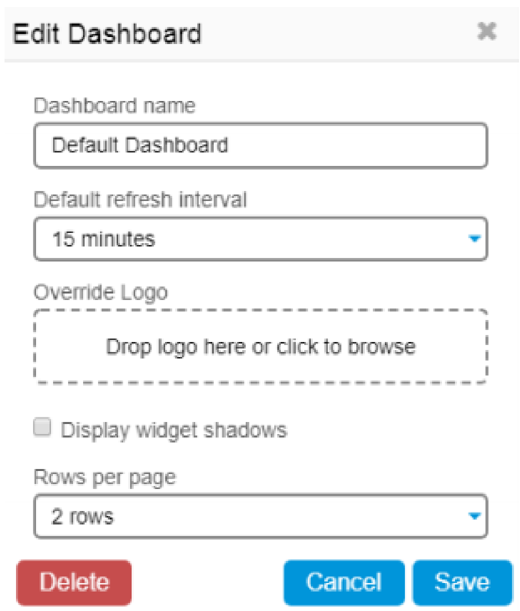
To add a new dashboard, select the dropdown menu at the top of the screen and select **New Dashboard**. To edit existing dashboards, select the pencil icon.



To add your clinic logo to all dashboards, select ‘click to add your logo’ in the top left. You can drag and drop your clinic logo onto this screen or click to browse.



When adding or editing dashboard, you can customise the following properties.

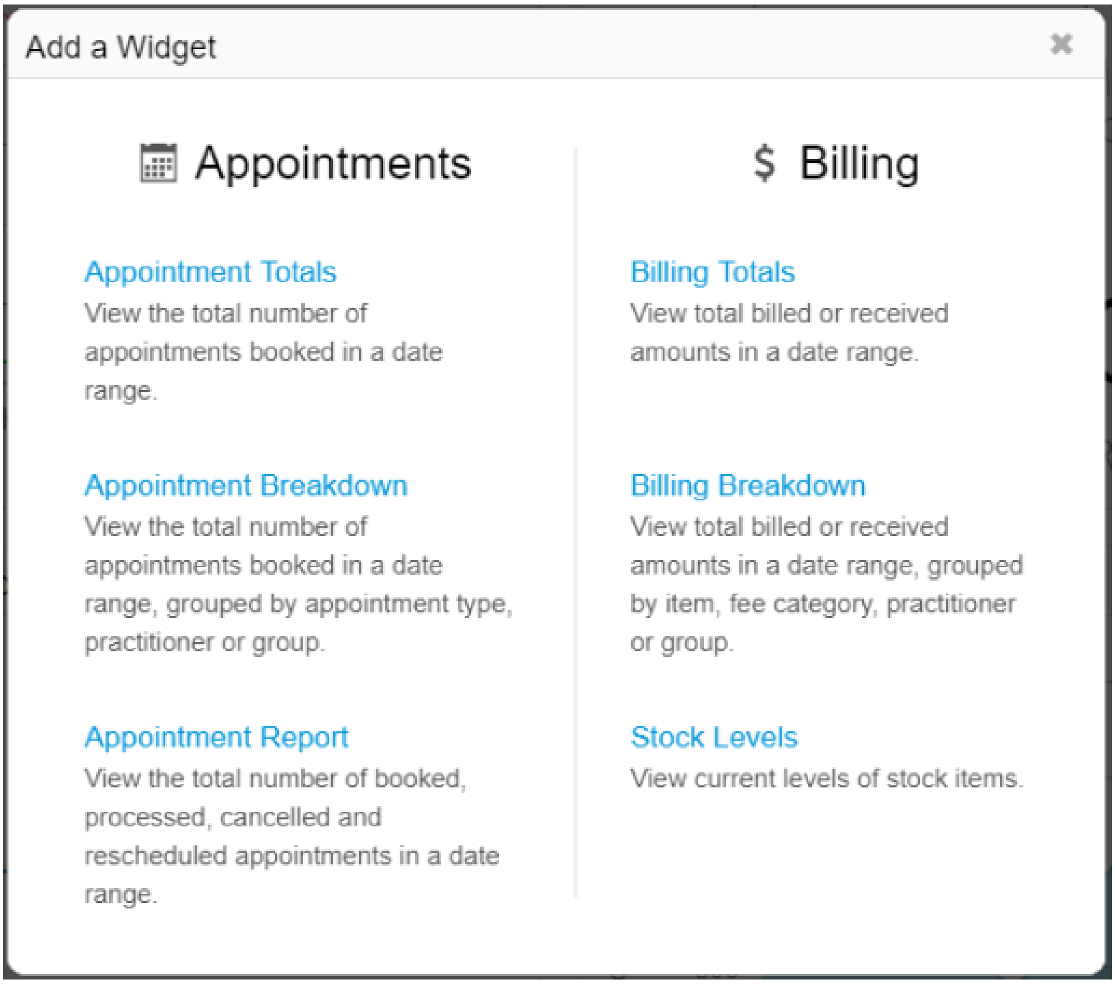


Web Appointment Book – Insights Dashboard

Adding Widgets

Adding widgets to your dashboards is as simple as clicking the + icon in the top right of the screen. Here, you will also find options to refresh the selected dashboard, switch to full screen view and to logout.

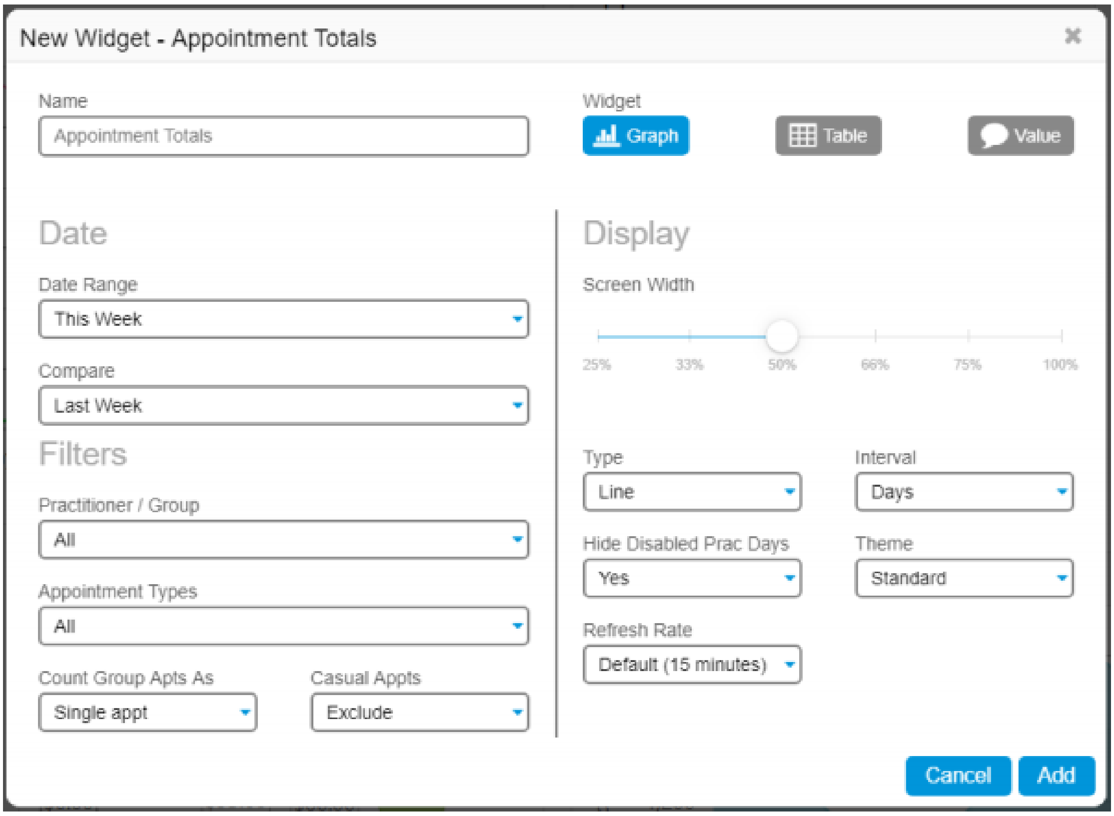
Front Desk Insights currently includes 6 types of widgets that can be customised in many ways.



After selecting the widget type you will be able to start customising your widget name and selecting what type of widget to add. Widgets have three key areas that can be customised:

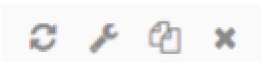
• Date – Select a primary and comparison date range (optional)
• Filters – Select what data should be included in the widget
• Display – Selected how the data should be presented in the widget

Web Appointment Book – Insights Dashboard

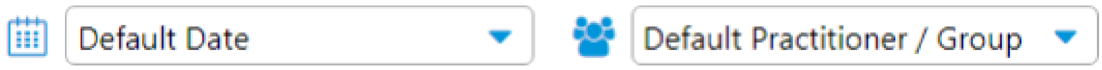


Select **Add** to drop the widget into your dashboard.

When mousing over a widget, you can choose to refresh the data, edit settings, duplicate and delete.



The quick select options at the top of the dashboard can be used at any time to temporarily override the date range and practitioner/group of all widgets on a dashboard.

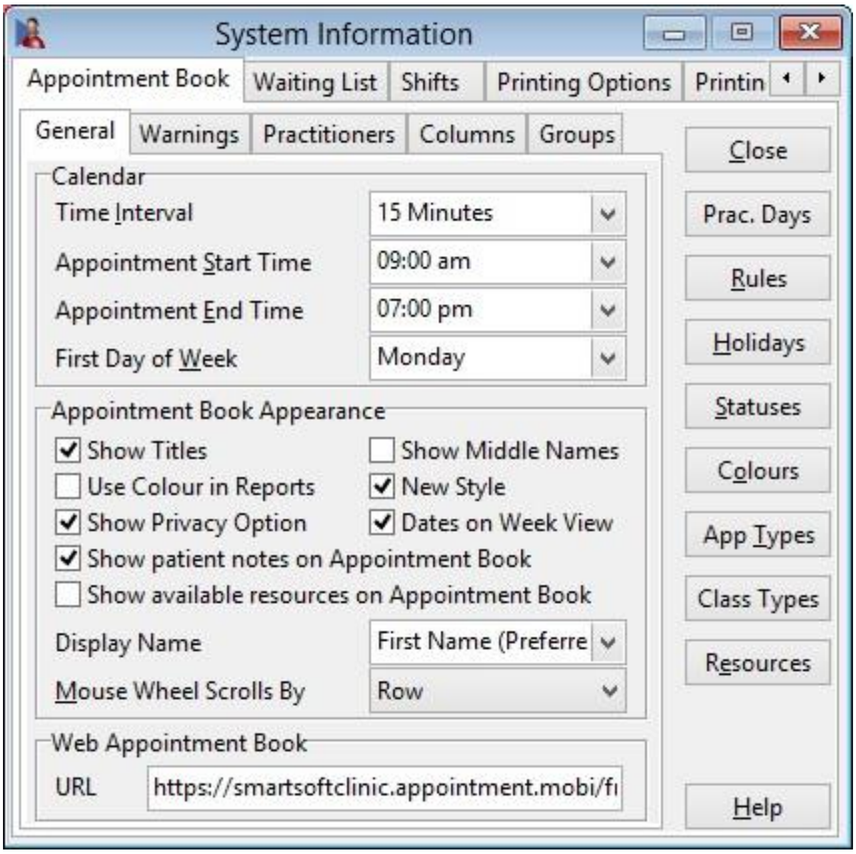


ICALENDAR

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 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.*smartsoftclinic.appointment.mobi/frontdesk*). Your Web Appointment Book address generally includes the directory /frontdesk.

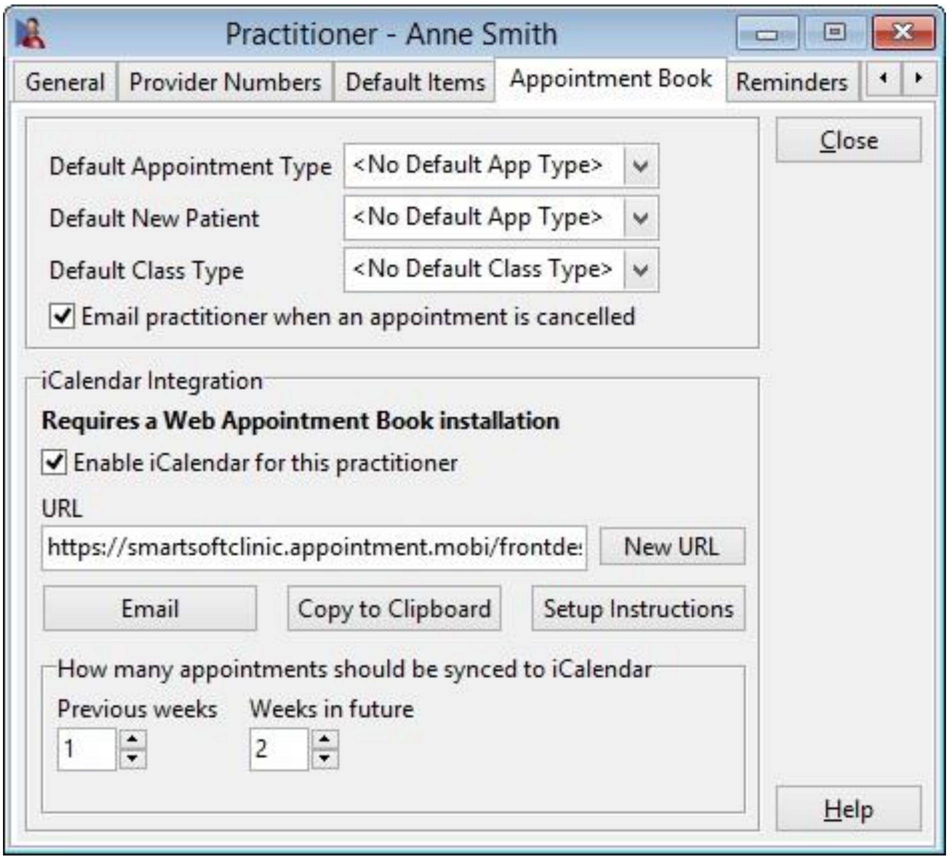


On the **Appointment Book** tab of the **Practitioner** file, check **Enable iCalendar for this practitioner**. This will generate a URL, which will be used by your iCalendar compatible application.

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



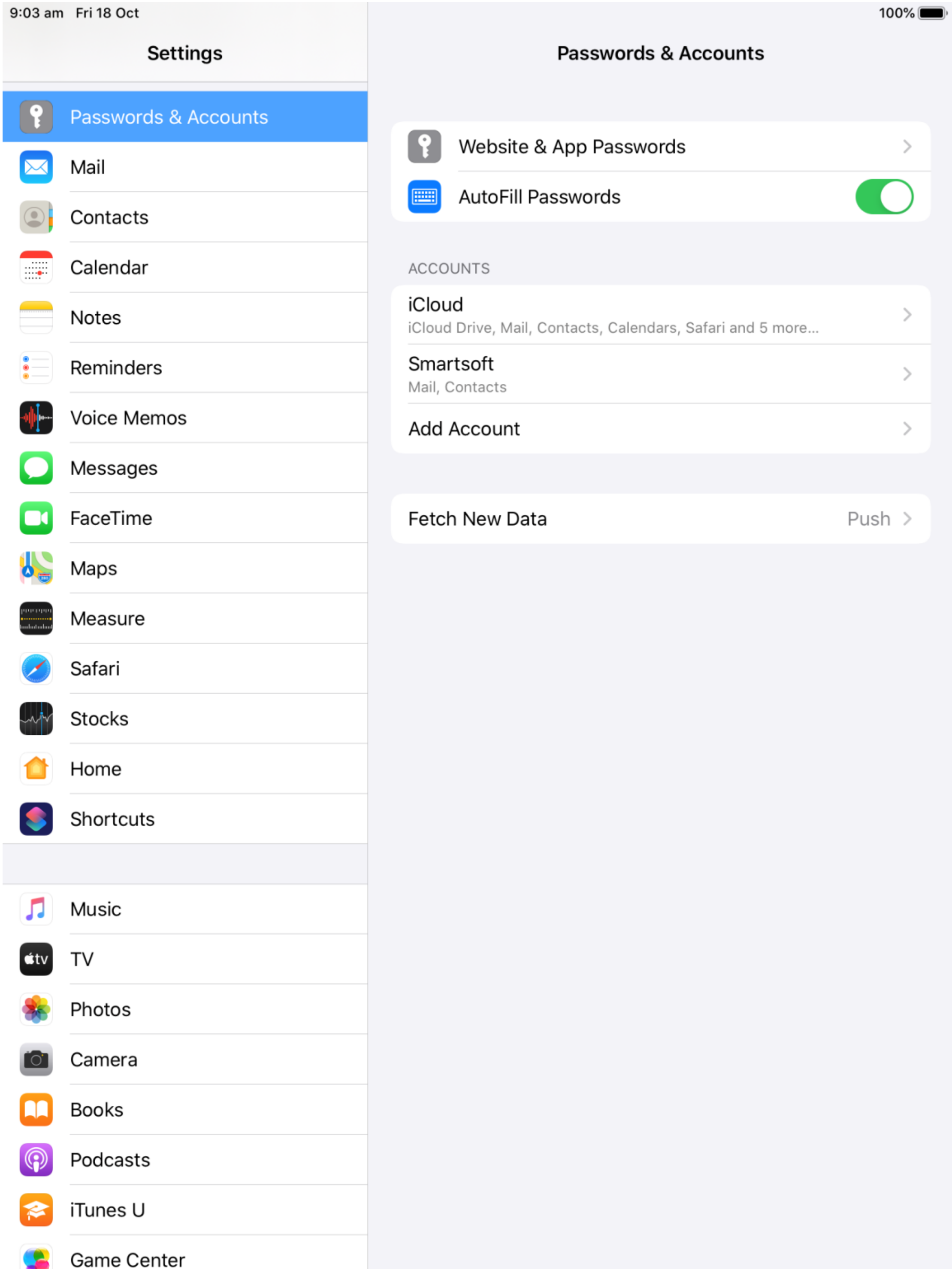
This section of *Front Desk* also allows users to choose how many appointments they would like to be sent to iCalendar. By default this is set to 1 week in the past, and 2 weeks in the future, both can be set up to 12 weeks. The current week's appointments are always included.

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.

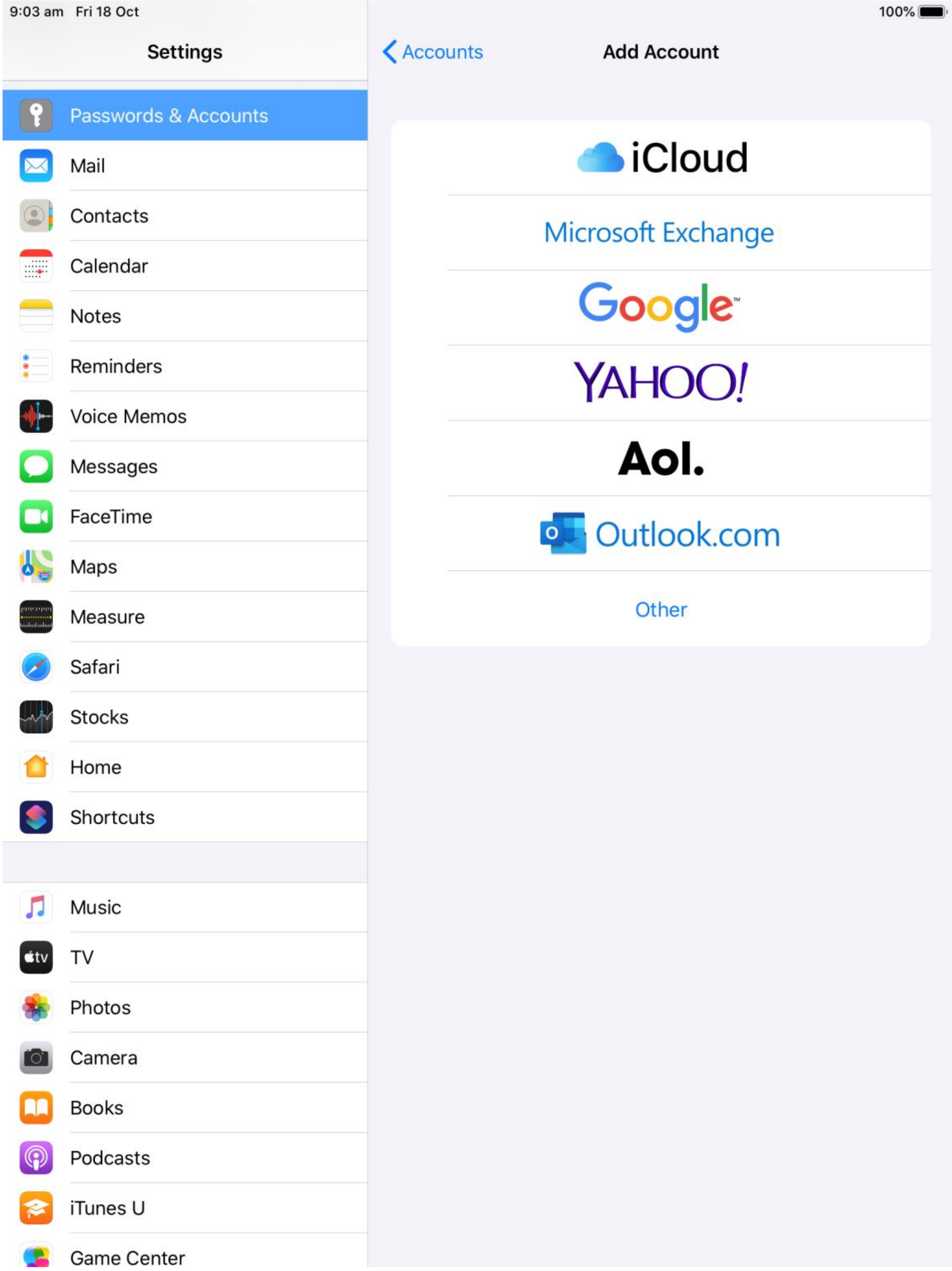
Go to **Settings**, then **Passwords & Accounts**.

Select **Add Account...**



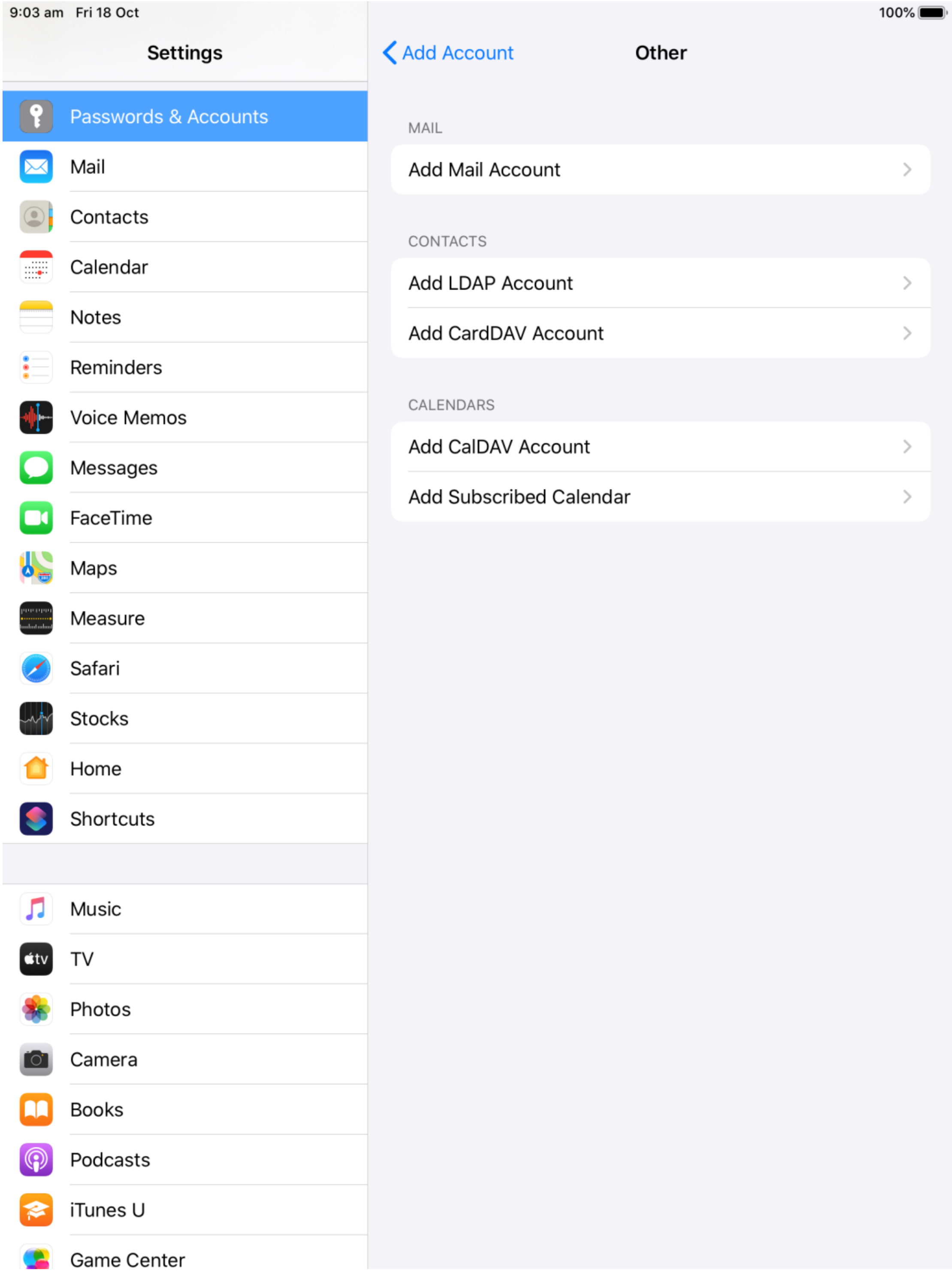
How to Setup iOS (iPhone / iPad) Integration

Select **Other**.



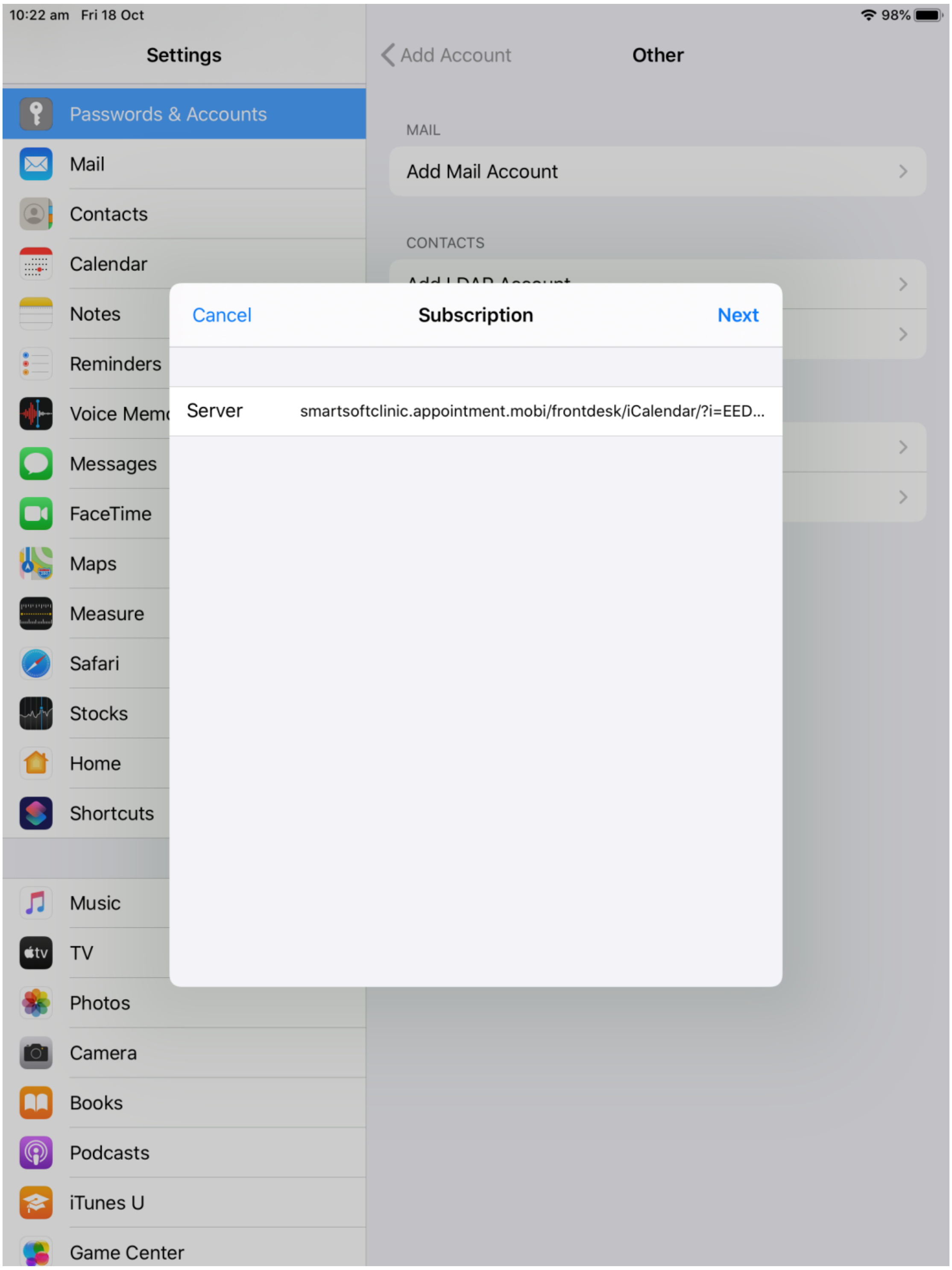
How to Setup iOS (iPhone / iPad) Integration

Select **Add Subscribed Calendar**



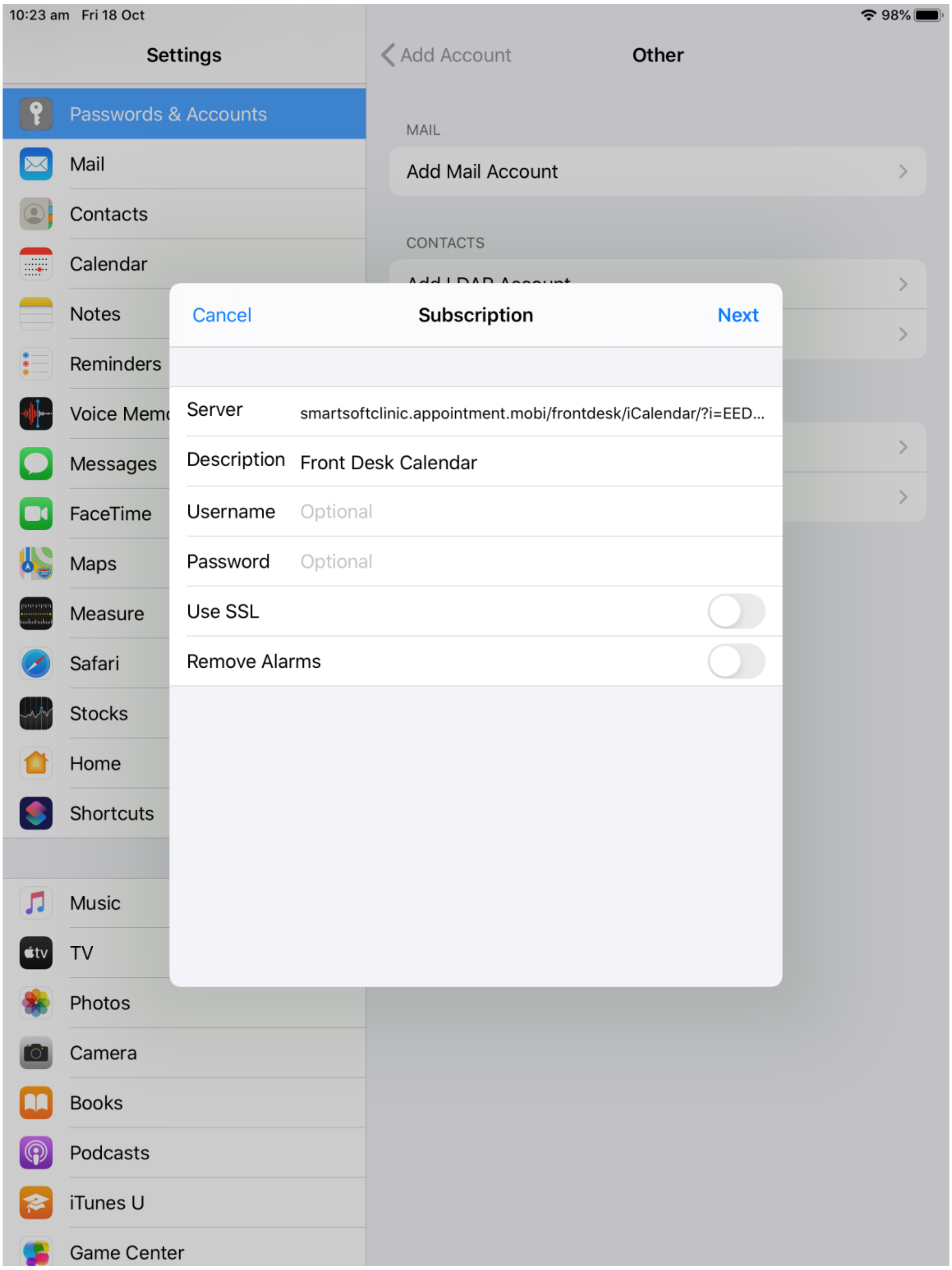
How to Setup iOS (iPhone / iPad) Integration

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



Press **Next/Save**.

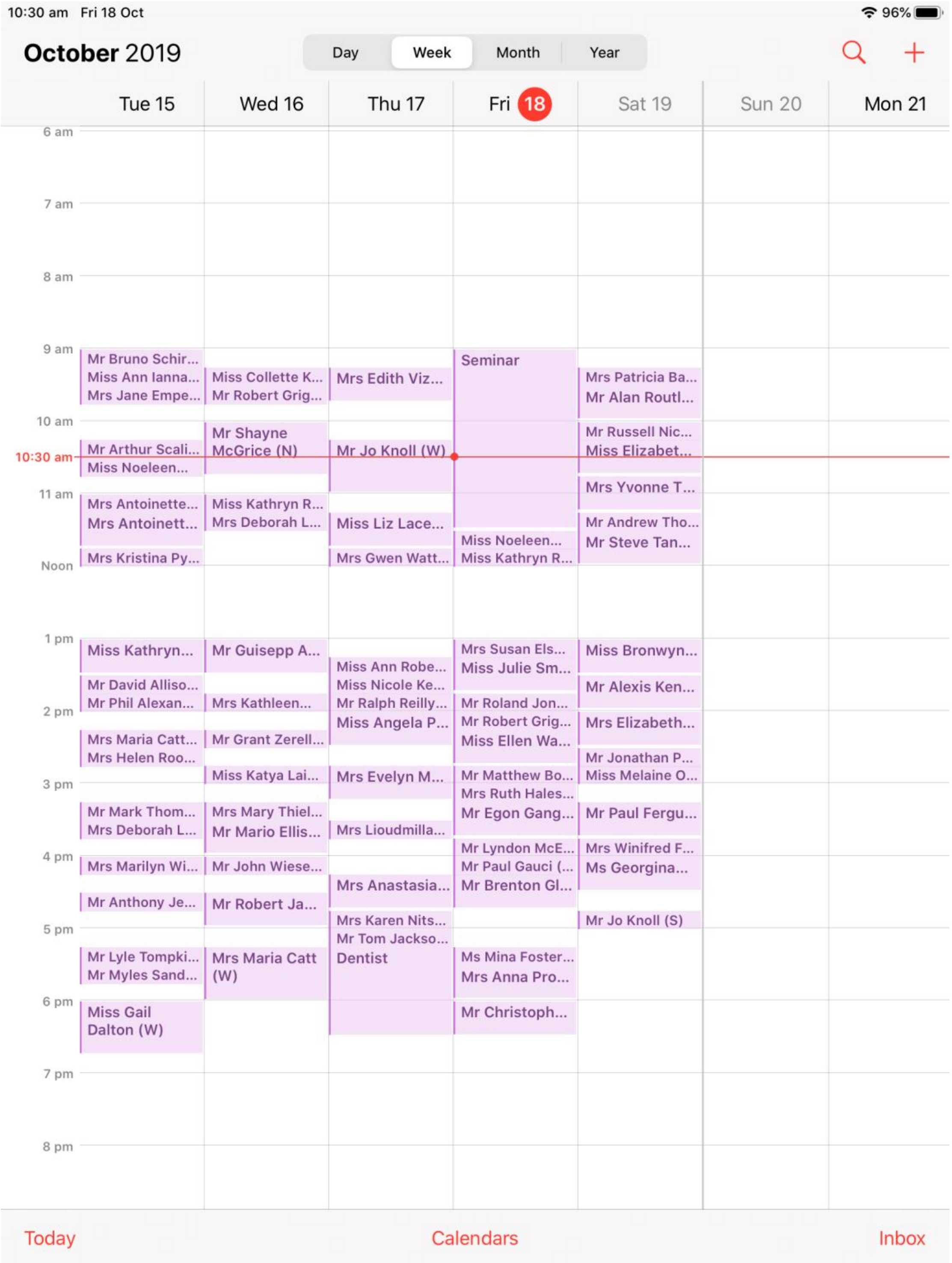
How to Setup iOS (iPhone / iPad) Integration



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

How to Setup iOS (iPhone / iPad) Integration

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

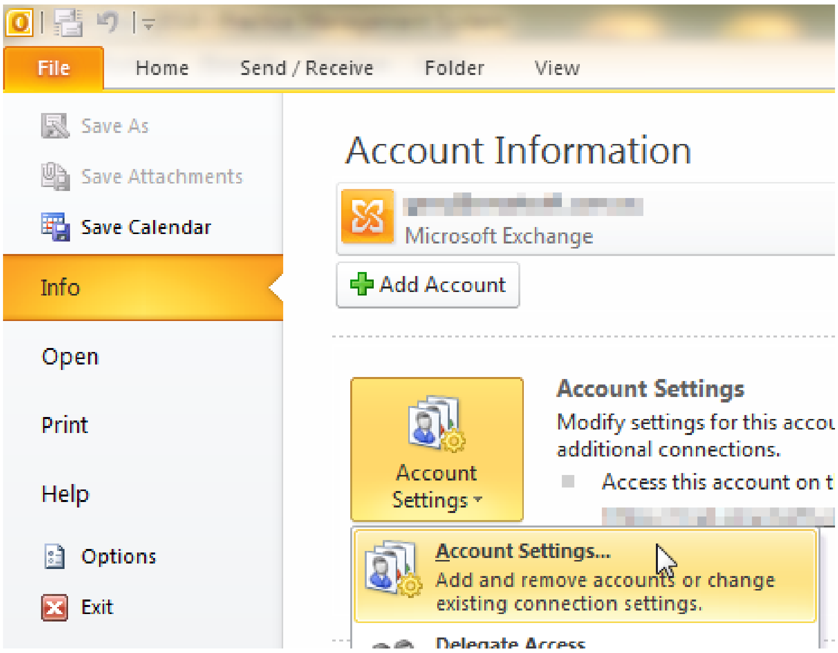


ICALENDAR

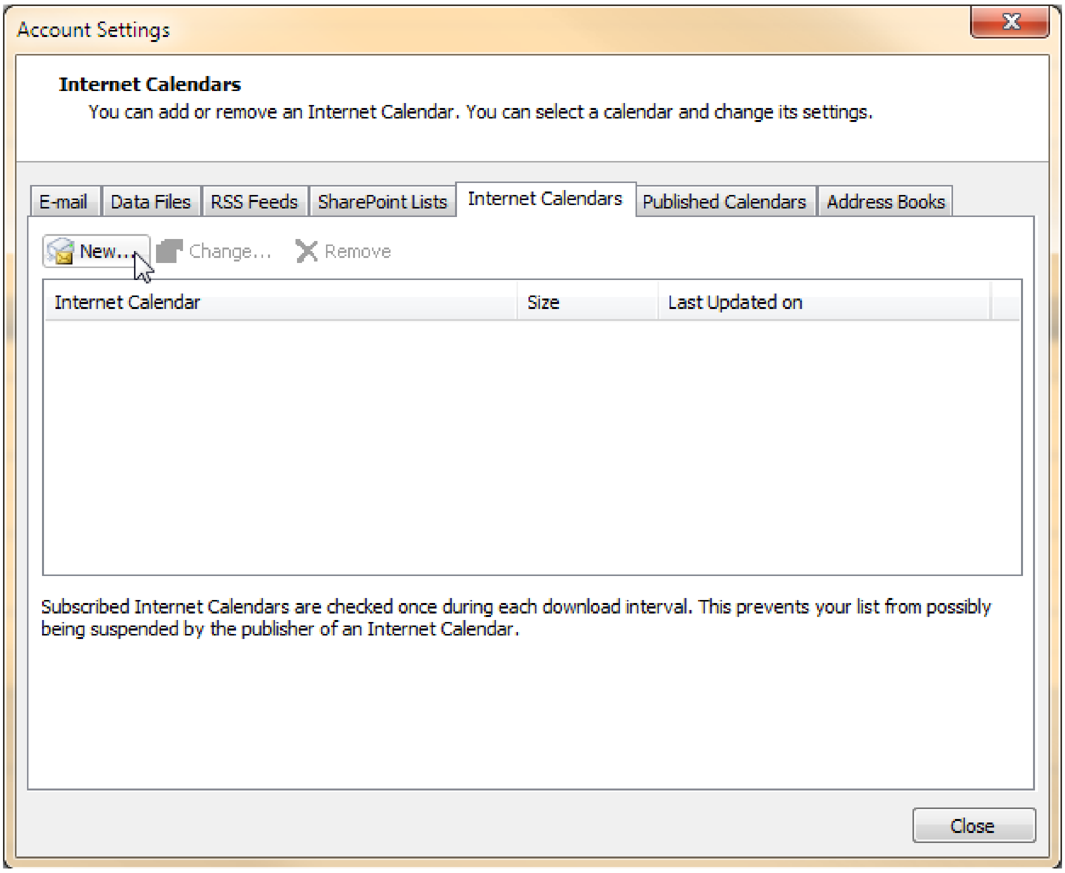
How to Setup Microsoft Outlook 2010 Integration

Select the **File** tab.

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

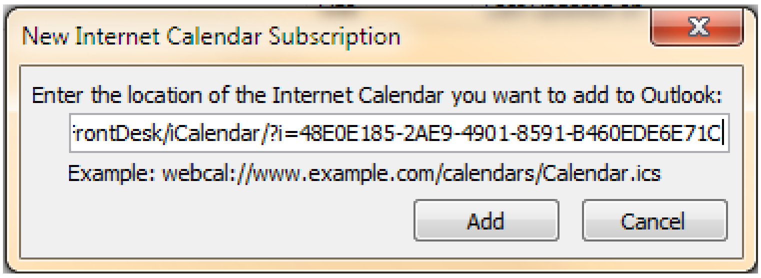


Select the **Internet Calendars** tab, and click **New**.

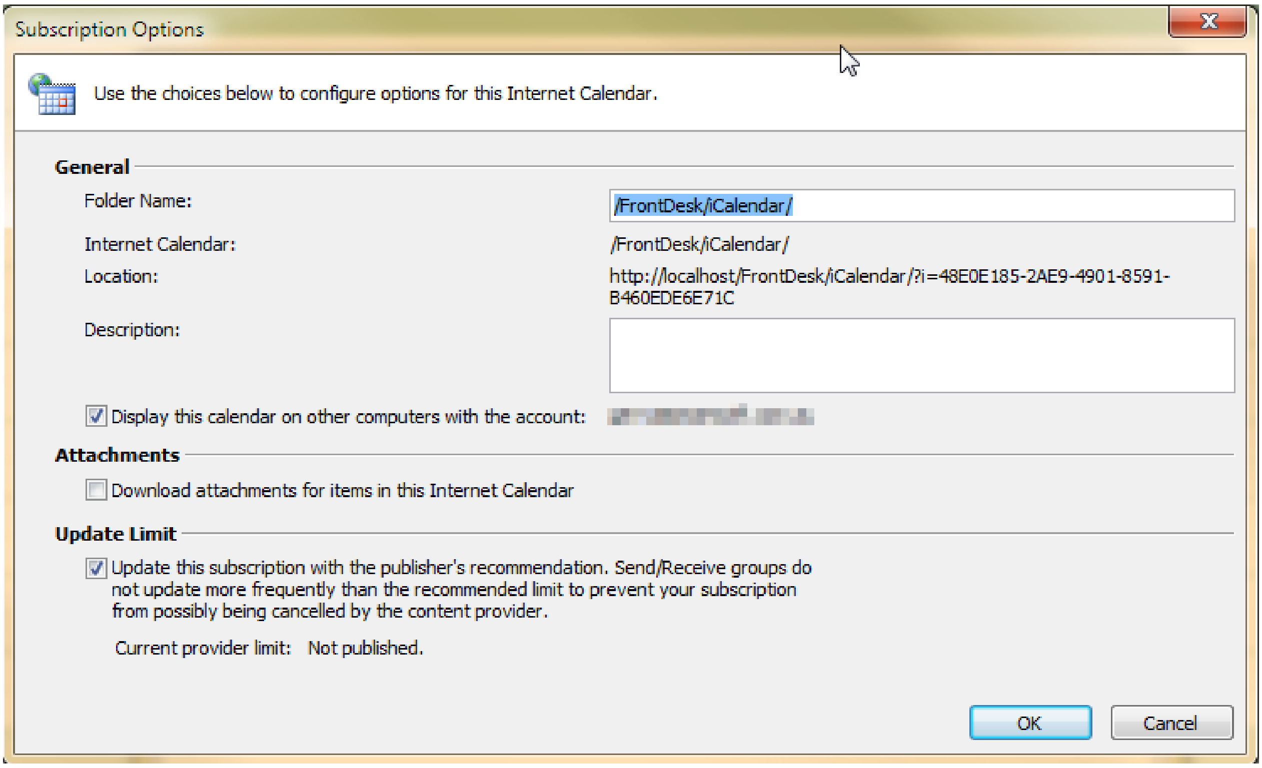


How to Setup Microsoft Outlook 2010 Integration

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

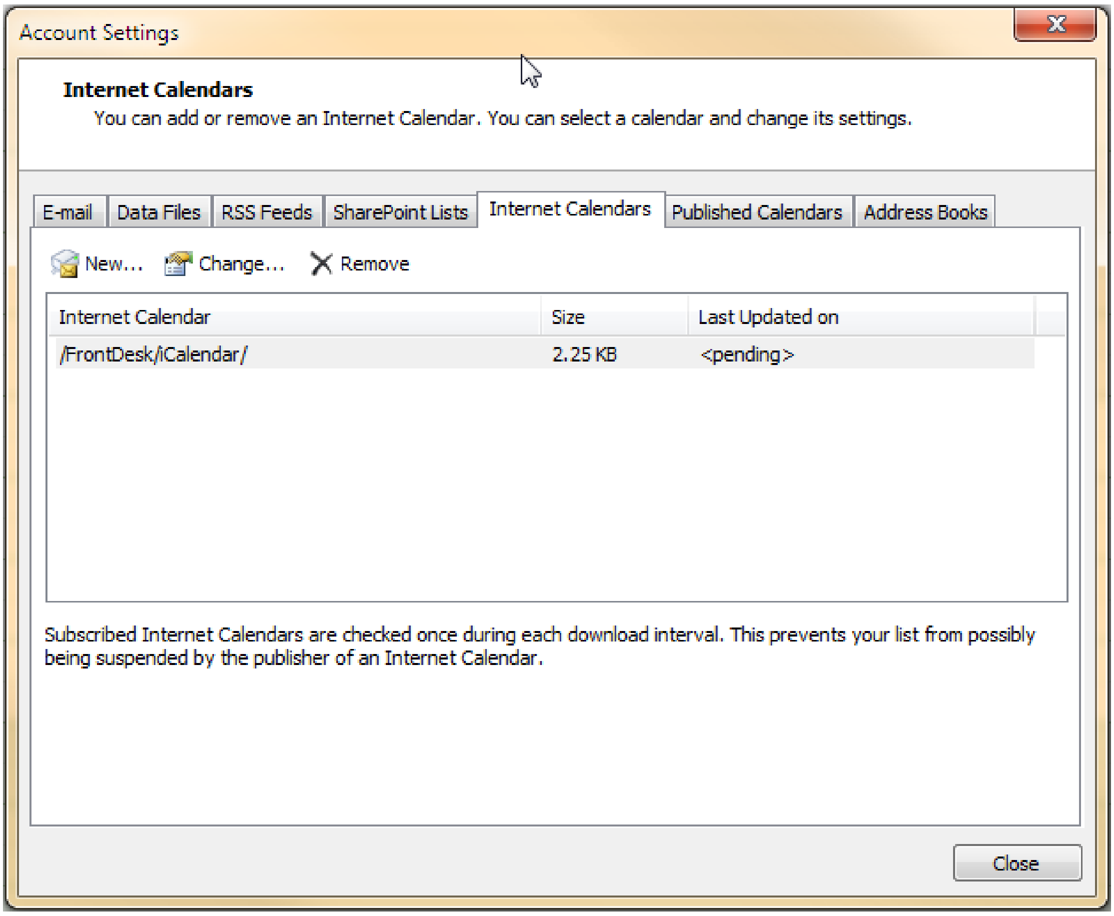


The following window will be displayed. Click **OK**.



You will now see your calendar listed, as below:

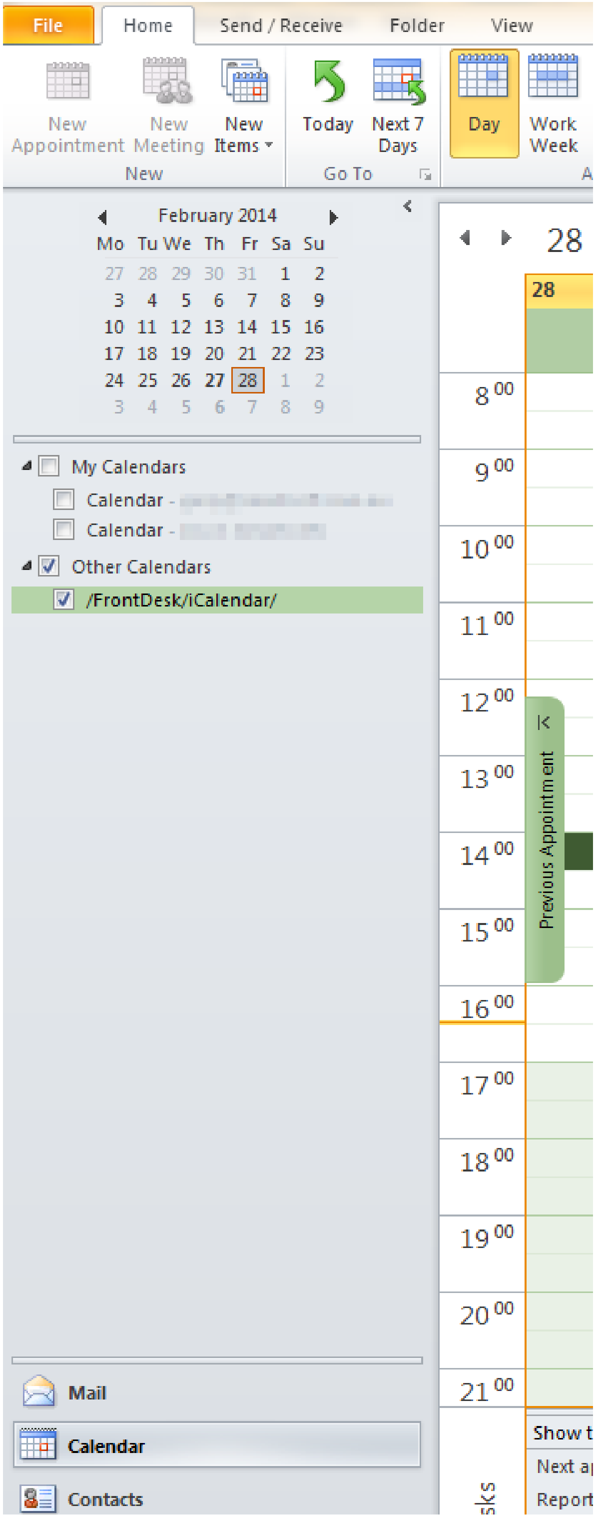
How to Setup Microsoft Outlook 2010 Integration



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.

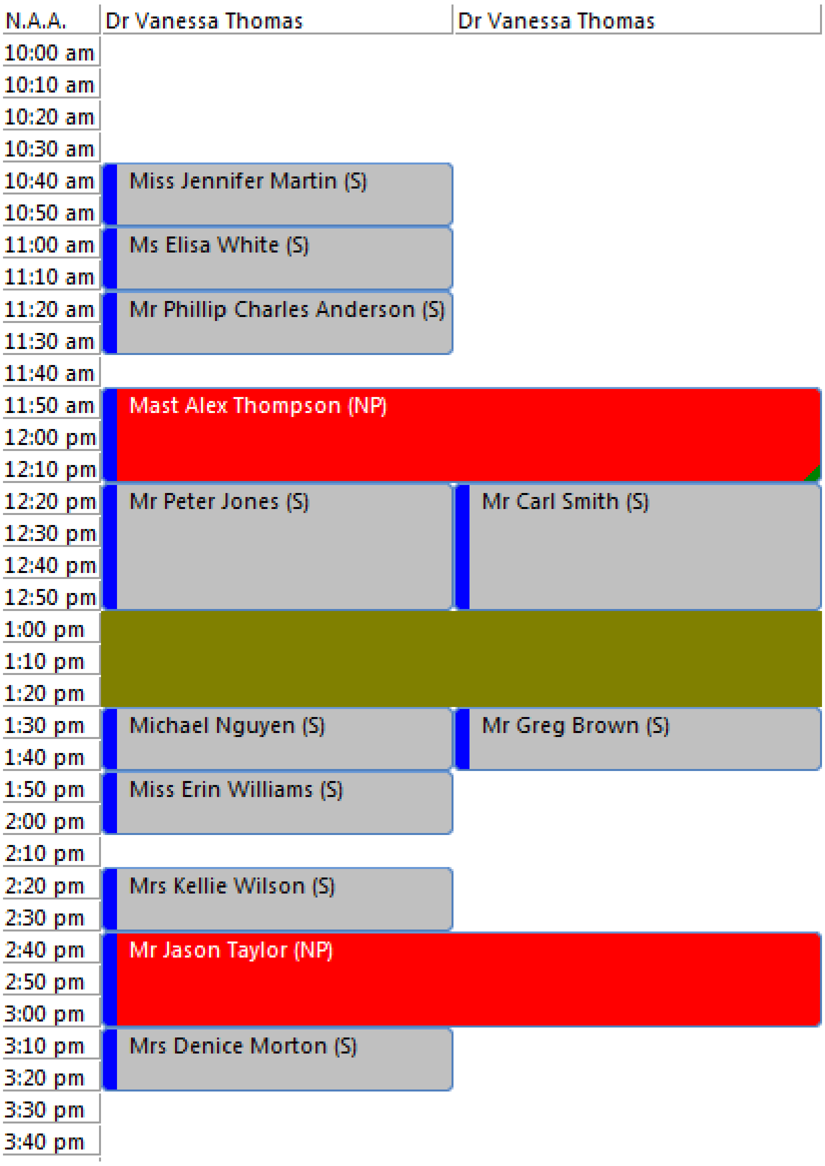
How to Setup Microsoft Outlook 2010 Integration

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



How to Setup Microsoft Outlook 2010 Integration

The following is an example of some Appointments in Front Desk

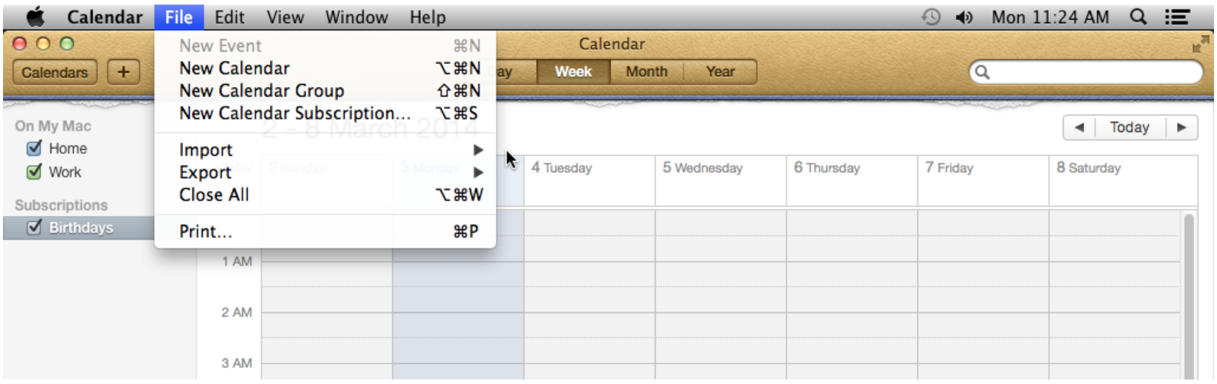


And below is the corresponding information viewed in a synconronised Microsoft Outlook Calendar

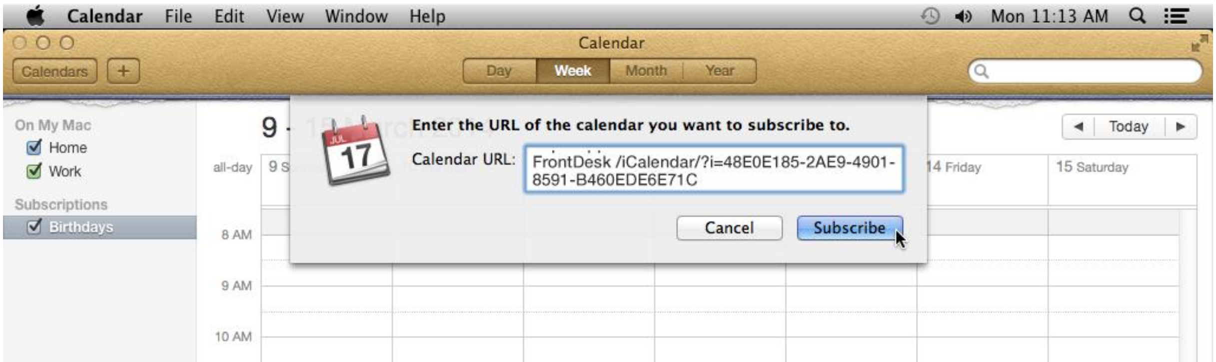
How to Setup Microsoft Outlook 2010 Integration

How to Setup Mac OS Calendar Integration

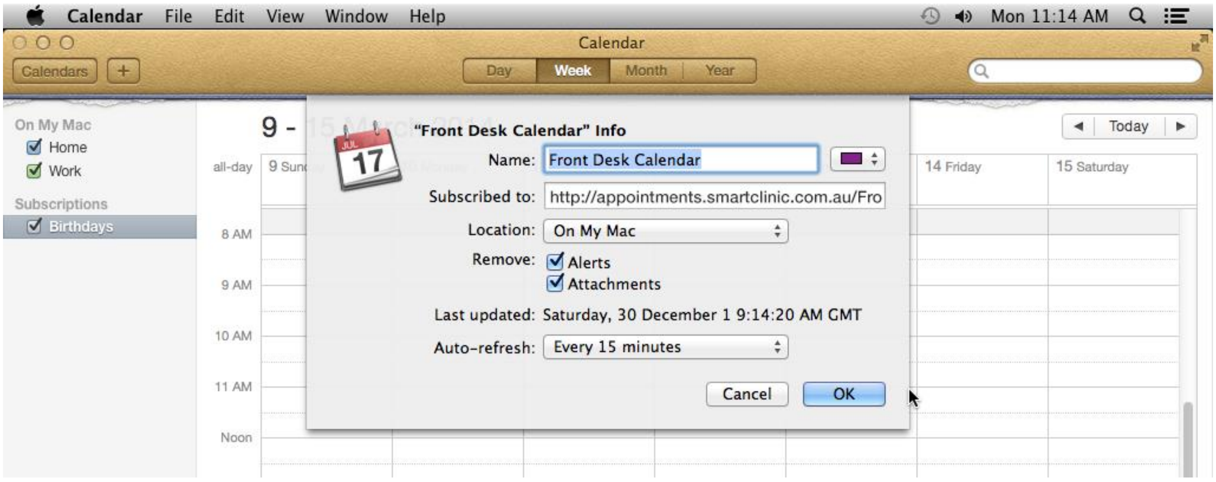
Open the Calendar. Select **New Calendar Subscription...** from the **File** menu.



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

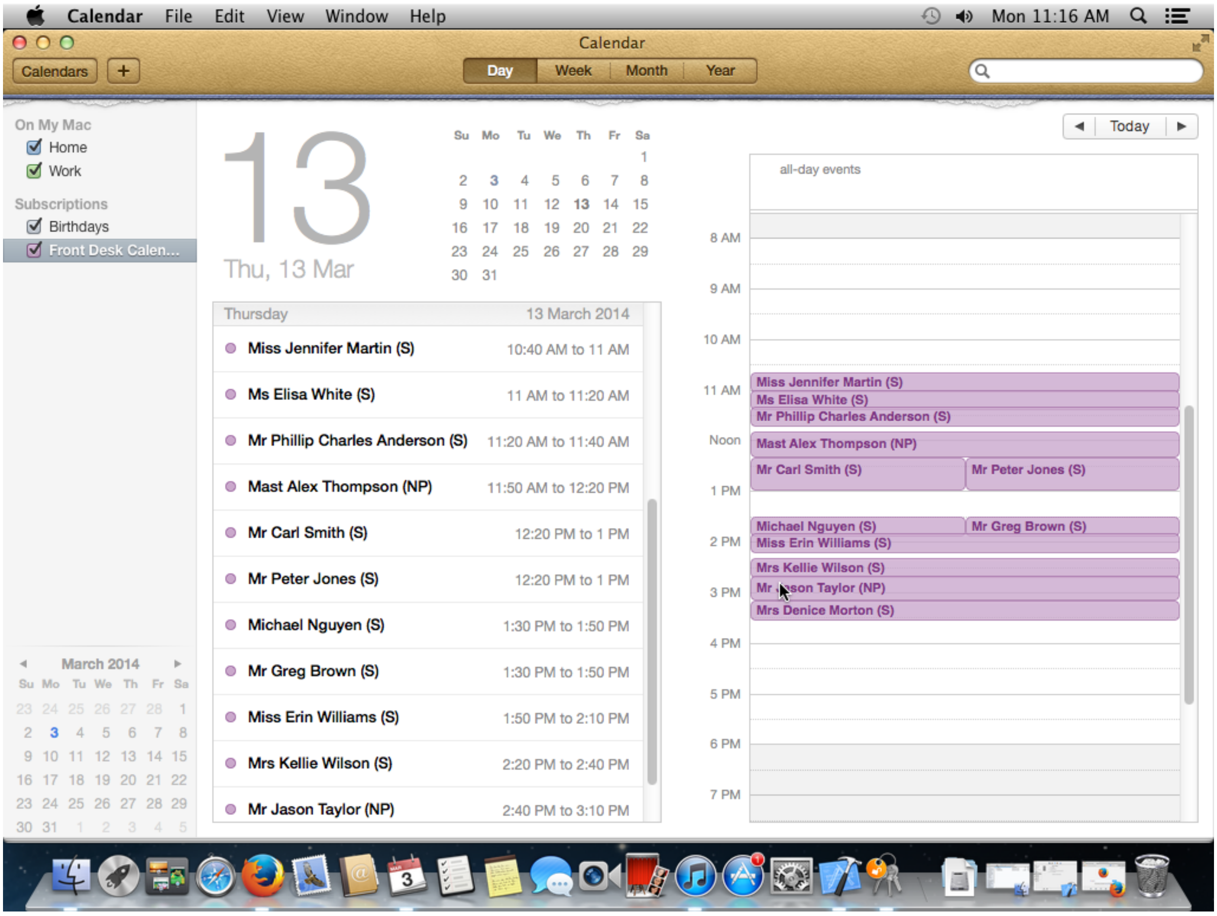


Click **OK**.



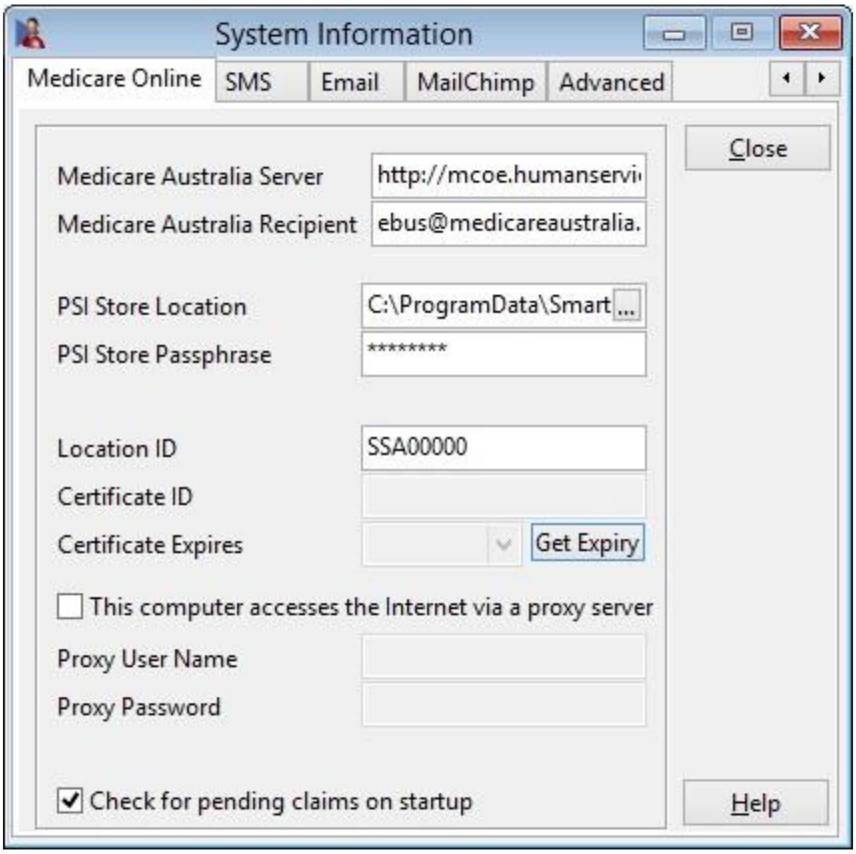
How to Setup Mac OS Calendar Integration

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 (System Information)

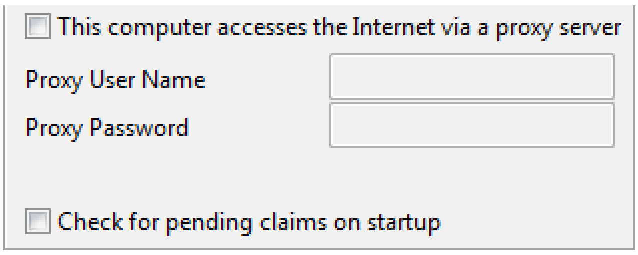
Select the **Medicare Online** tab from the **System Information** dialog.



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:



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.

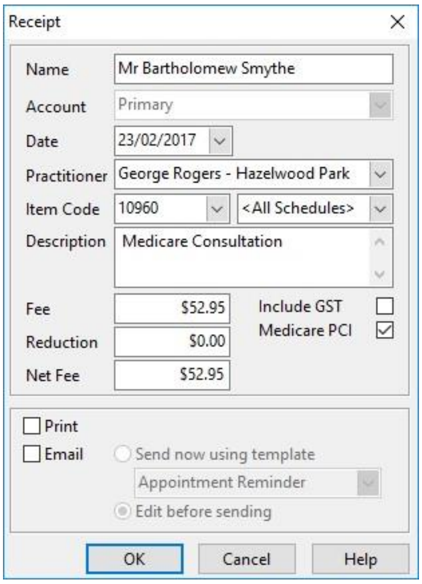
Patient Claims: Store & Forward (PCS) involves preparing and authorising the claim, storing the claim, and then forwarding it to Medicare at a more convenient time. PCS is the required method of transmitting claims outside Medicare Australia operating hours.

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

PCI Claim

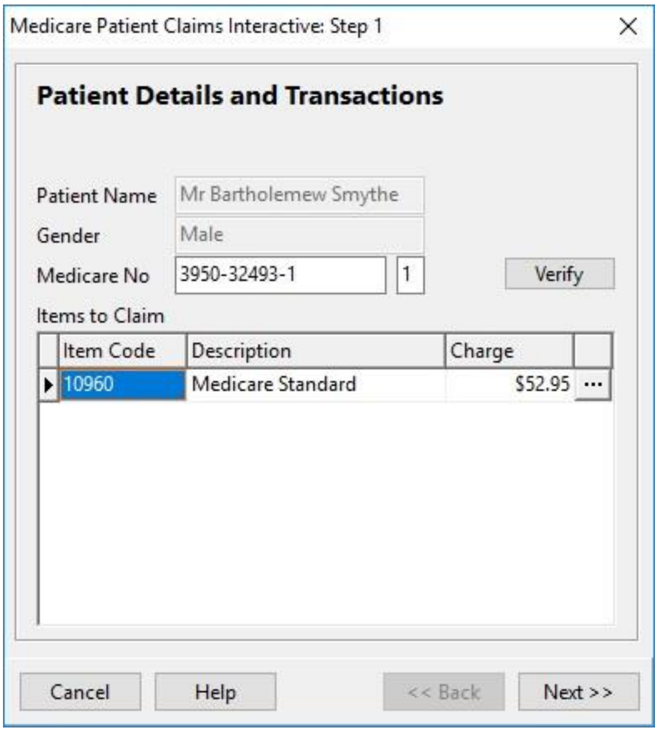
PCI claims are generally sent to Medicare at the time of billing or receipting the patient, but a claim can be submitted to Medicare up to 2 years after the treatment date.

Submitting A Patient Claim From The Receipt Screen



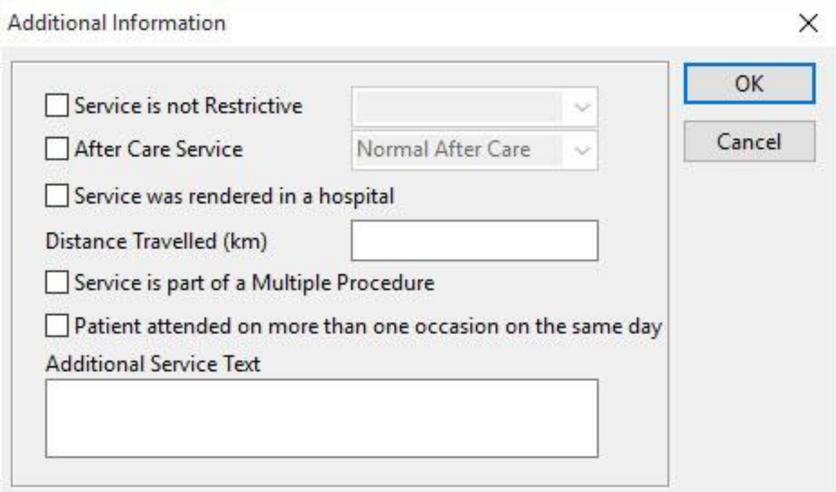
If the patient would like to claim their Medicare rebate on the spot, tick the **Medicare PCI** option on the **Receipt** screen.

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



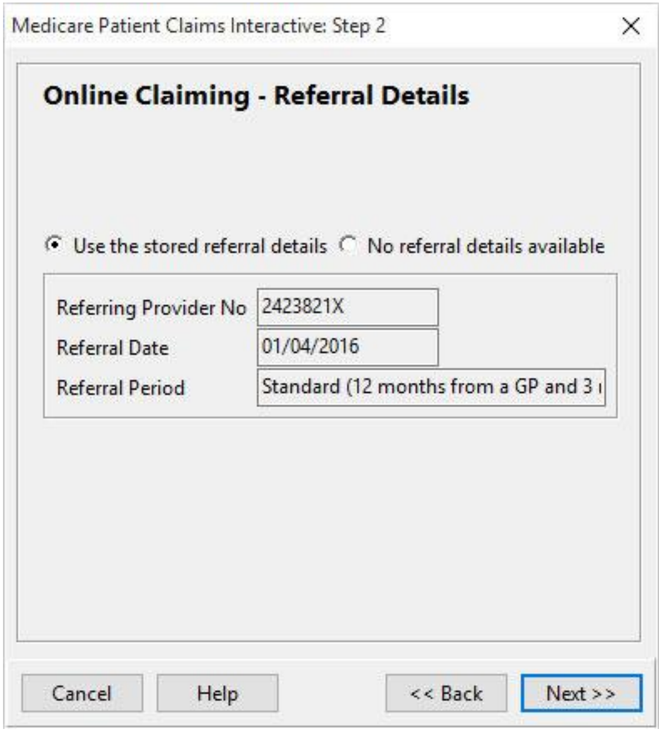
PCI Claim

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.



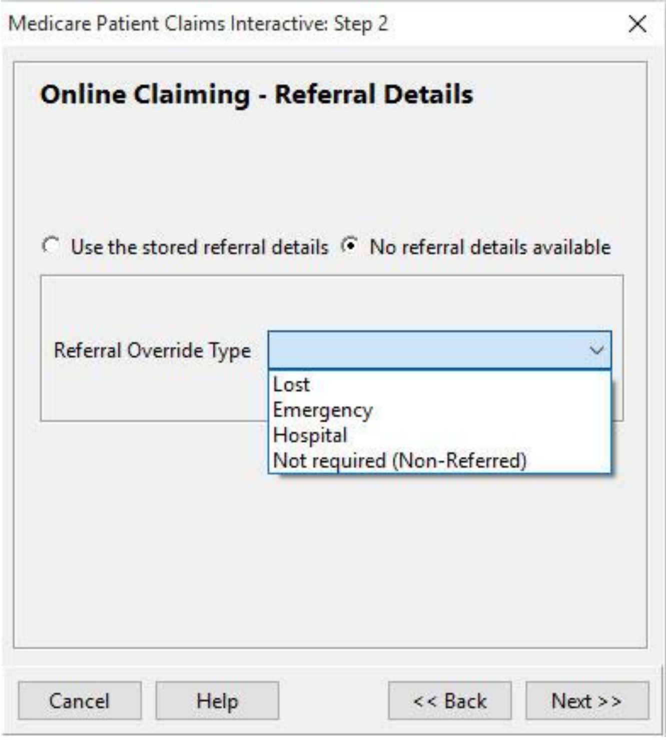
Select any relevant options and click **OK** to return to the Wizard.

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

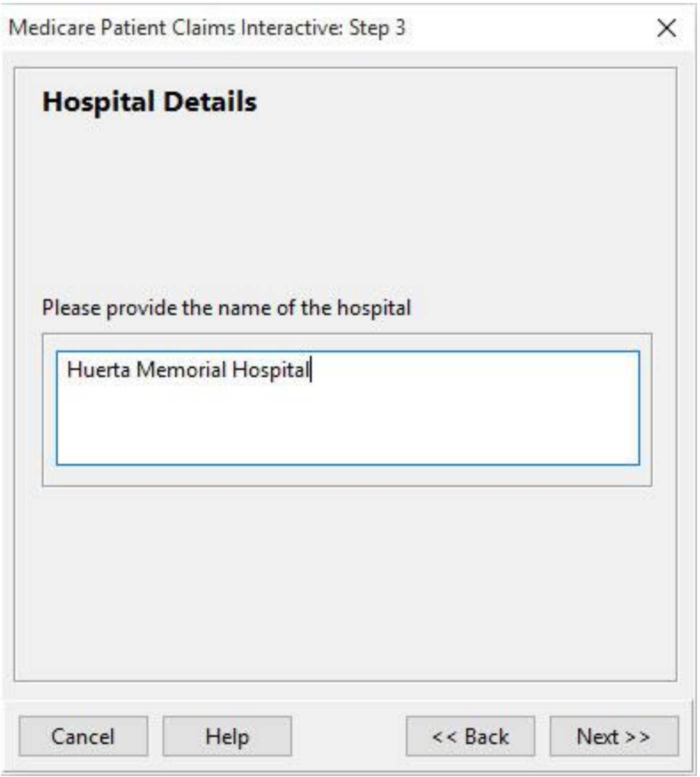


The Online Claiming - Referral Details page is displayed. If referral details were entered for the patient these will be displayed here. If there are no referral details then the **No referral details available** option will be selected, and a reason must be selected from the list.

PCI Claim

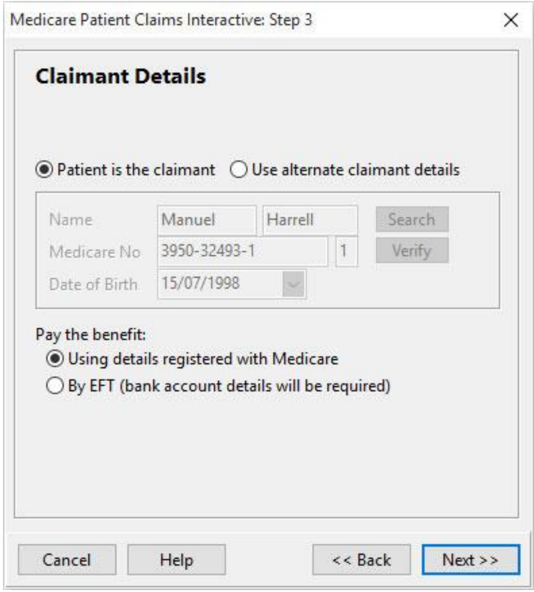


If **Hospital** is selected, the following page will be displayed to enter the name of the hospital where the treatment took place.



Click **Next** to continue.

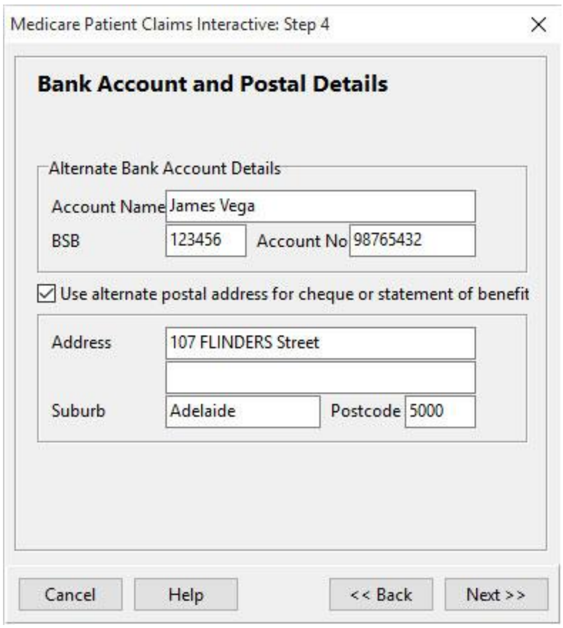
PCI Claim



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.

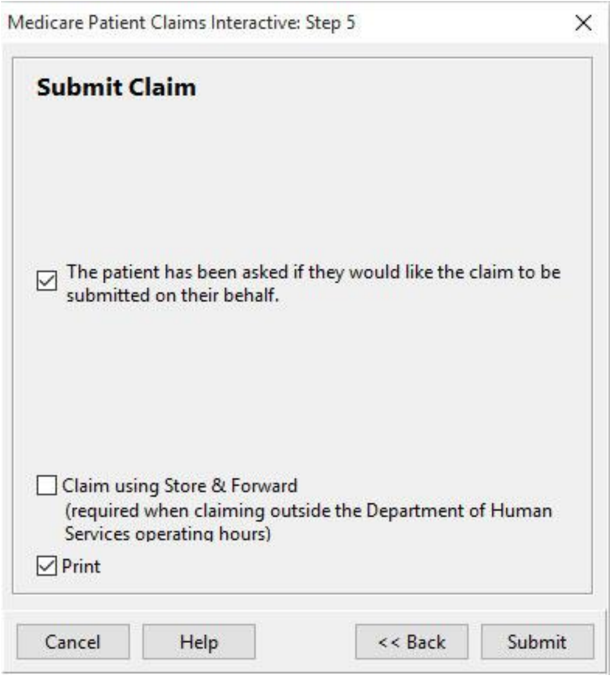


The **Bank Account and Postal Details** page is displayed.

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.

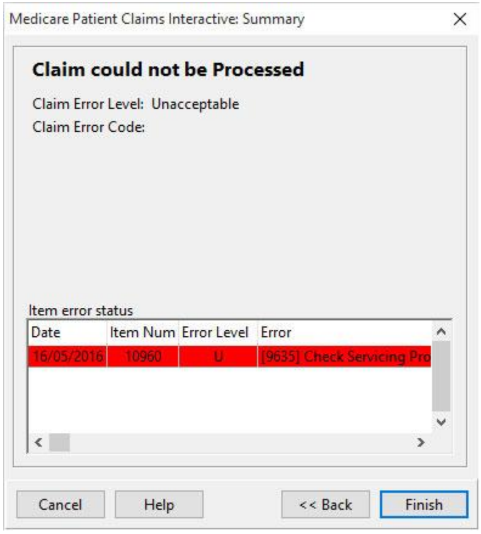
If submitting a **PCS** claim, check the **Claim using Store & Forward** option.

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

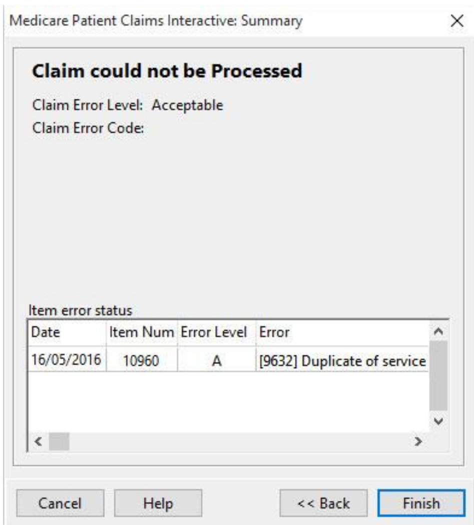
If the claim is accepted, a **Statement of Claim and Benefit Payment** will be printed (if the **Print** option is selected).

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

PCI Claim

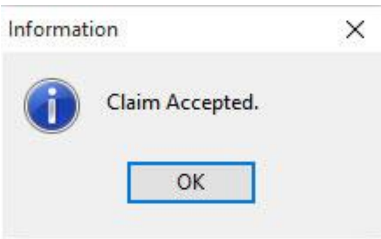


An **Unacceptable** error level means that the claim cannot be accepted with the current details. It must be cancelled and started again.



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**.

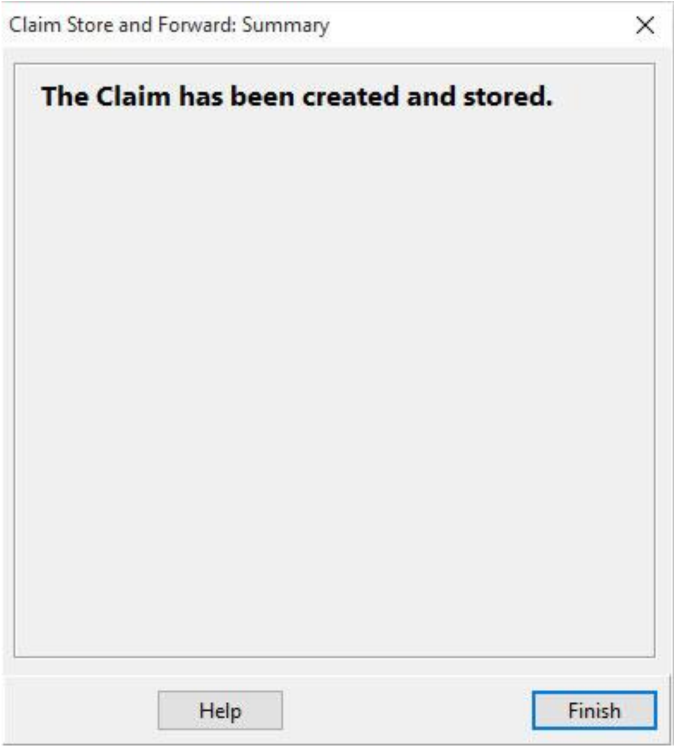
The following message will be displayed



PCI Claim

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

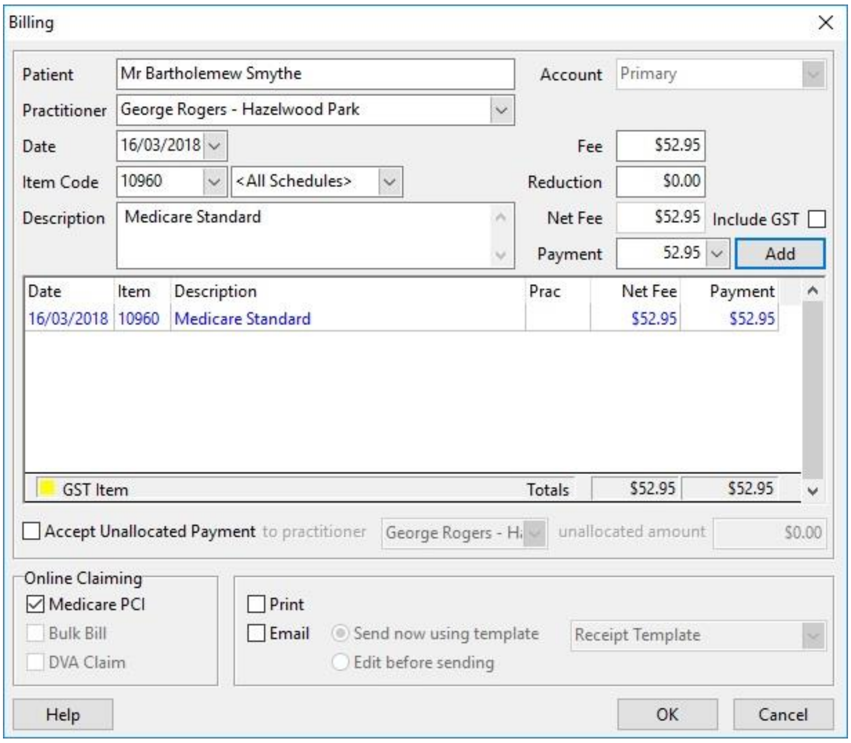
If the **Claim using Store & Forward** option is checked, a **Lodgement Advice** will be printed (If selected), and the following page will be displayed.



Click **Finish** to close the Wizard.

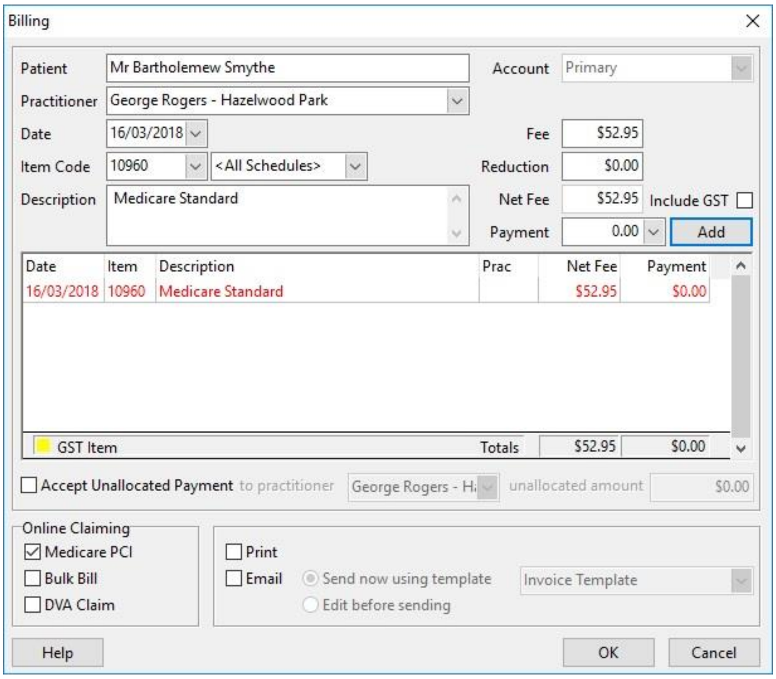
PCI Claim

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



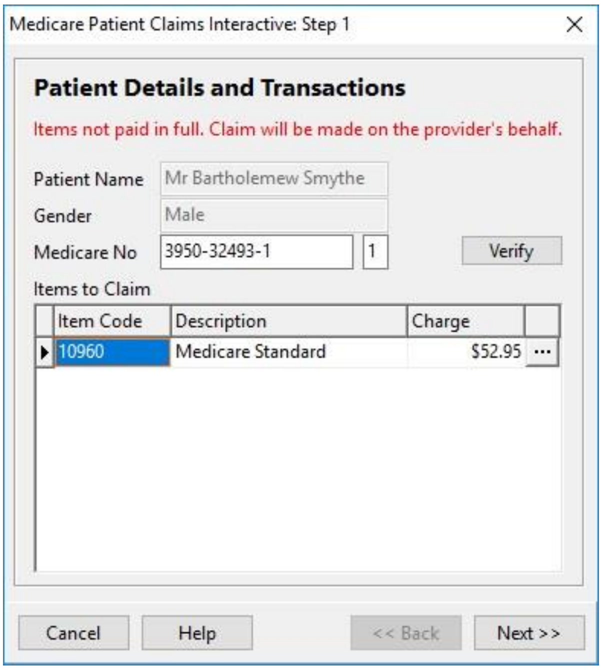
Check the **Medicare PCI** option and then click **OK**.

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



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

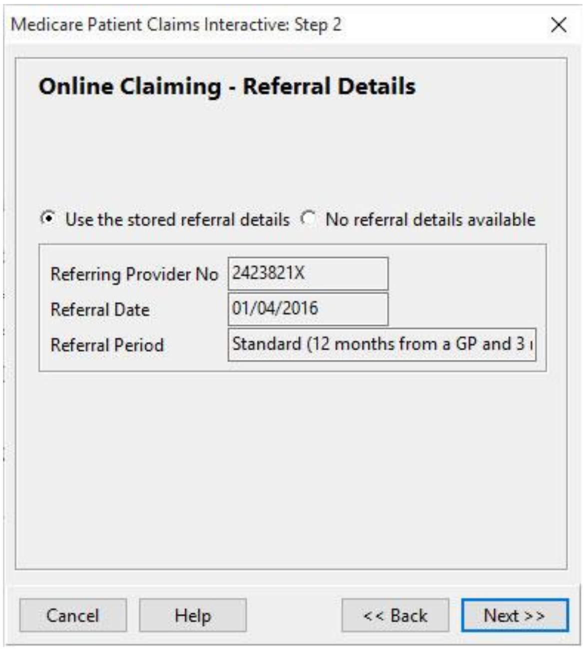
PCI Claim



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.

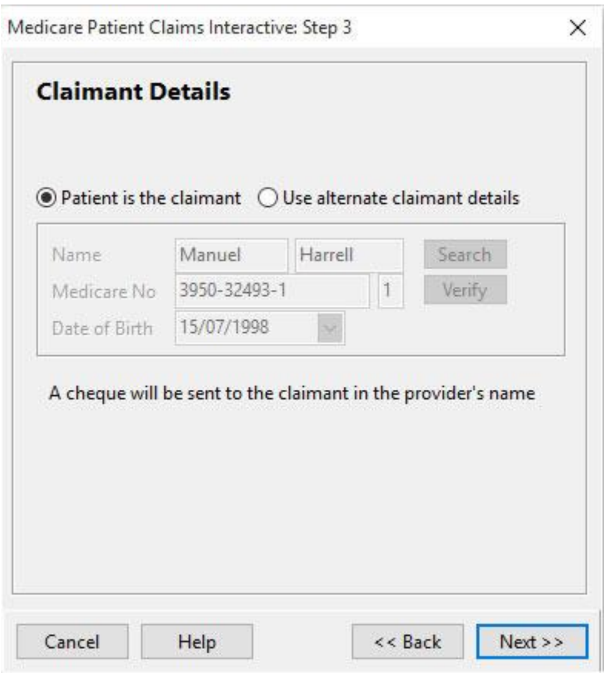
Click **Next** to continue.



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

PCI Claim

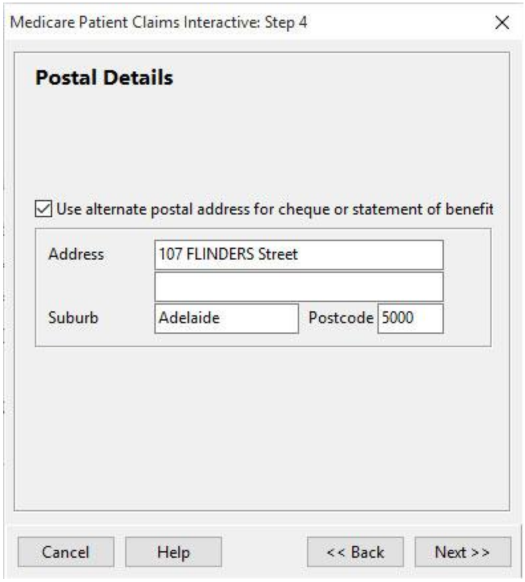
Click **Next** to continue.



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.

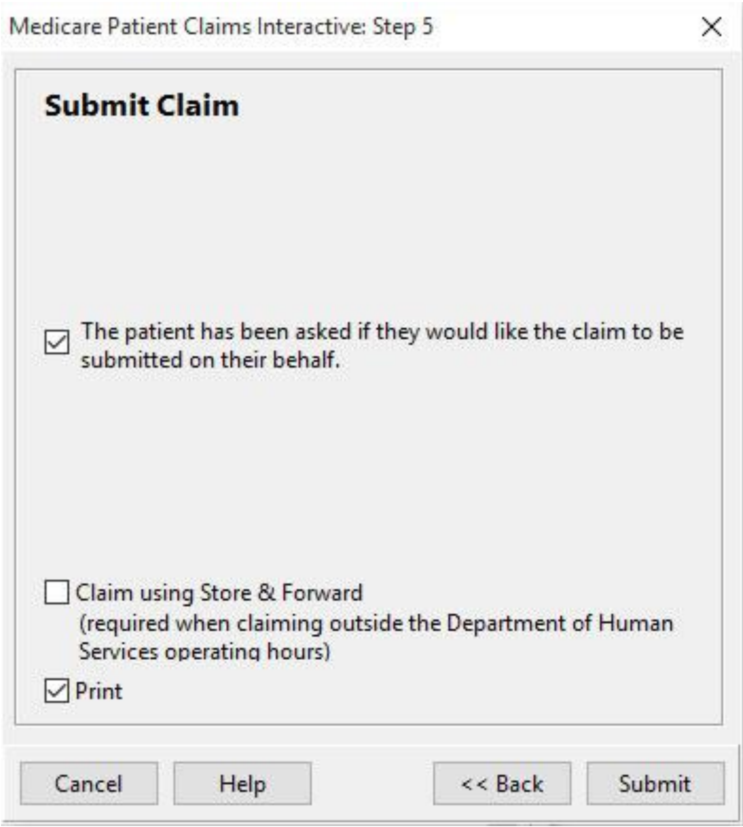
Click **Next** to continue.



The **Postal Details** page is displayed.

PCI Claim

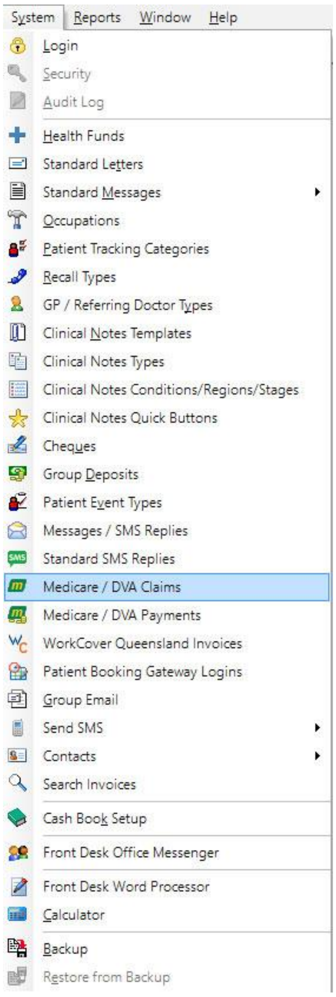
Enter any relevant details and click **Next** to continue.



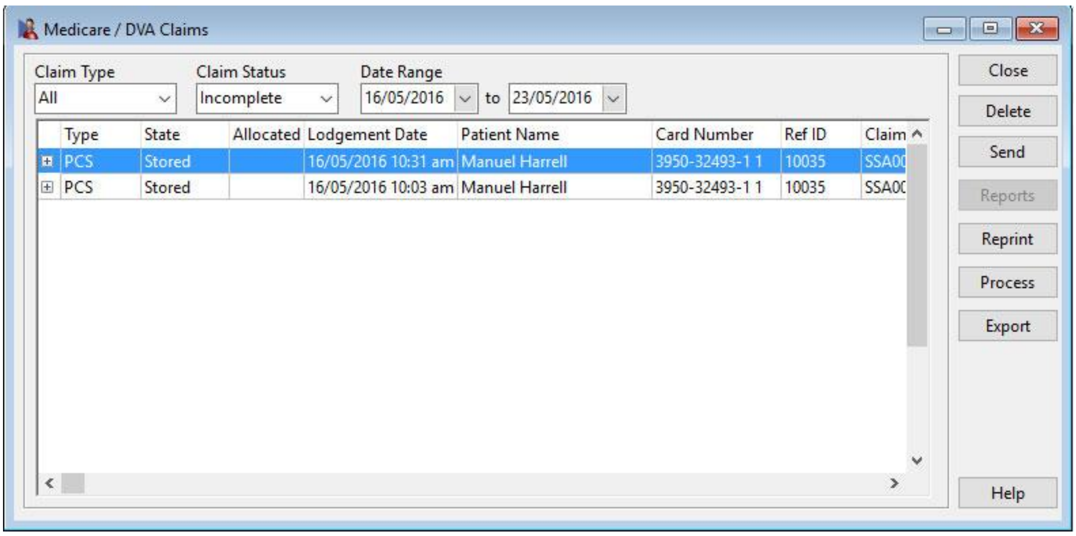
The **Submit Claim** page is displayed. Once the patient has given consent for the claim to be submitted, click **Submit** to send the claim to Medicare Australia.

Forward PCS Claim

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



The following screen is displayed.

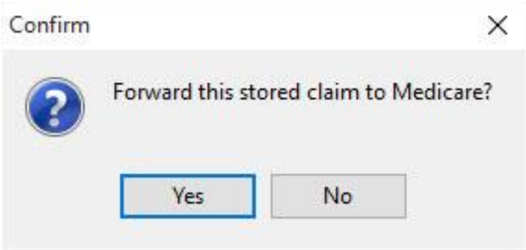


Forward PCS Claim

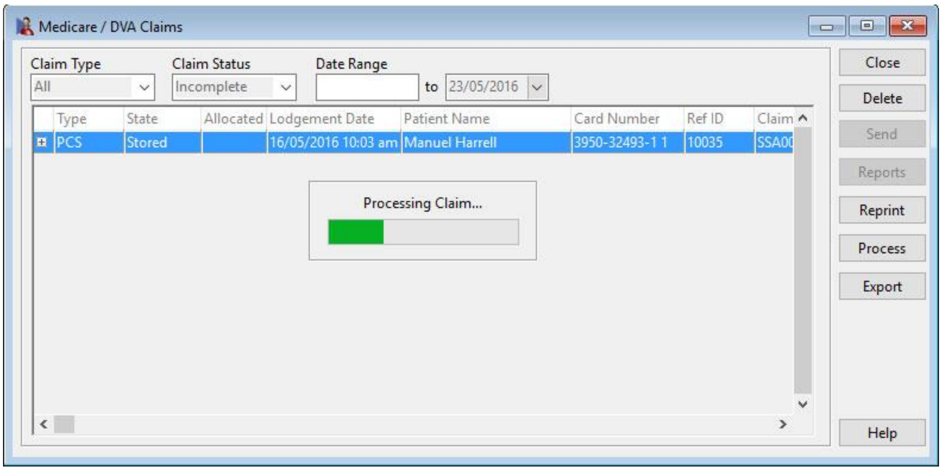
PCS claims that have not yet been forwarded will have the state **Stored** and will be displayed when the **Claim State** is set to **Incomplete**.

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

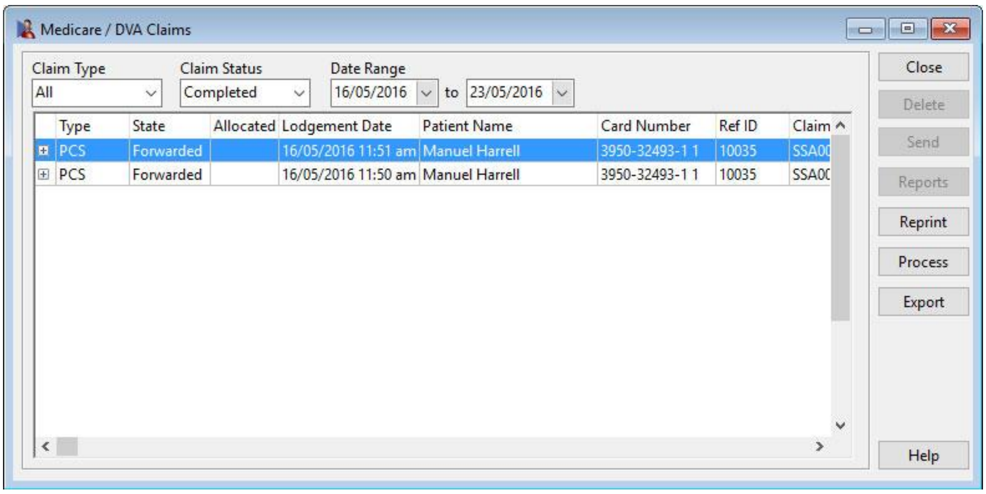
You will be asked if you want to forward the stored claim.



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

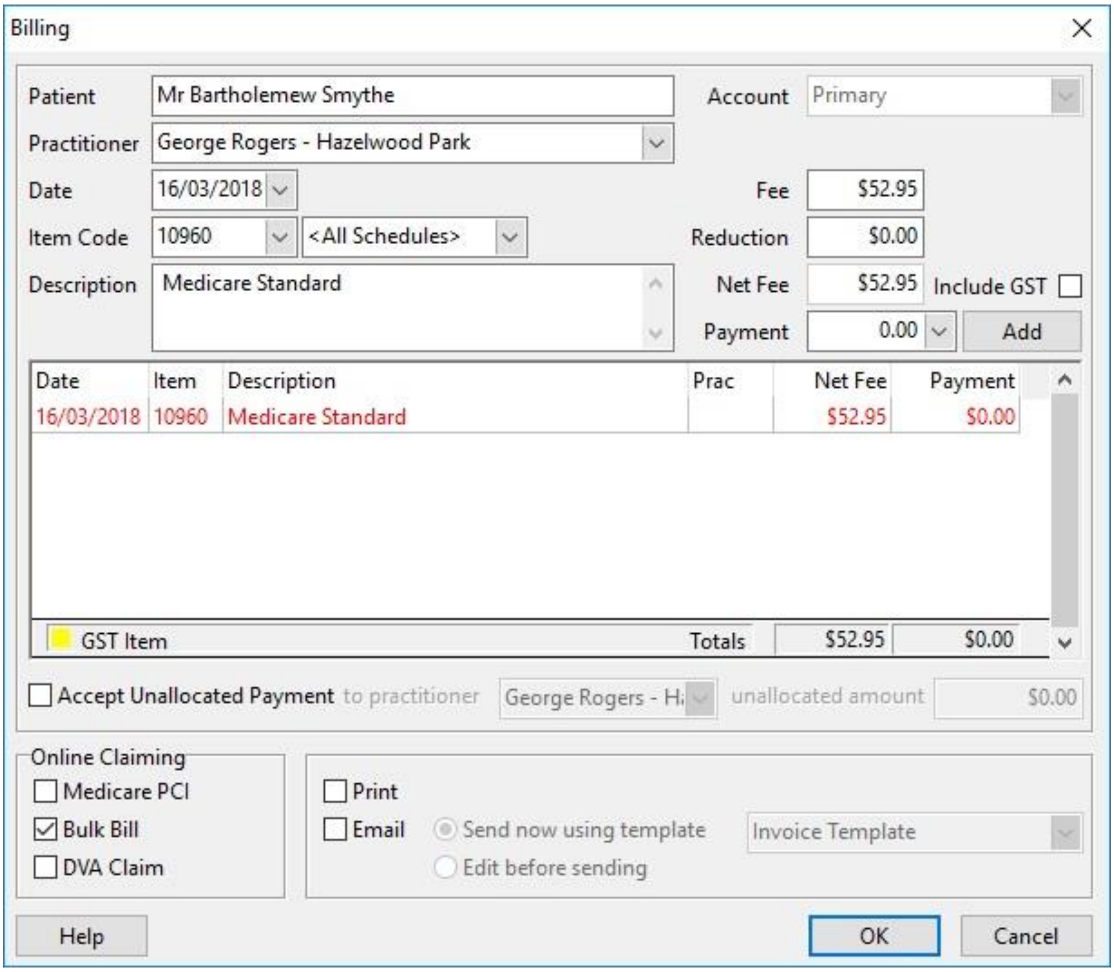


Once the claim has been submitted, the State will change to **Forwarded** and it will no longer be displayed on the screen. To view all **Forwarded** claims, select **Completed** from the **Claim State** drop-down list at the top of the screen.



Medicare Bulk Bill

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

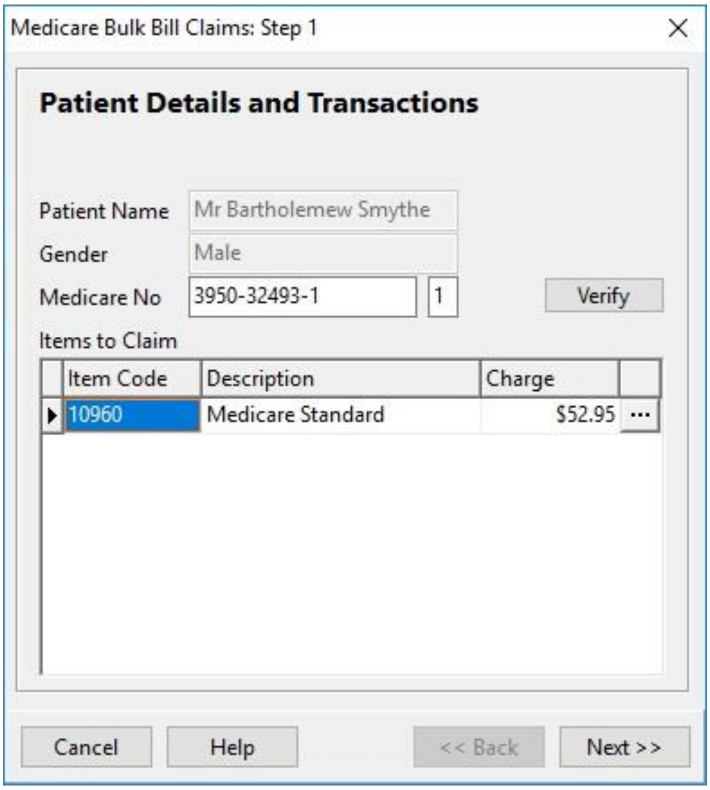


To submit a Bulk Bill claim from the Billing screen, check the **Bulk Bill** option at the bottom of the screen.

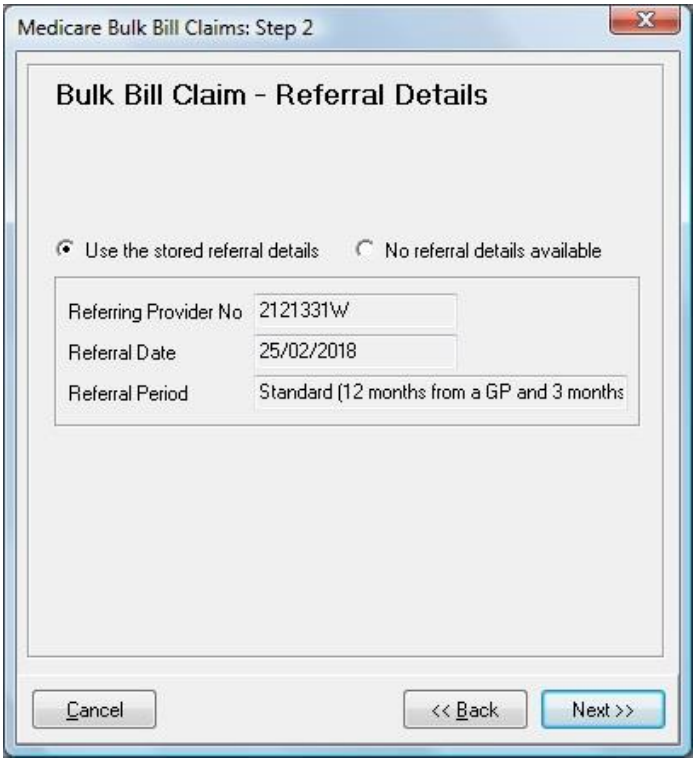
Note: this option is only available when no payment has been made.

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

Medicare Bulk Bill



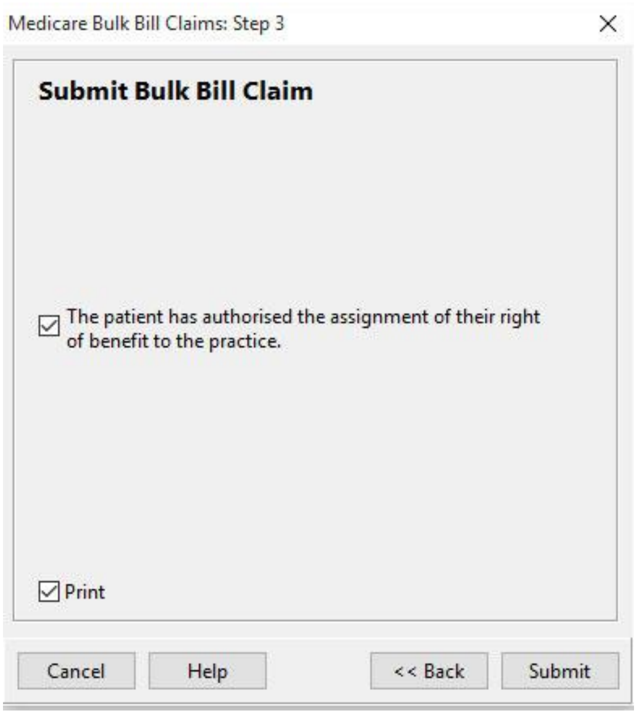
Click **Next** to continue.



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

Click **Next** to continue.

Medicare Bulk Bill

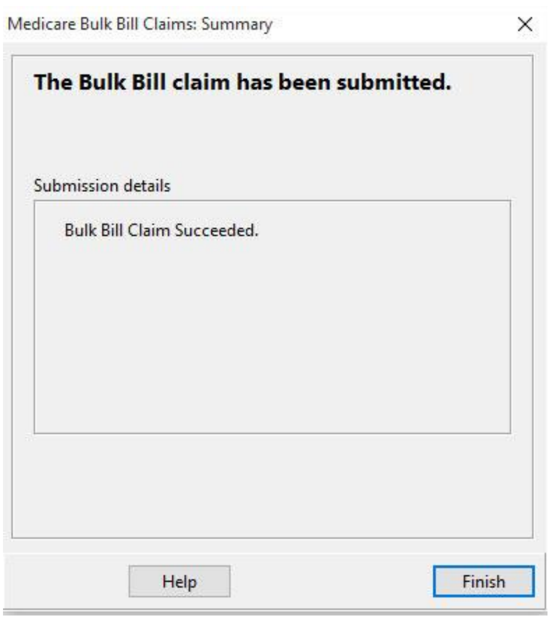


The **Submit Bulk Bill Claim** page is displayed.

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).

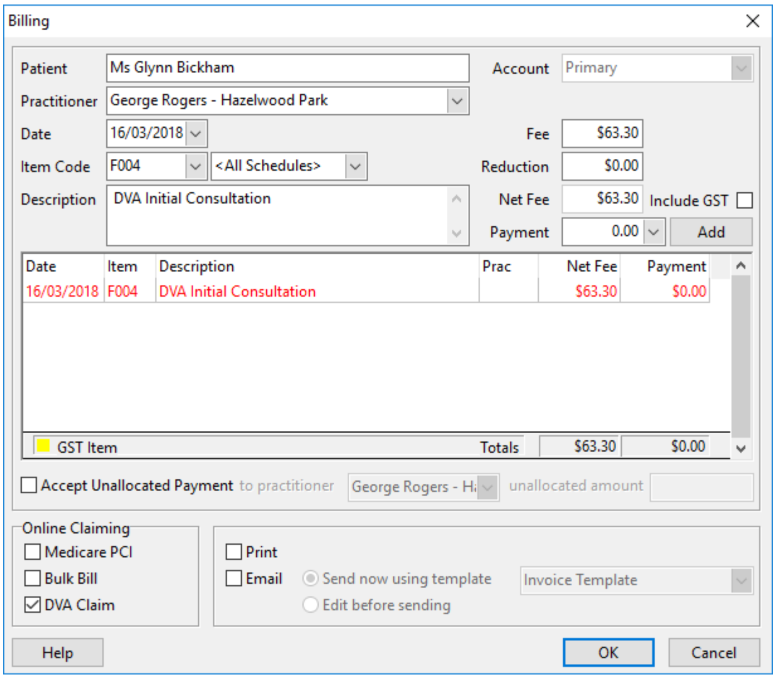
The **Bulk Bill Summary** page is displayed.



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

DVA Allied Health Claim

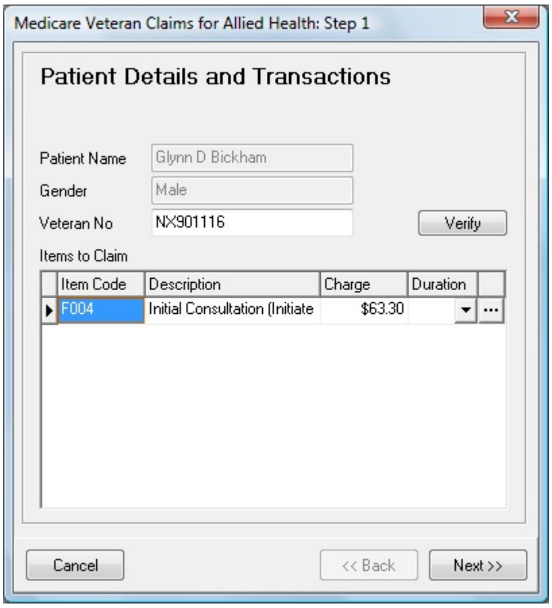
Front Desk also provides the ability to submit **DVA Allied Health Claims** over the Internet.



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.

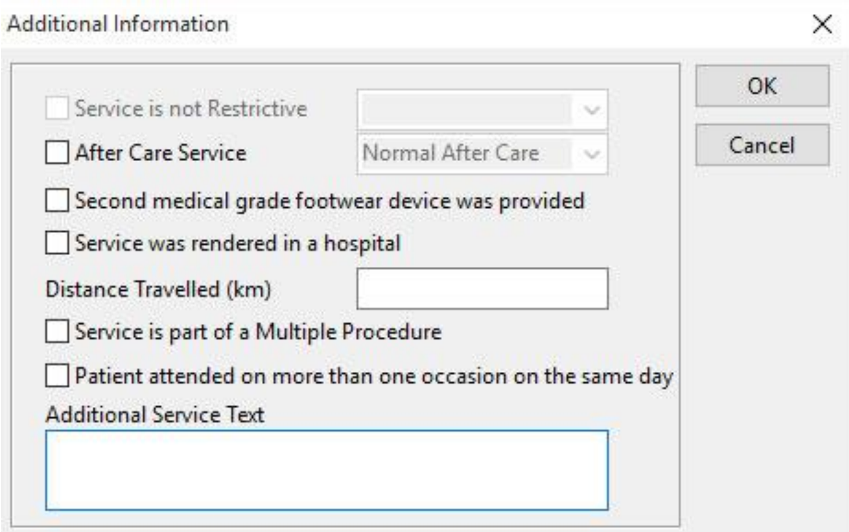


DVA Allied Health Claim

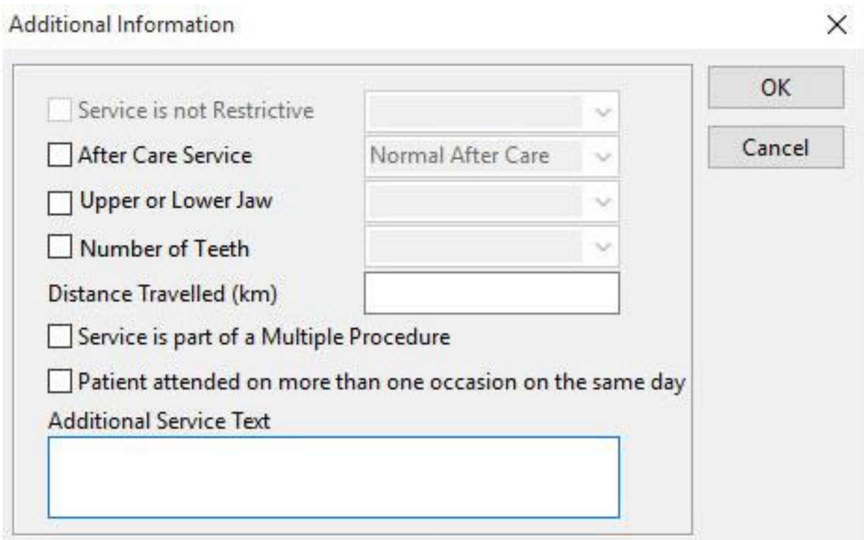
The first page displays patient information and a list of the items to be claimed through Medicare. Clicking on the ... button allows additional information to be entered about the claim.

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

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

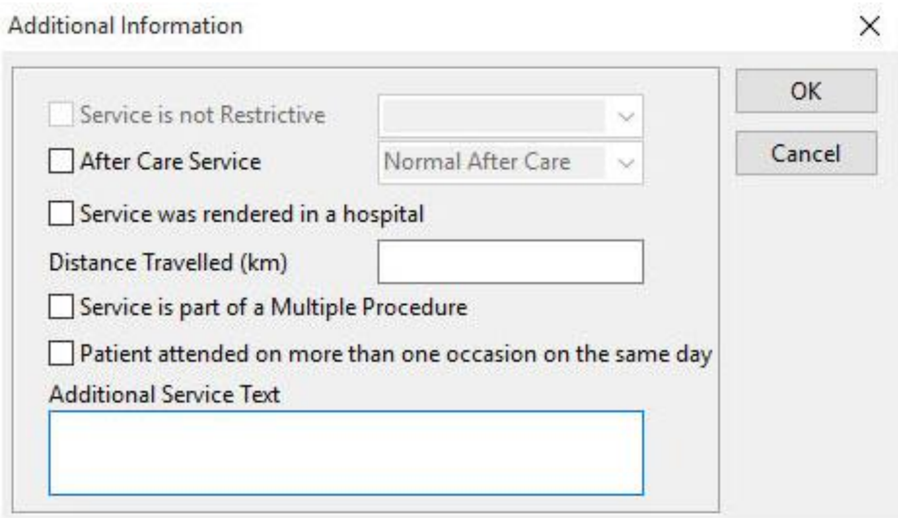


Dental

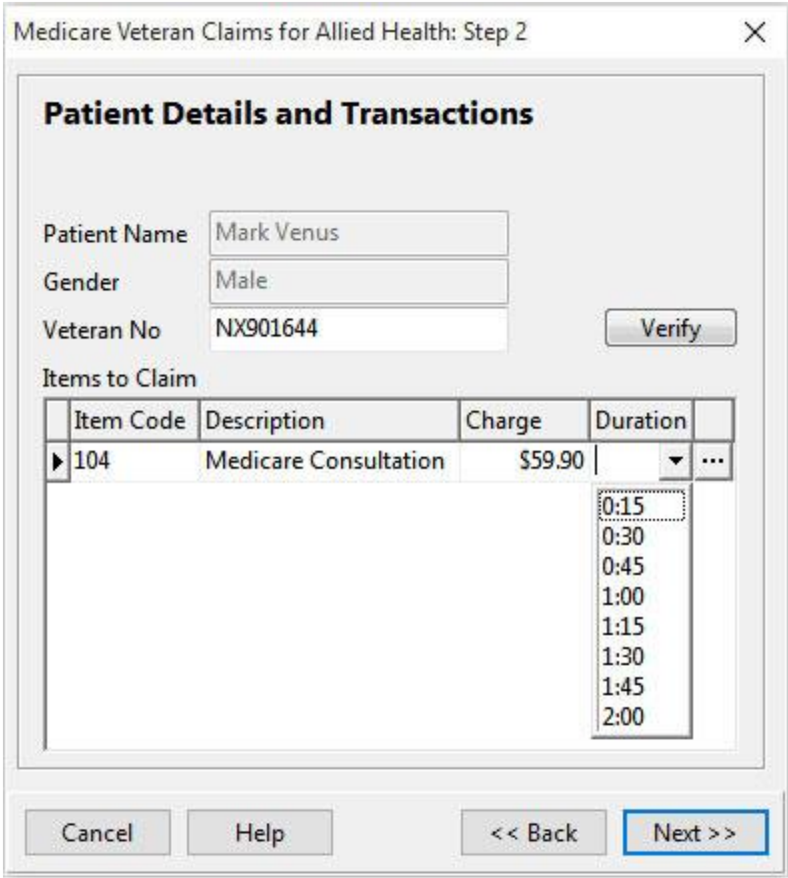


DVA Allied Health Claim

Psychology and Speech Pathology

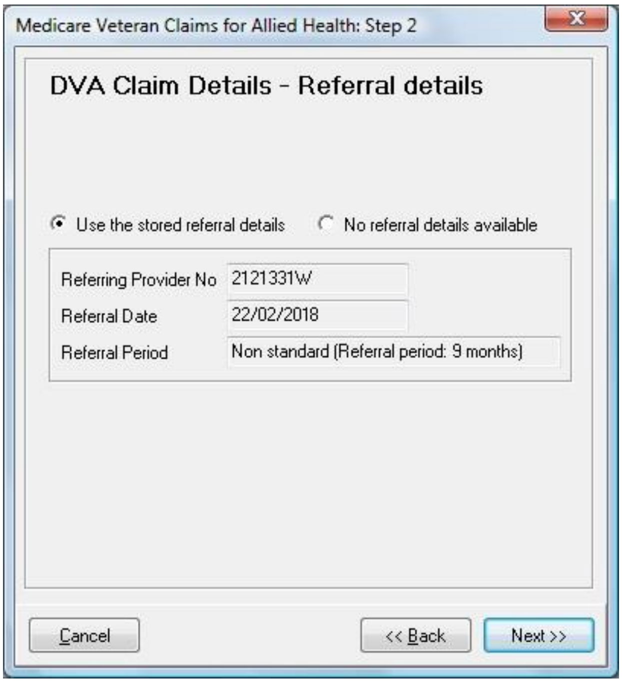


For Speech Pathology claims, a **Duration** must also be entered for each item claimed.



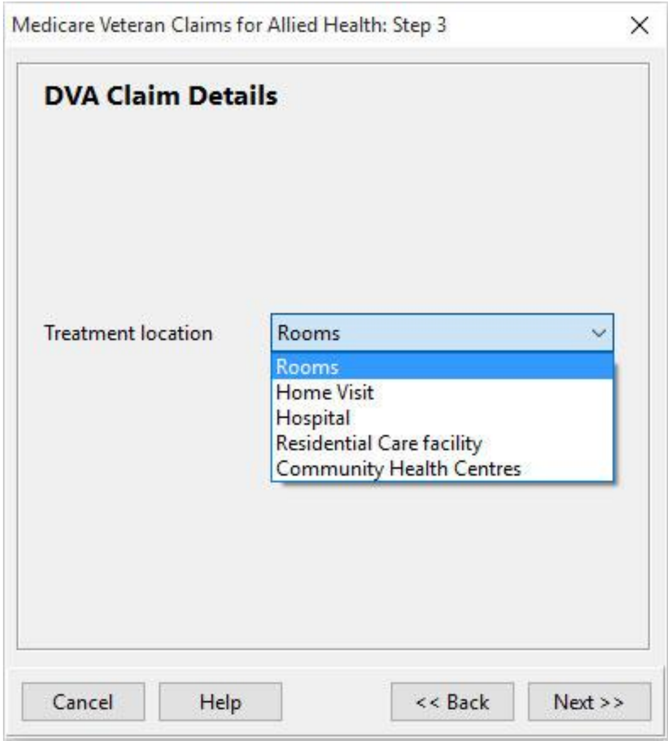
DVA Allied Health Claim

Click **Next** to continue.

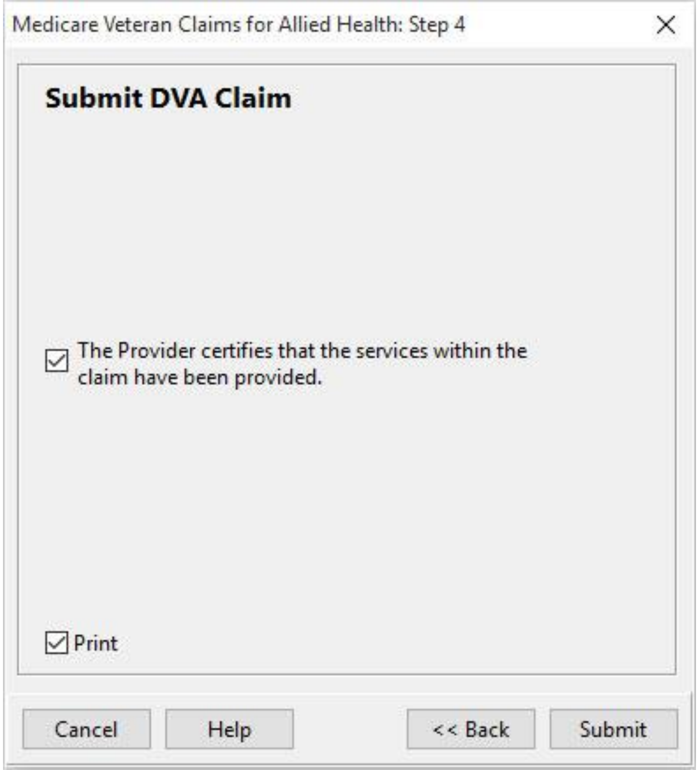


The **DVA Claim Details - Referral details** page is displayed.

Click **Next** to continue.



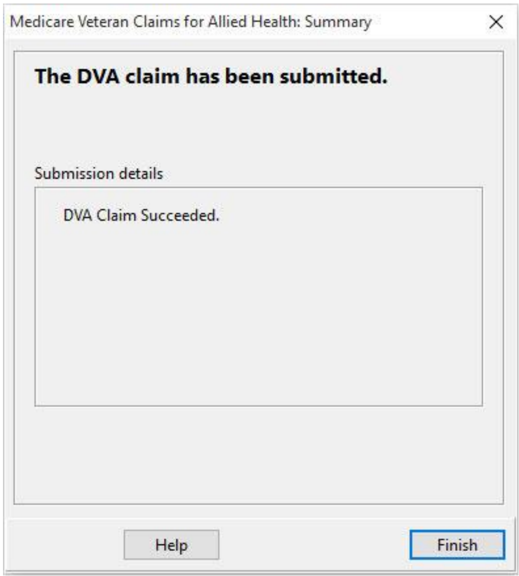
DVA Allied Health Claim



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.

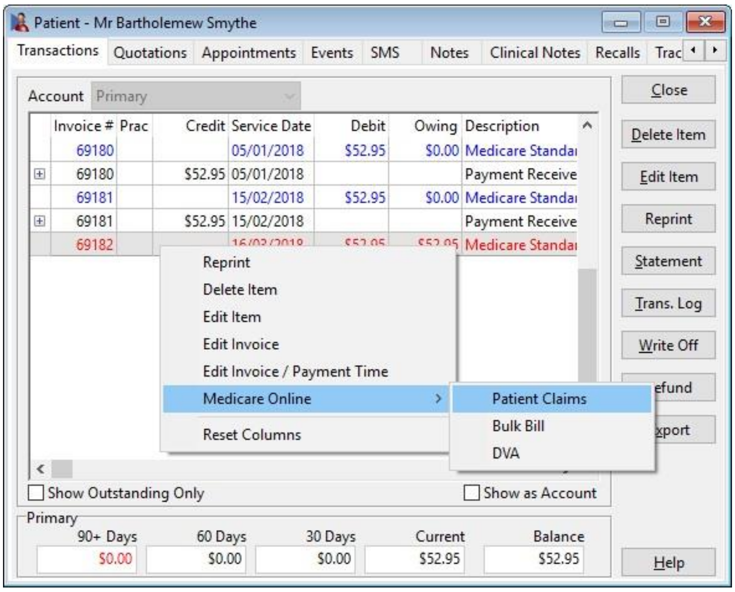


Click **Finish** to close the Wizard.

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.

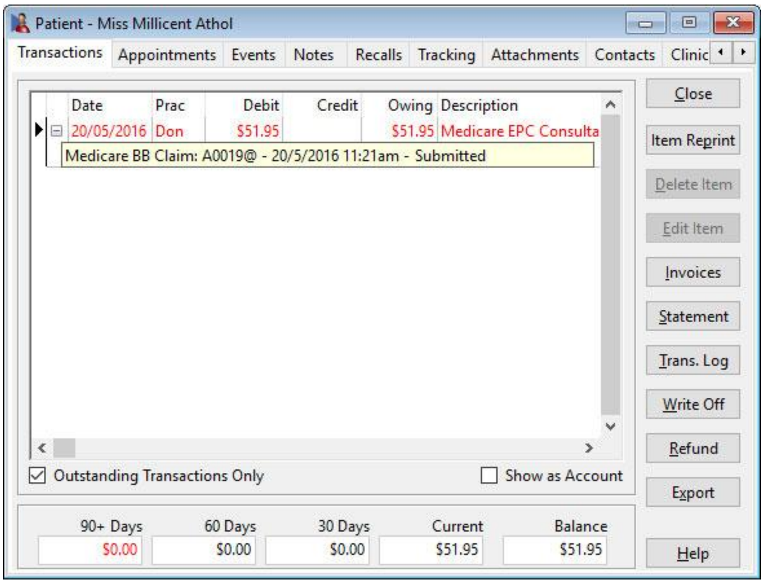


Find the transaction for which you want to submit a claim, right click and go to **Medicare Online**. You can then select to submit a **Patient Claim**, a **Bulk Bill Claim** or a **DVA Claim**.

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.

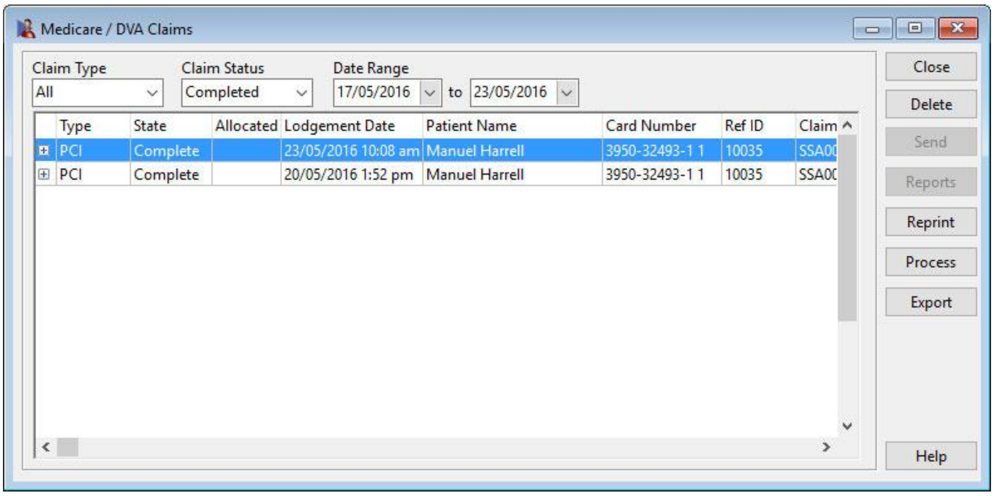
If a claim has already been submitted, the type of claim (**PCI**, **PCS**, **BB** or **DVA**), the date and time of submission, and the **Claim State** will be displayed.



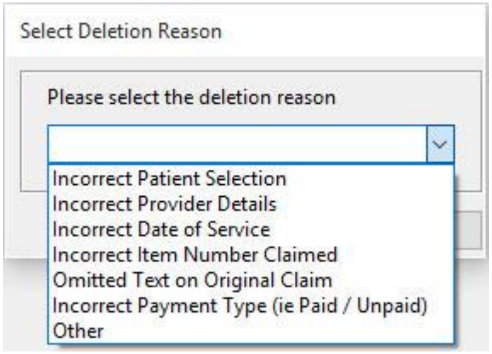
Same Day Delete

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.

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.

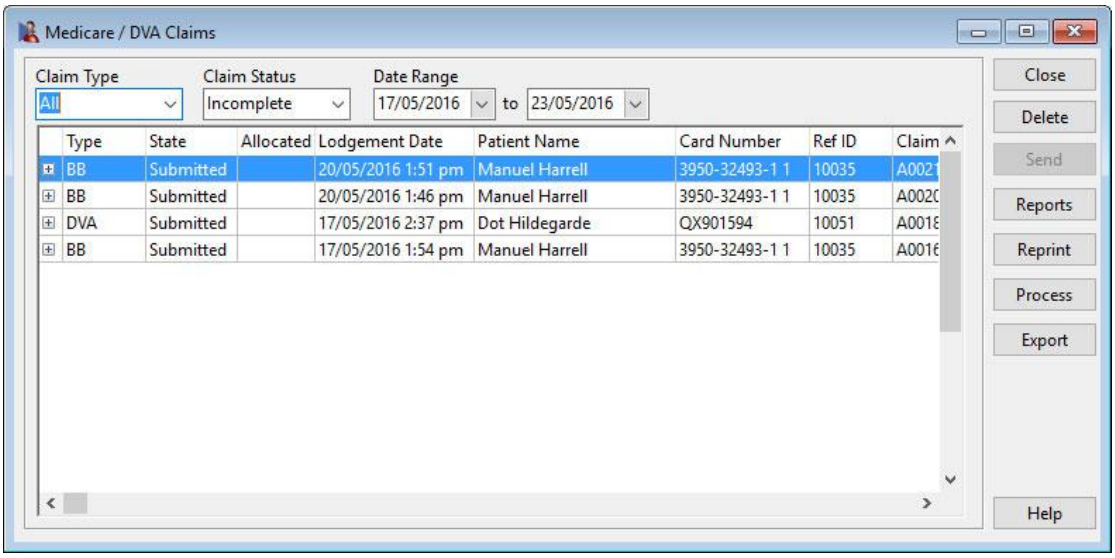
Payment Report - details the payment to be deposited including the amount and bank account details along with the list of claims covered by the payment.

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.

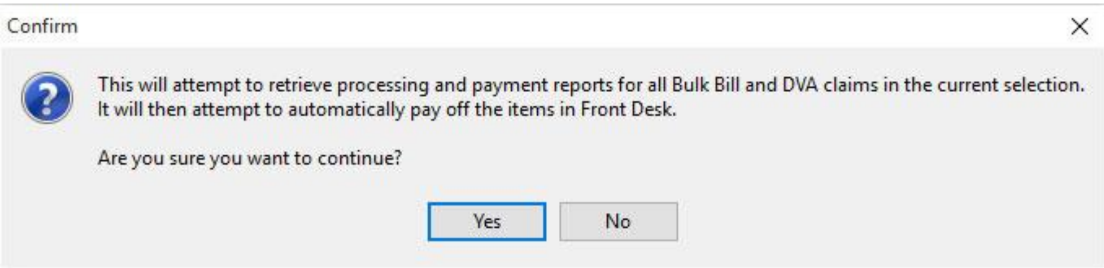
To retrieve a Processing or Payment Report, go to the **System** menu and select **Medicare / DVA Claims**.

Bulk Bill / DVA Reports

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

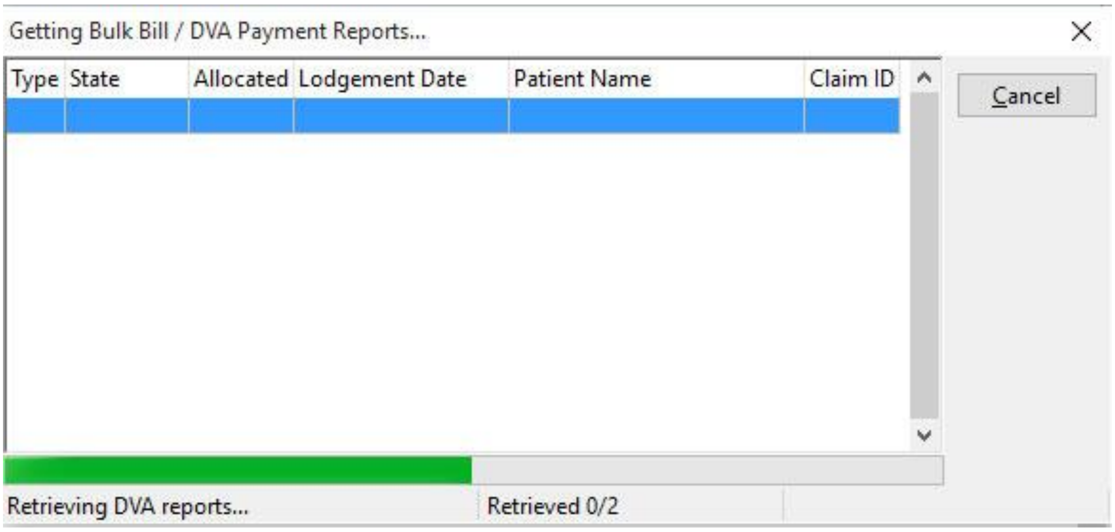


The following dialog will appear, click **Yes** to continue.

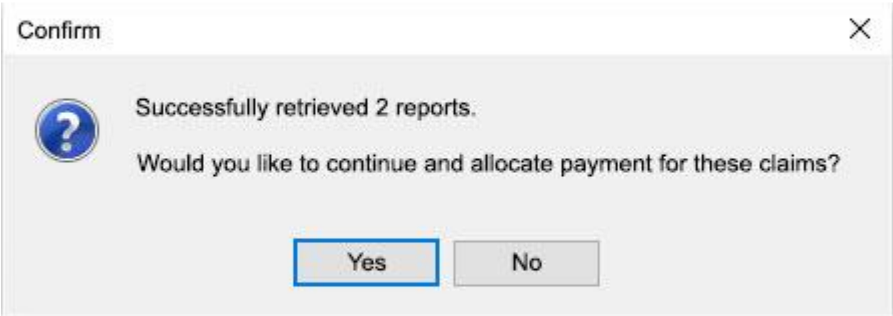


Bulk Bill / DVA Reports

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



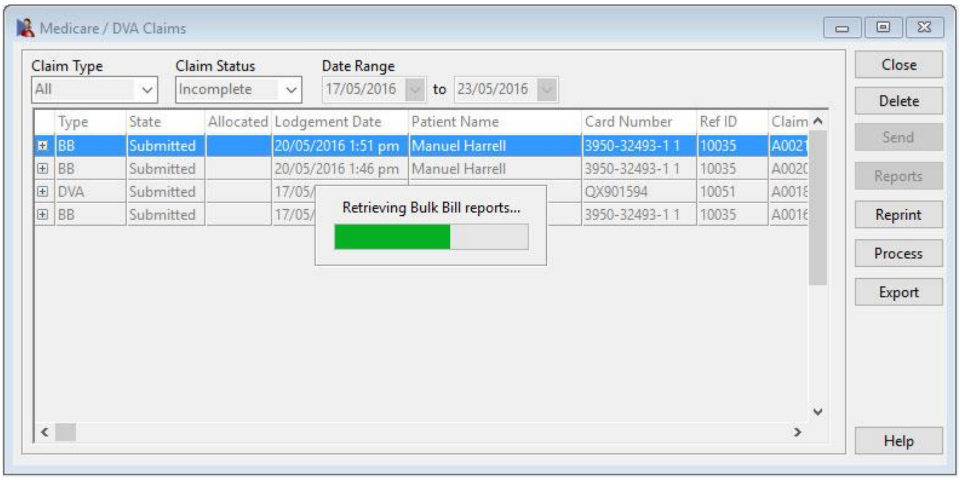
Once completed, you can allocate payment for each claim that has been paid.



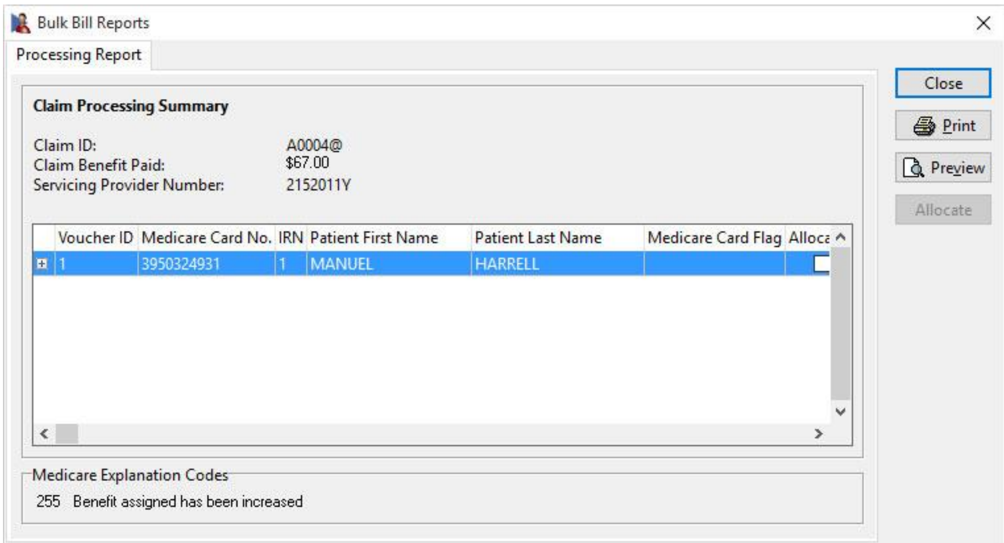
The following screen summarises how many reports were requested, how many were successfully retrieved and how many payments were allocated in Front Desk.

Bulk Bill / DVA Reports

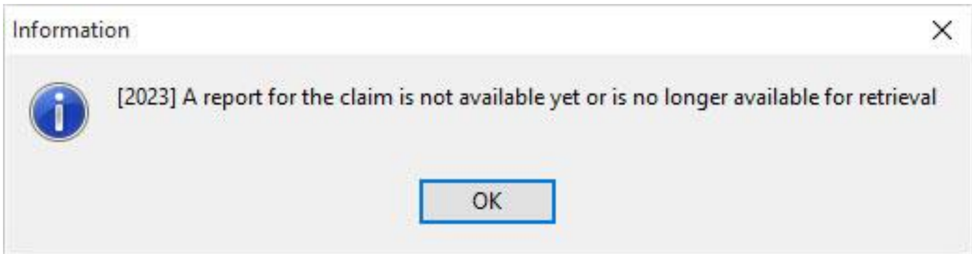
To view reports for a single transaction, highlight the transaction and click **Reports**.



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.

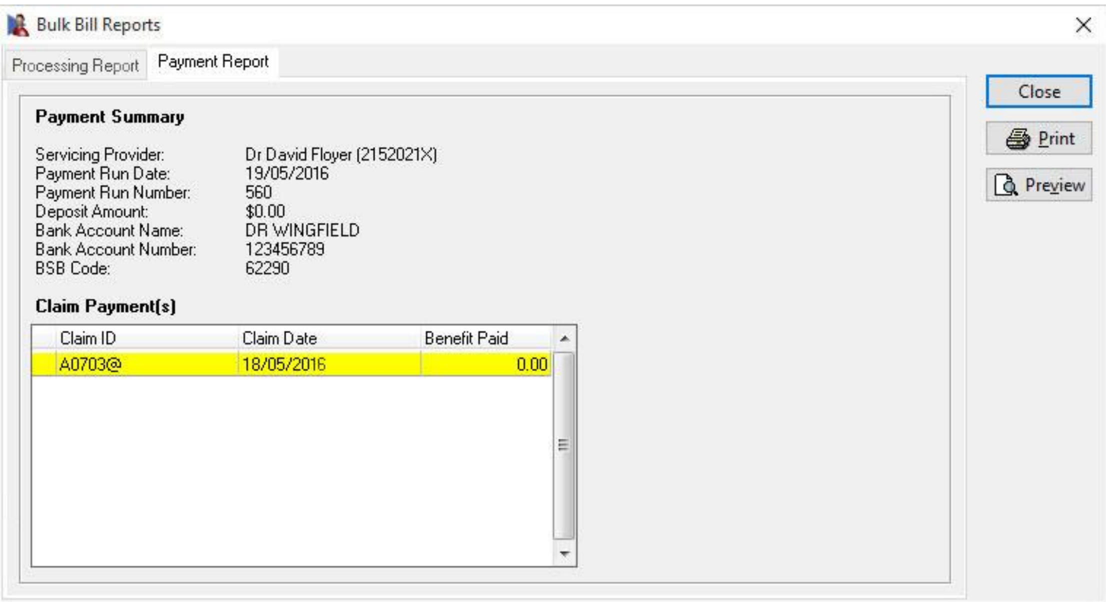


If no reports are available the following message will appear.



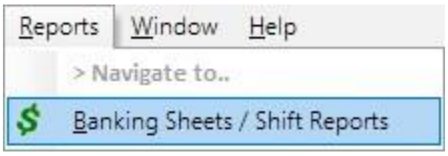
Bulk Bill / DVA Reports

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.



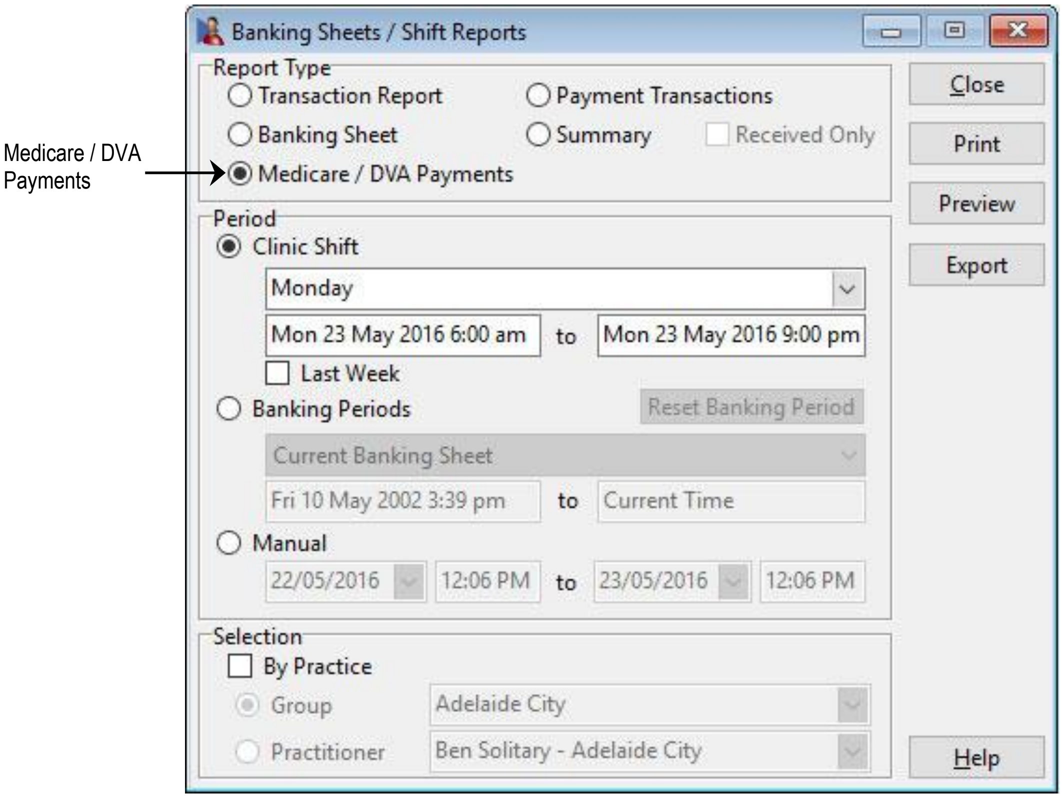
Medicare / DVA Payments Report

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 Payments Report

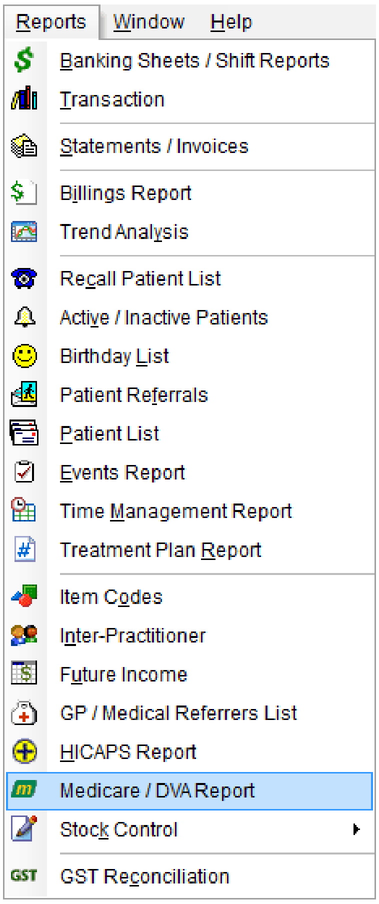
If you have enabled **Medicare / DVA Online Claiming** or **Medicare / DVA Reports Only** on the **Advanced** tab in **System Information**, then under **Report Types** there will be an extra option called **Medicare / DVA Payments**.

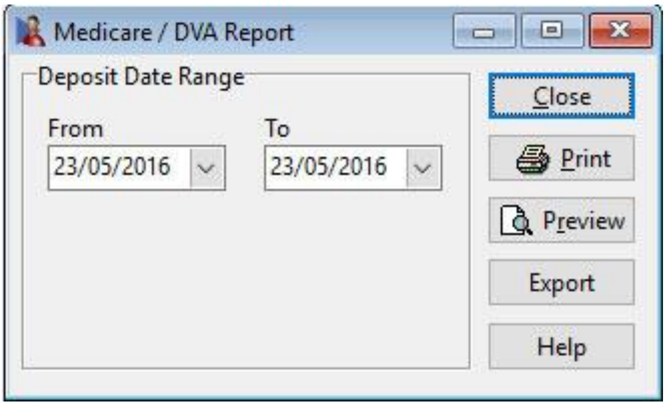


This report is based on the date the Medicare / DVA payment was allocated in Front Desk. It will list all DVA and Bulk Bill payments made during this period, along with information relating to the bank deposit (Account Name, Number, BSB, Payment Run Number and Deposit Amount). The total of this report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

Medicare/DVA Report

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





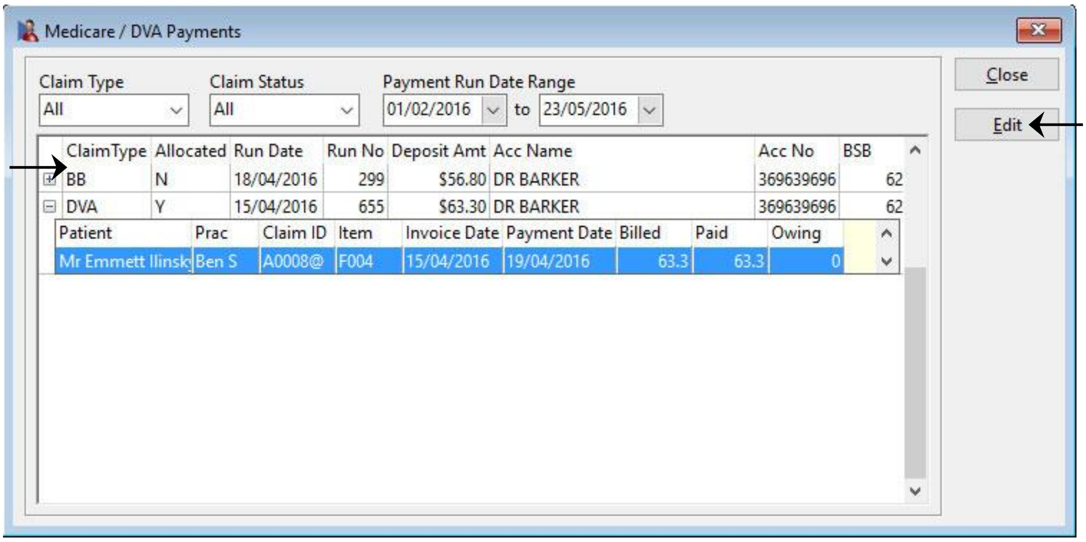
This report is displayed in the same format as the previous report. Whereas the other report was based on the date of allocation, this report is based on deposit date (i.e. the date when Medicare / DVA made the bank deposit).

Medicare/DVA 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

HICAPS / EFTPOS INTEGRATION

Setting up HICAPS / EFTPOS (System Information)

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

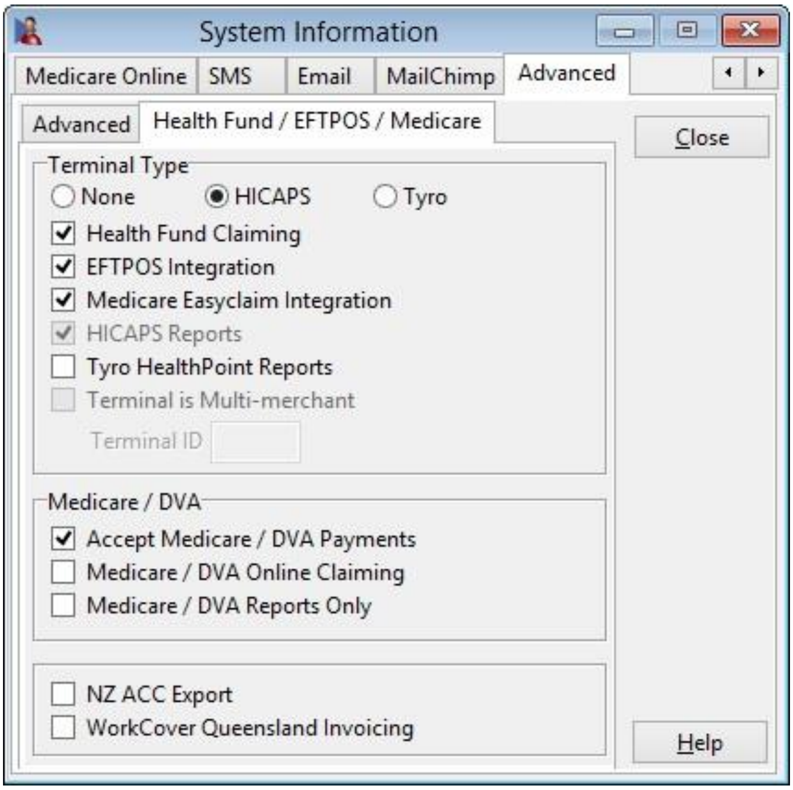
- You have a list of HICAPS item codes for your practice
- The HICAPS terminal is connected via phone line or ethernet cable (depending on terminal model).
- The HICAPS terminal is connected to a serial or USB (via an adaptor) port on your computer
- The HICAPS terminal is turned on
- You have installed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



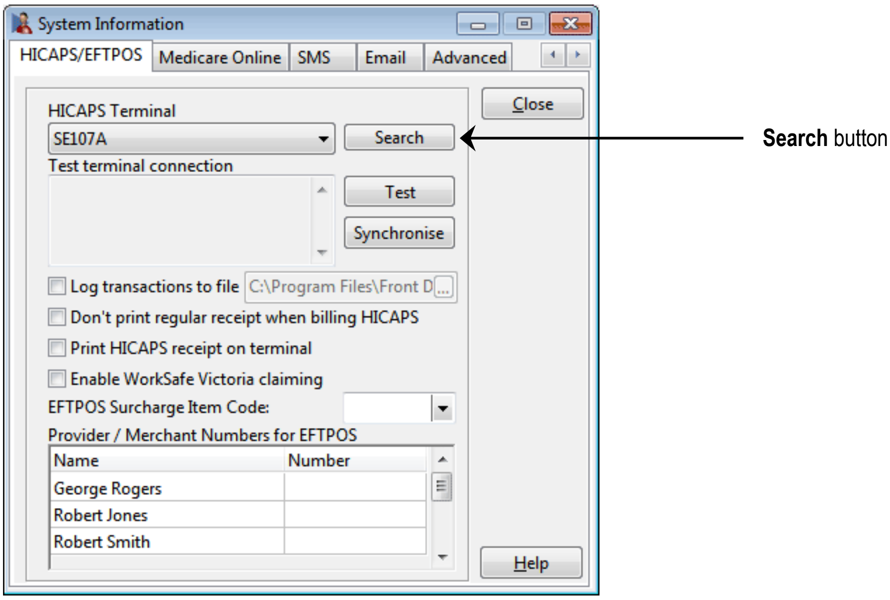
Front Desk 2021 - Note

If you select any of the advanced options, you will be asked to restart *Front Desk 2021* for the changes to take effect.

HICAPS / EFTPOS INTEGRATION

Setting up HICAPS / EFTPOS (System Information)

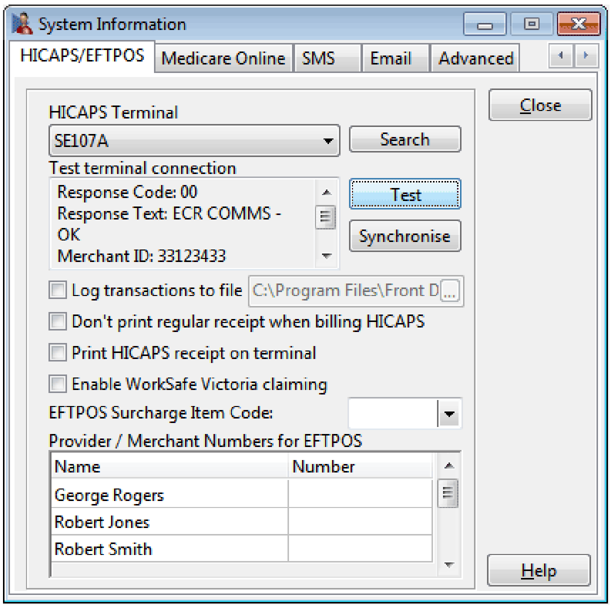
Once *Front Desk* has restarted go to **System Information** and select the **HICAPS/EFTPOS** tab.



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.

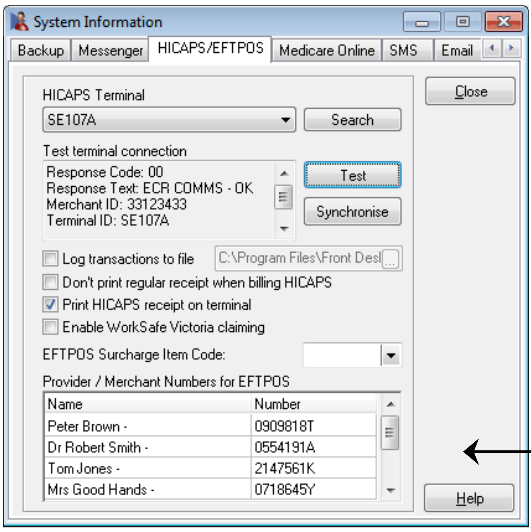
Front Desk will display the HICAPS terminal ID in the **HICAPS Terminal** field.

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.

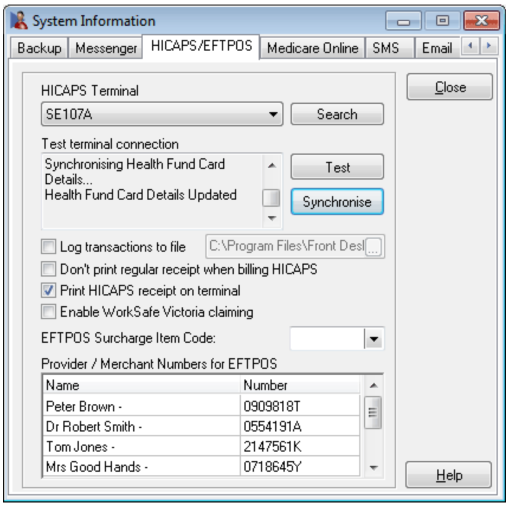


Setting up HICAPS (System Information)

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 2021 - Note

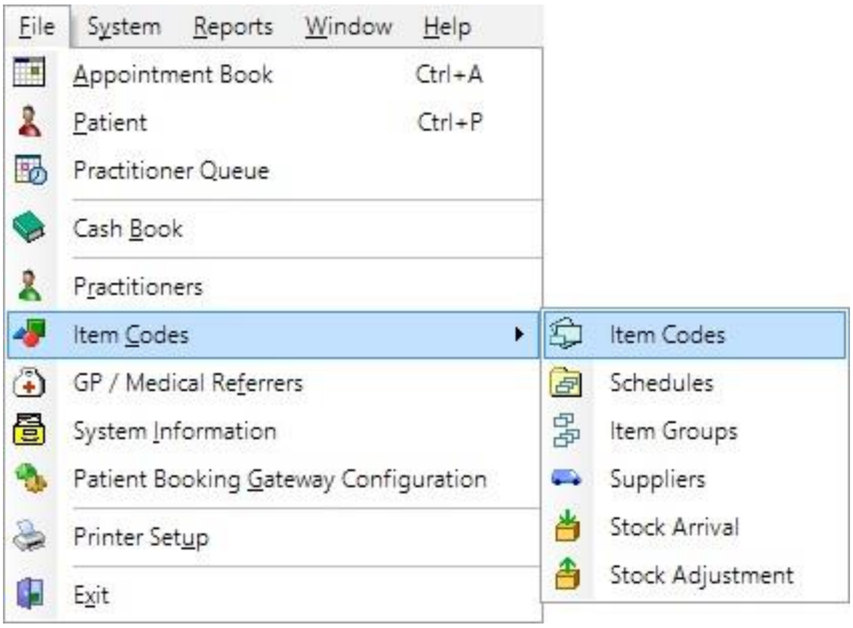
The **Log transactions to file** feature should only be used if instructed to do so by Smartsoft Pty Ltd or HICAPS personnel.

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

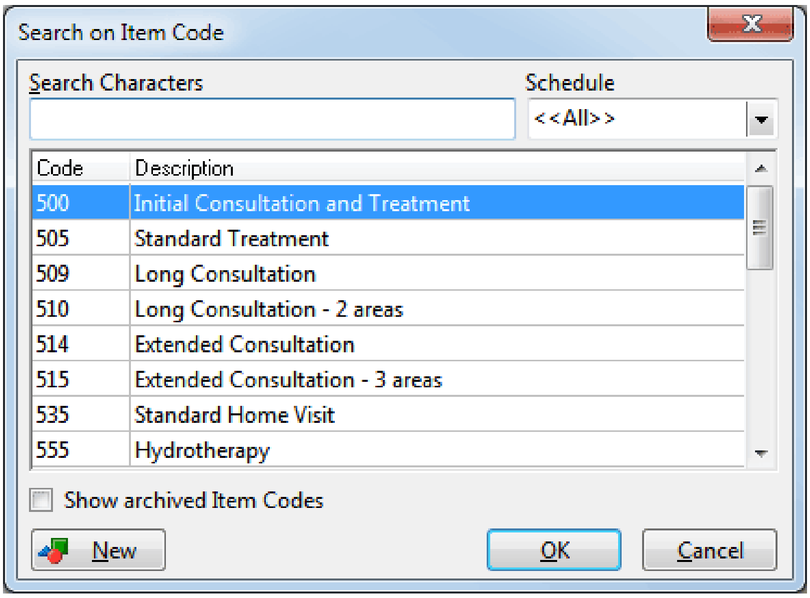
Setting up HICAPS (Item Codes)

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**.

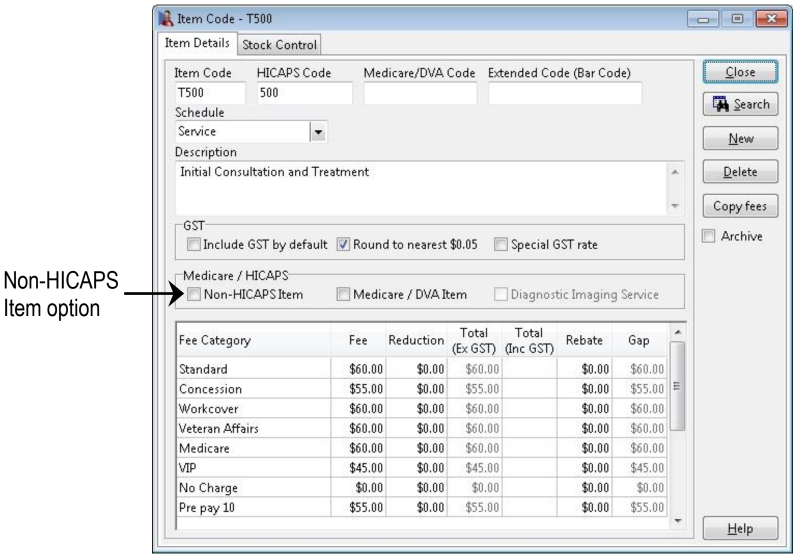


Setting up HICAPS (Item Codes)

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.

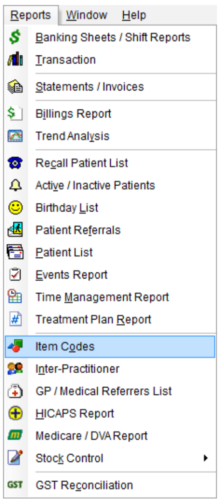
If you have entered item codes that you know are not covered by health funds, check the **Non-HICAPS Item** option. These items will no longer be included in any HICAPS claim.



Front Desk 2021 - 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.

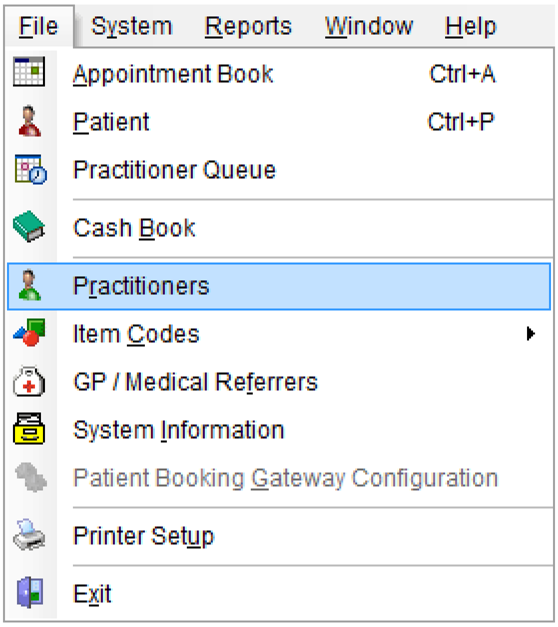
We recommend that you print an **Item Codes Report** to check your item codes details after updating them with the new HICAPS information. To print an **Item Codes Report**, select **Item Codes** from the **Reports** menu.



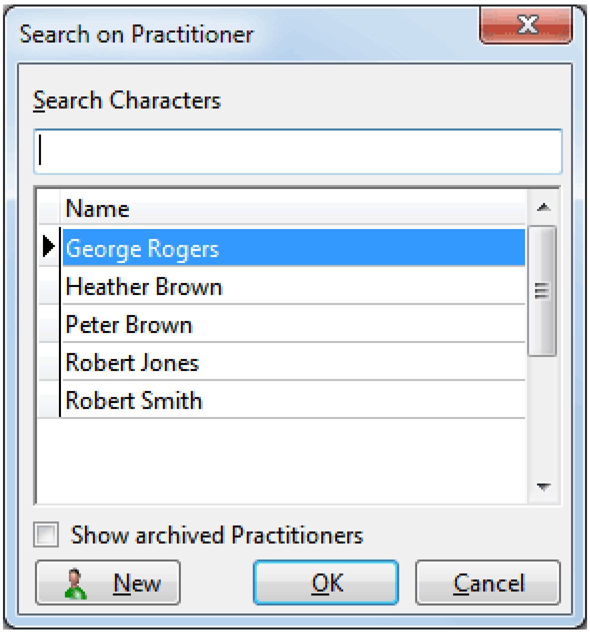
Setting up HICAPS (Practitioner)

Select **Practitioner** from the toolbar

or from the **File** menu.

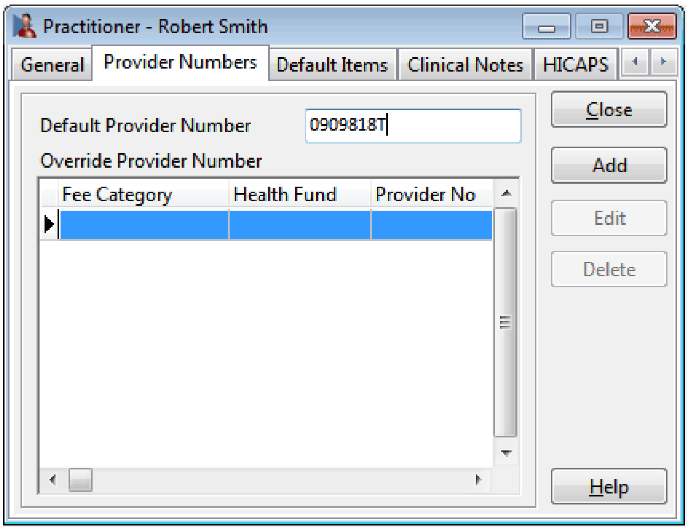


Double click the practitioner's name, or highlight their name and click **OK**.



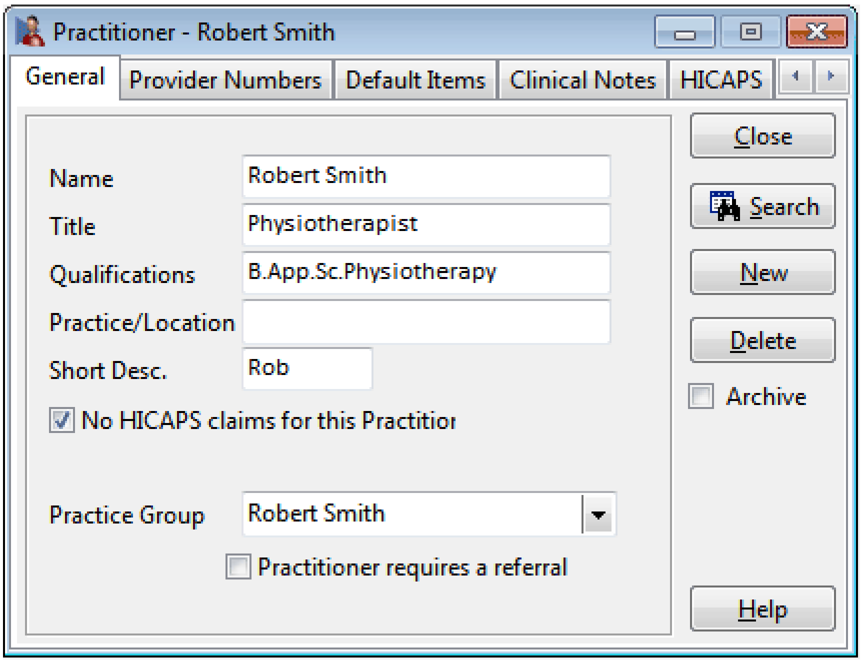
Setting up HICAPS (Practitioner)

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.



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.

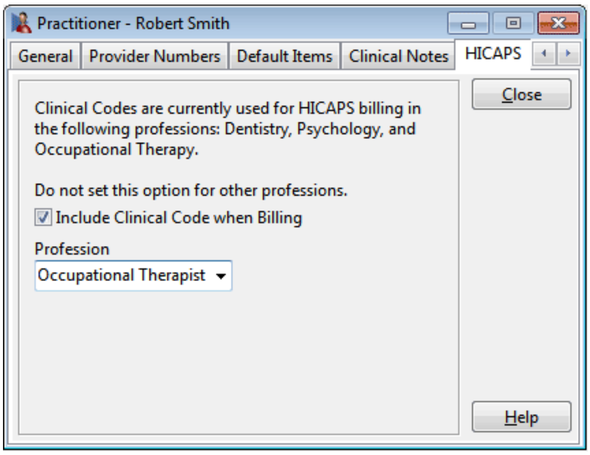
Tick the **No HICAPS claims for this Practitioner** option.



Setting up HICAPS (Practitioner)

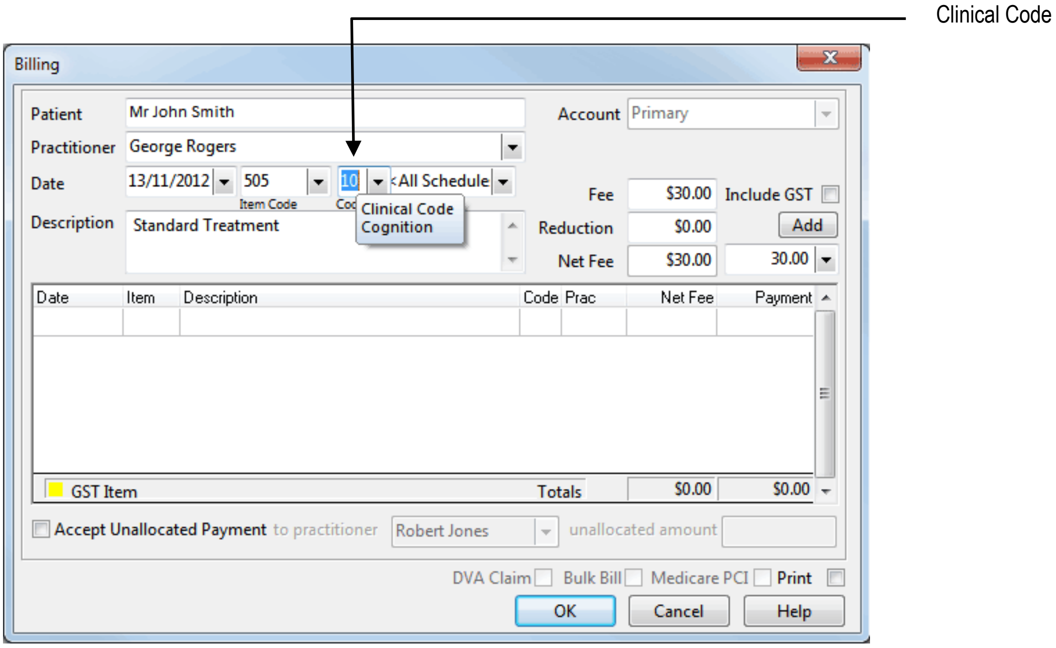
Clinical Codes are part of the billing process required by health funds when processing transactions through the **HICAPS** interface for Dentists, Occupational Therapists and Psychologists. For Dentists the Clinical Code equates to the Tooth Number. **Please note that this requirement does not currently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



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

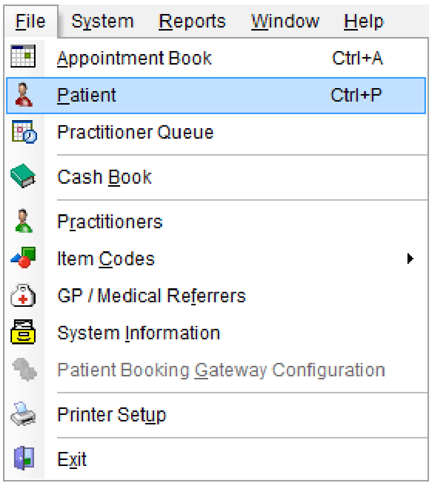
When billing a patient, select the **Clinical Code** for the HICAPS claim. If you place the cursor over the **Clinical Code** field a description will appear in the on-screen tooltip.



HICAPS - Additional Tab

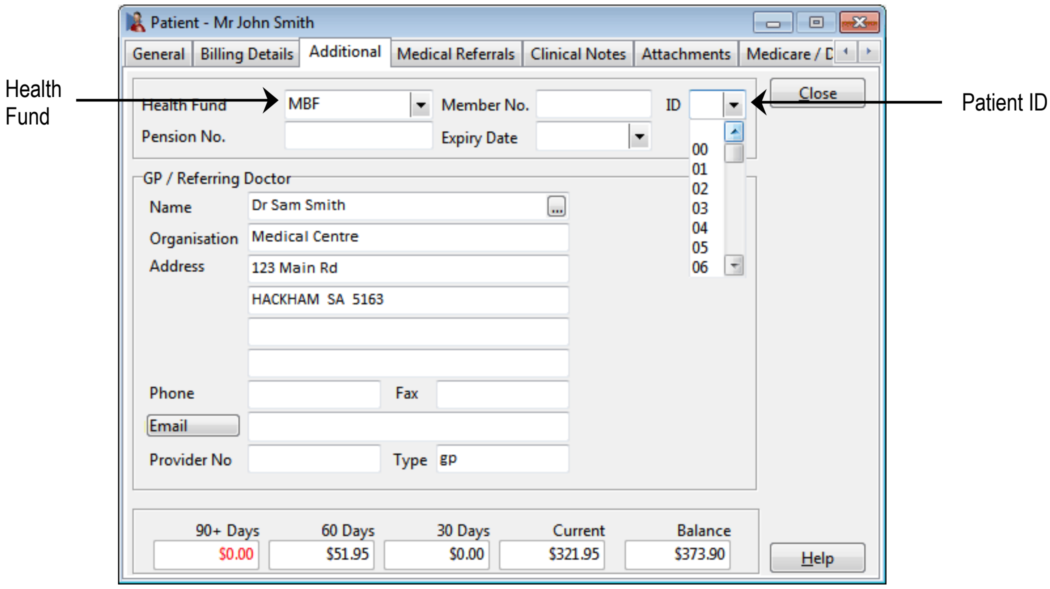
Select **Patient** from the toolbar

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.



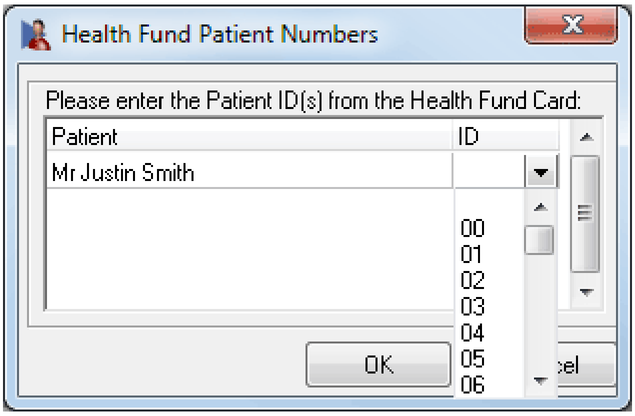
You can also enter the **Health Fund** and **Member No**. These fields are optional for HICAPS and general billing.

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.

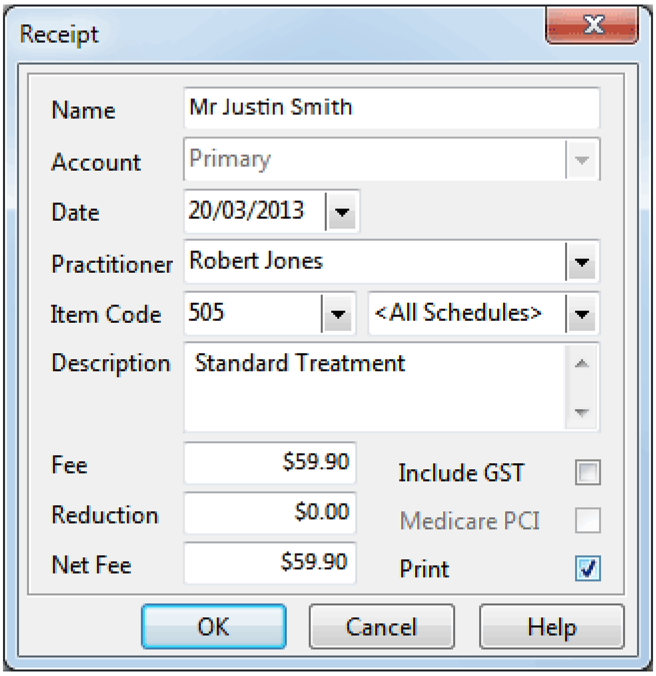
Select the patient's ID number from the **ID** drop-down box and click **OK**. If you wish to cancel the HICAPS claim at this point, click **Cancel**.



Receipting with HICAPS

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

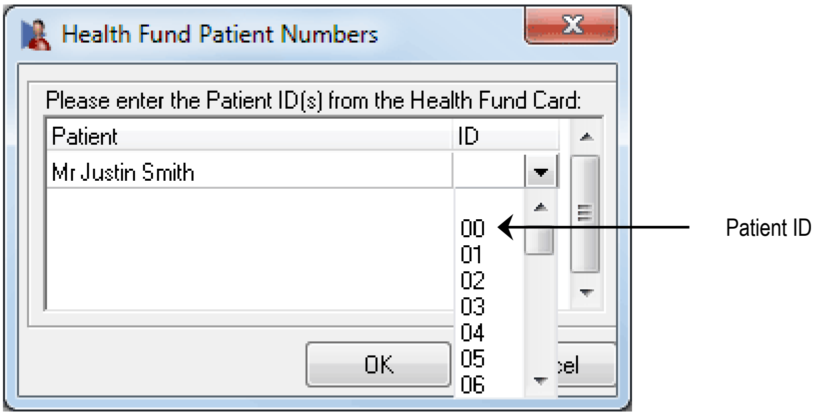
Click **Receipt** on the patient card or on the appointment book.



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.

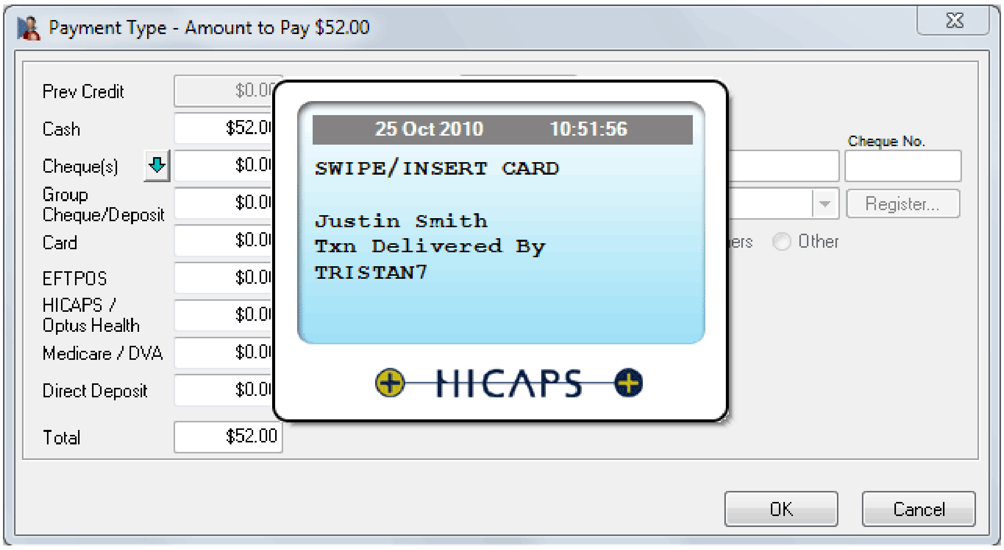
Click **OK** to process the receipt. On the **Payment** screen click the **HICAPS** button to submit this transaction to HICAPS.

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.



Receipting with HICAPS

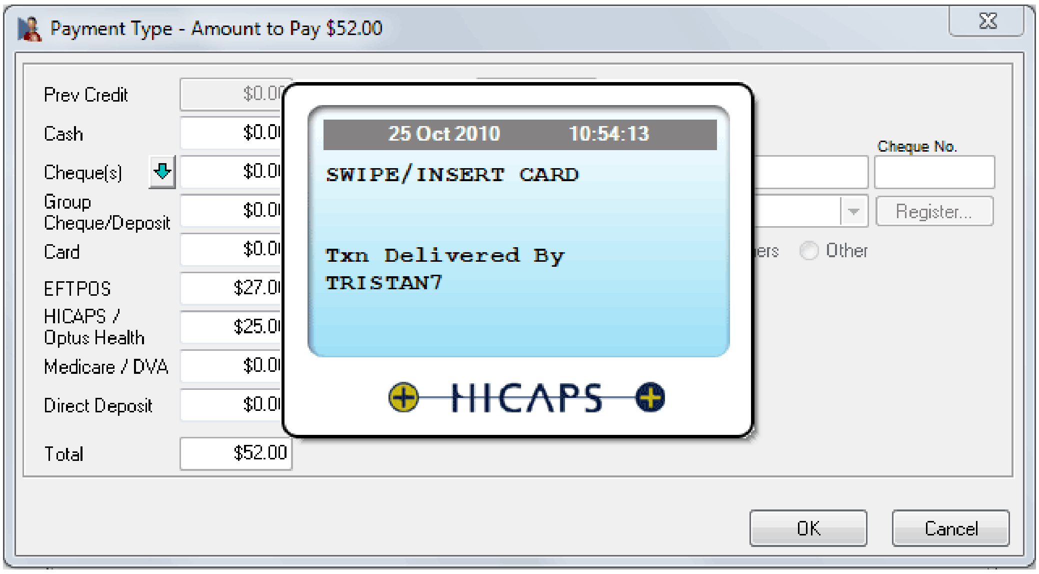
You will be prompted to swipe or insert the health fund card to begin the claim.



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.



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.

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*

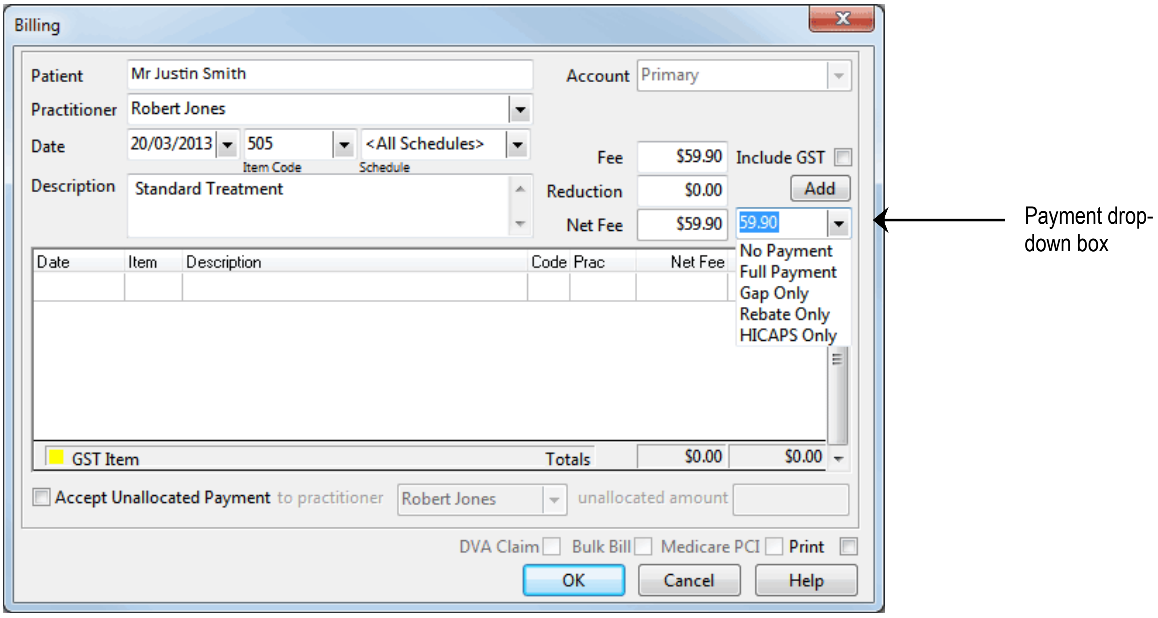
If the **Print** box is ticked on the receipt screen, a normal *Front Desk* receipt will also be printed for the patient.

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 2021 - Note

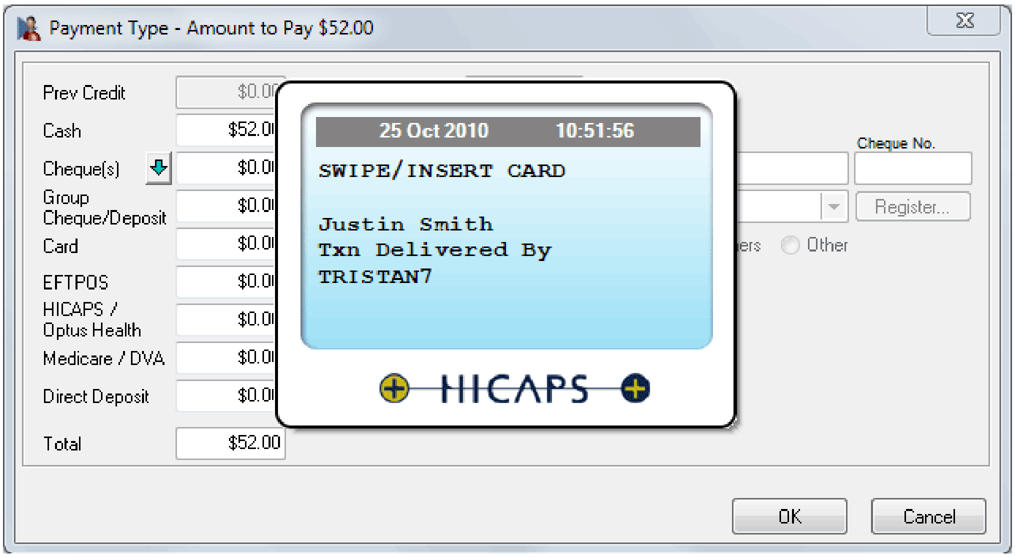
The **Gap Only** option should only be used if fixed gap amounts have been entered in your item code.

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.

Billing with HICAPS

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

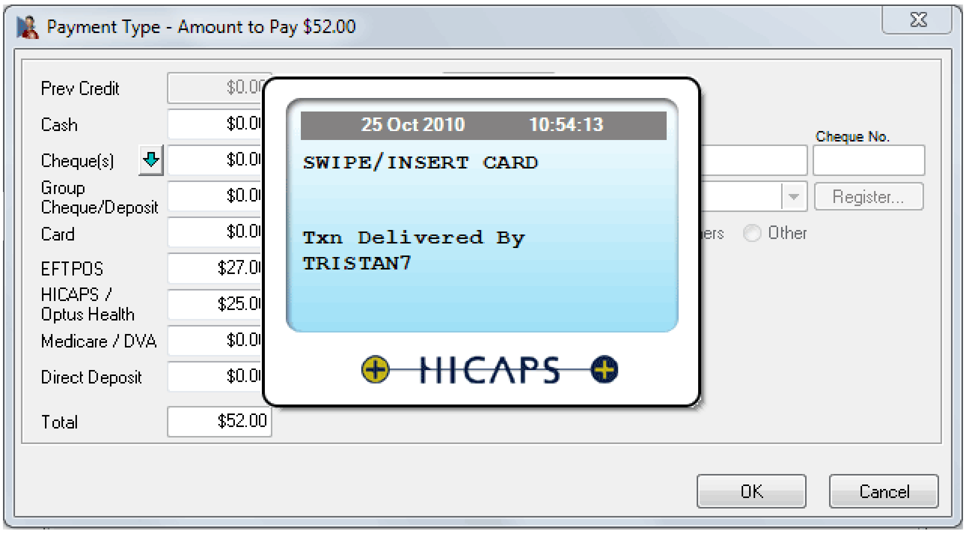


If the patient does not have a patient ID entered, you will be prompted to select one from the **Health Fund Patient Numbers** window. Use the ID drop-down box to select the number found on the patient's health fund card and click **OK** to proceed.

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.



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.

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:

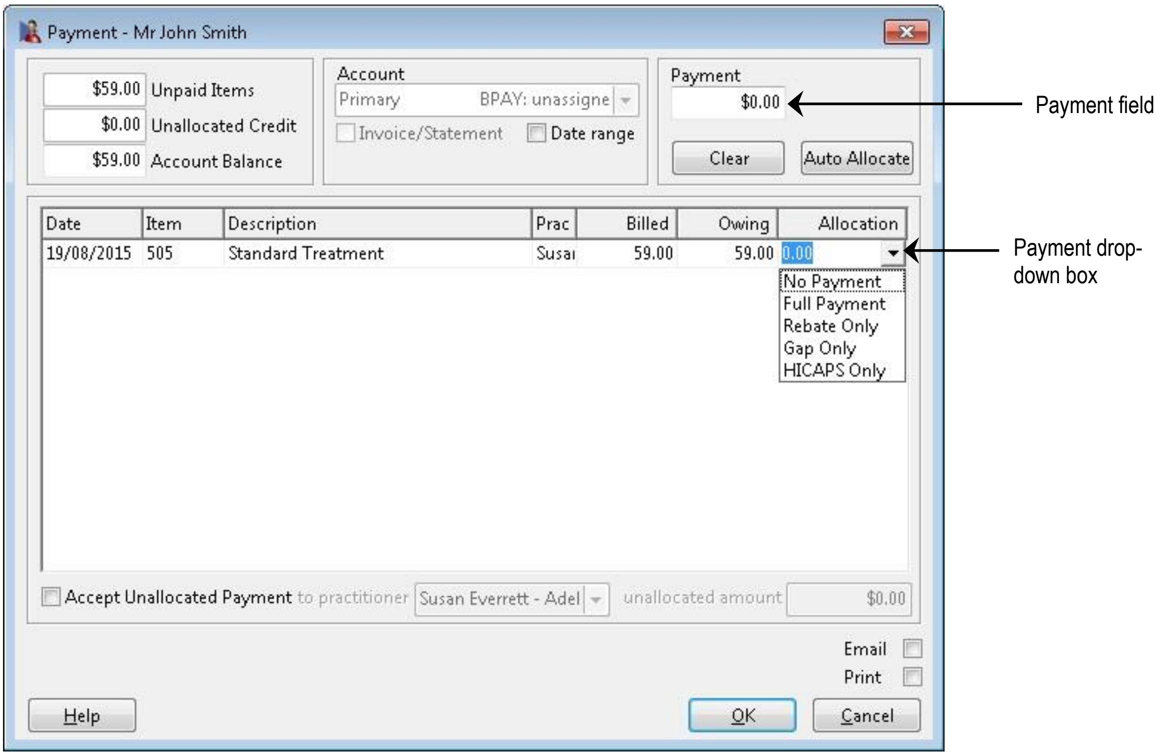
- *A receipt for the practice to keep - provider copy (this copy must be signed by the patient) and*
- *A receipt for the patient to keep - patient copy*

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

Payments with HICAPS

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

Click **Payment** on the patient file.



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

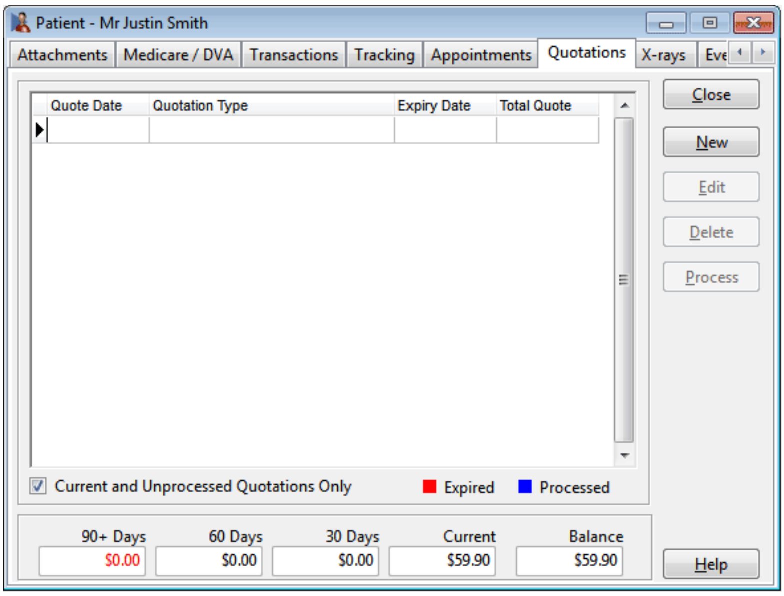
Either **Auto Allocate** the total to be paid to the outstanding amounts listed or manually allocate by using the payment drop-down boxes located in the allocation column of each outstanding item. Select **No Payment, Full Payment, Gap Only, Rebate Only** or **HICAPS Only**.

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.

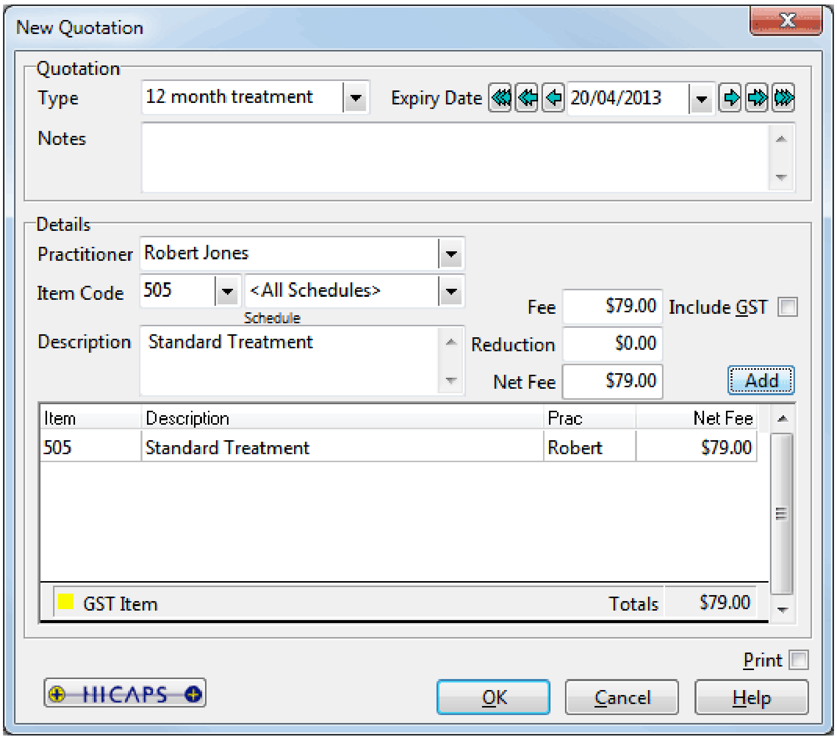
If the patient does not have a patient ID entered, you will be prompted to select one from the **Health Fund Patient Numbers** screen. Use the ID drop-down box to select the number found on the patient's health fund card and click **OK** to proceed.

Quotes with HICAPS

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



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

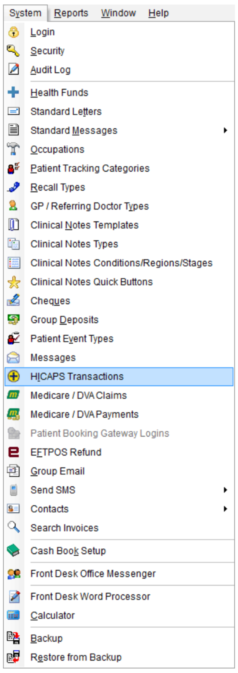


Select a **Quotation Type** from the drop-down list, add **Notes** (optional), and **Add** the items to the quotation.

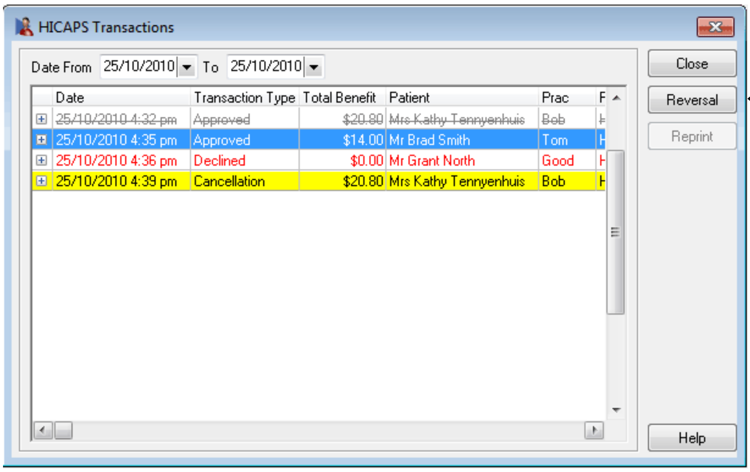
Click the **HICAPS** button to process a quote through the HICAPS terminal.

HICAPS 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.



Reversal Button

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

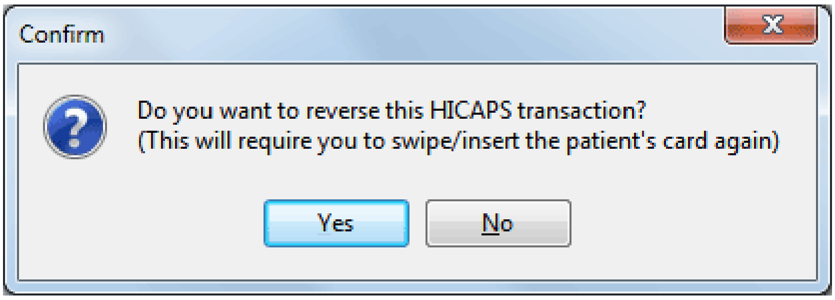
The patient's name, item code and the HICAPS amount will be displayed for **Approved** transactions.

The **Processed Date/Time** and the **RRN** (**R**etrieval **R**eference **N**umber) 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.

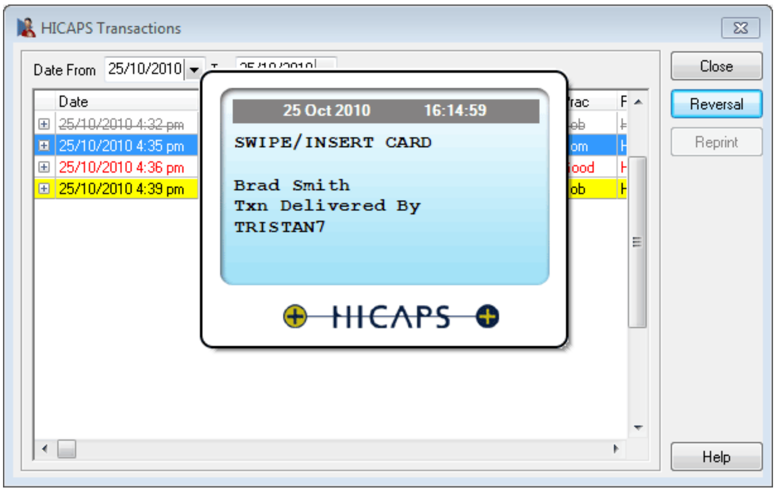
HICAPS Transactions

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

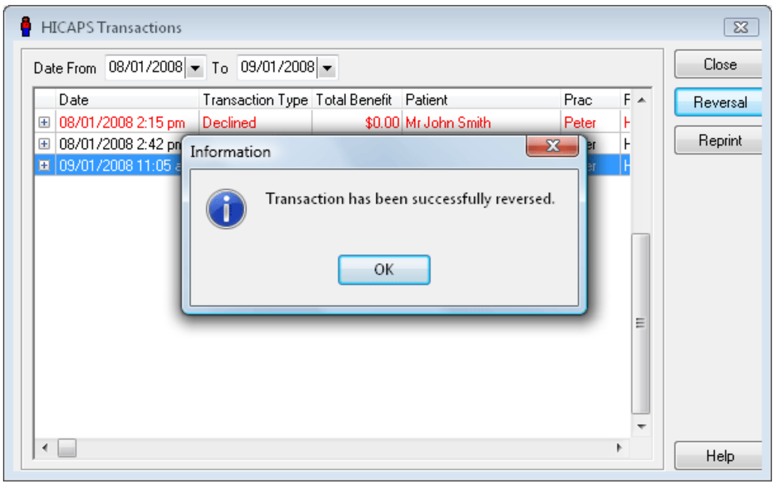


Click **Yes** to proceed with the cancellation.

You will be asked to swipe or insert the card.



If successful, the following screen will appear.

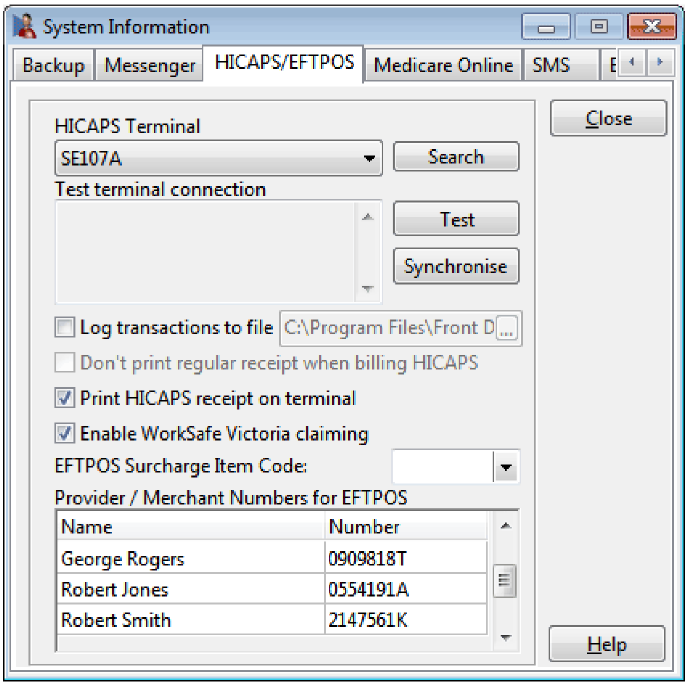


Front Desk 2021 - Note

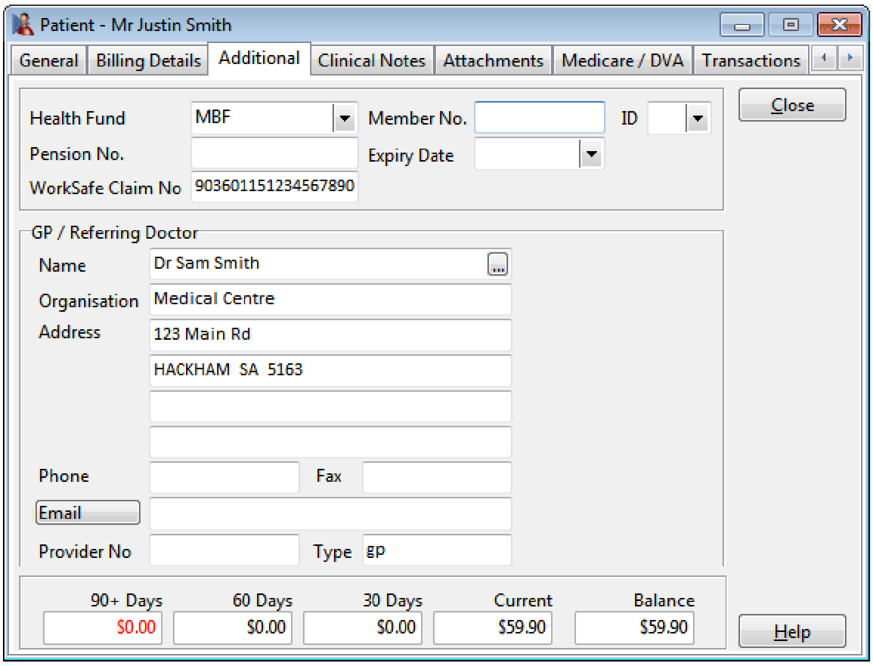
A transaction can only be reversed on the same day as it was submitted. You will need to swipe or insert the patient's card to reverse a transaction.

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**.

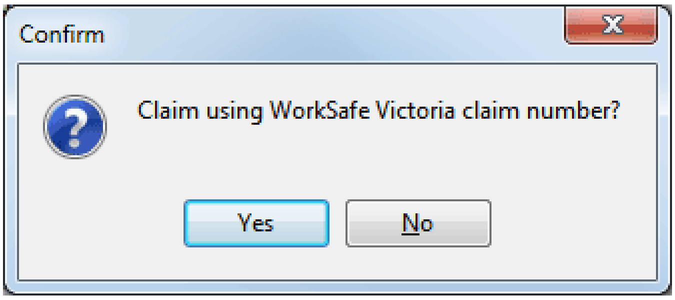


WorkSafe are not supplying its members with cards, so the claim number needs to be recorded on the patient's file. Go to the **Additional** tab on the patient's file and enter the **WorkSafe Claim No** in the field provided.



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.



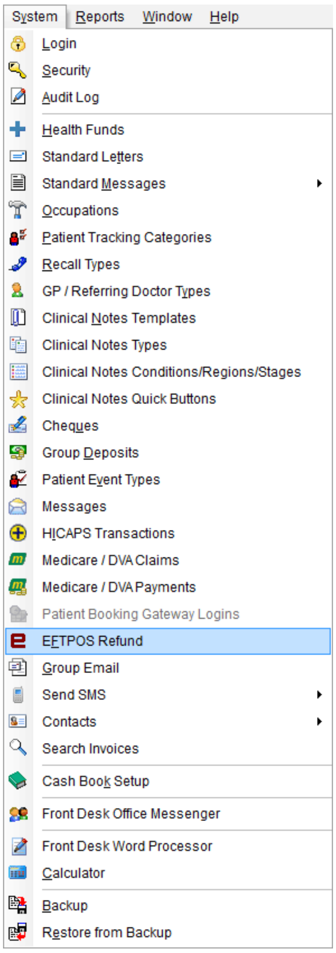
Click **Yes** to submit the claim to HICAPS. You will not be asked to swipe or insert the patient's card.

Front Desk 2021 - Note

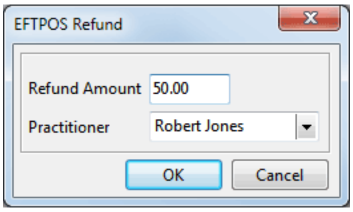
WorkSafe Victoria transactions will return no benefit at the time of processing, so a "Submitted" receipt will be printed if the claim is successful. The patient should make no other payment at the time.

Refunding an EFTPOS Payment

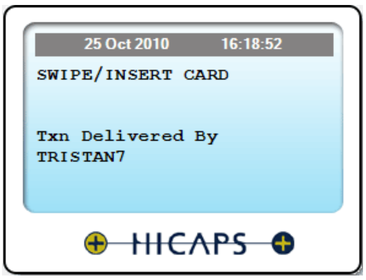
To refund a patient an amount that was paid by EFTPOS, go to the **System** menu and select the **EFTPOS Refund** option. Deleting an EFTPOS payment from the **Transactions** tab on the patient file will also prompt to process an EFTPOS Refund.



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

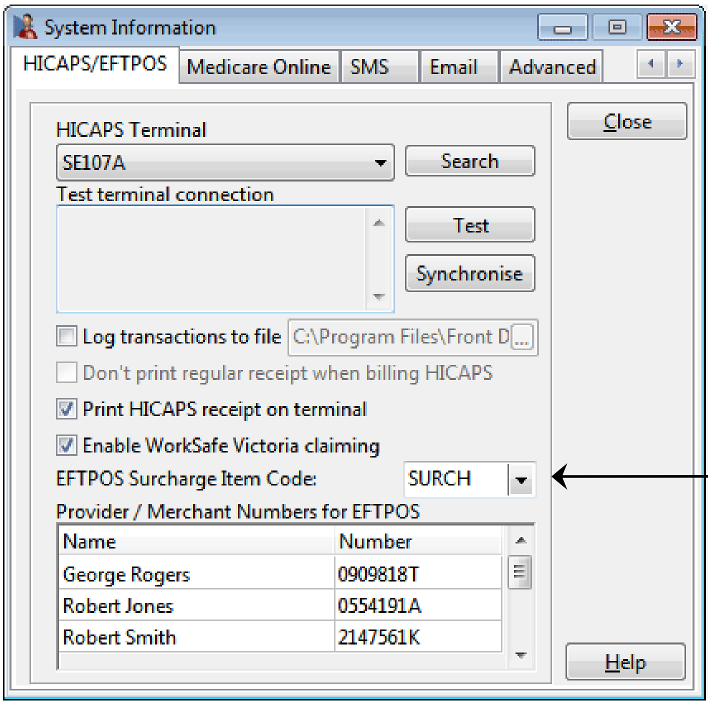


You will be prompted to swipe or insert the patient’s EFTPOS card.



EFTPOS Surcharge

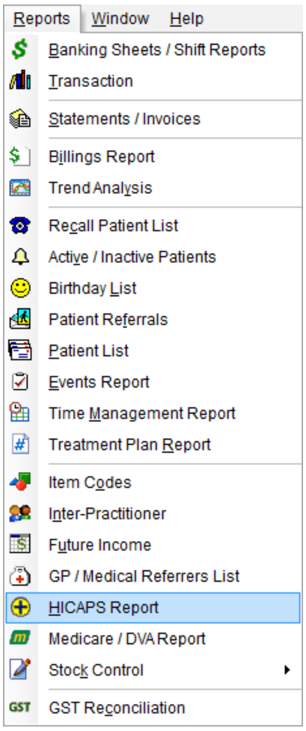
For practices with an EFTPOS surcharge fee set up on their terminals, Front Desk will take this into account when recording the payment amount and when refunding EFTPOS amounts. Users wishing to take advantage of this functionality need to set up a new item code to be used for an EFTPOS surcharge. This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



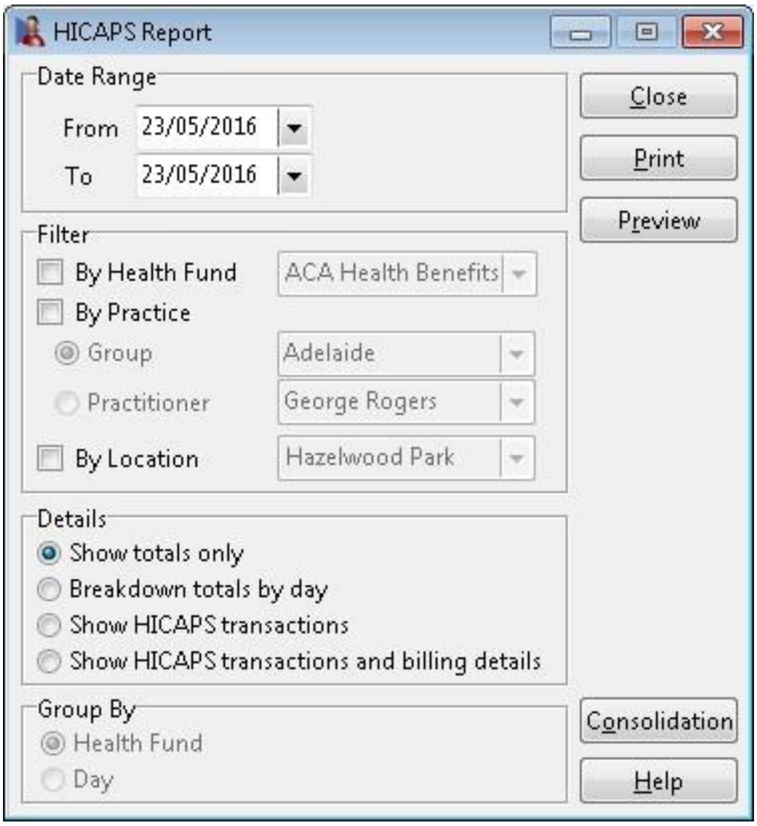
Select **EFTPOS Surcharge Item Code**

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

There are four different ways to view the HICAPS report:

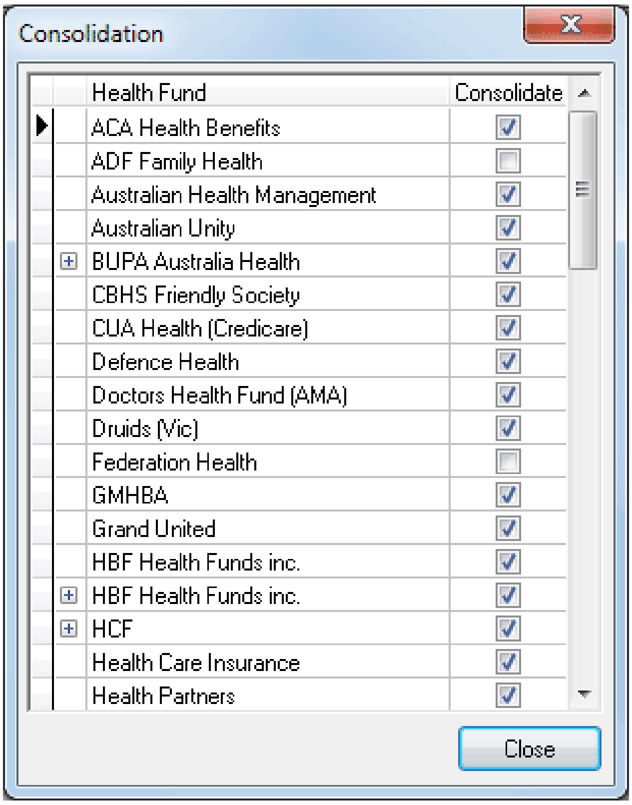
Show totals only
This option lists the totals of each health fund only.

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**.

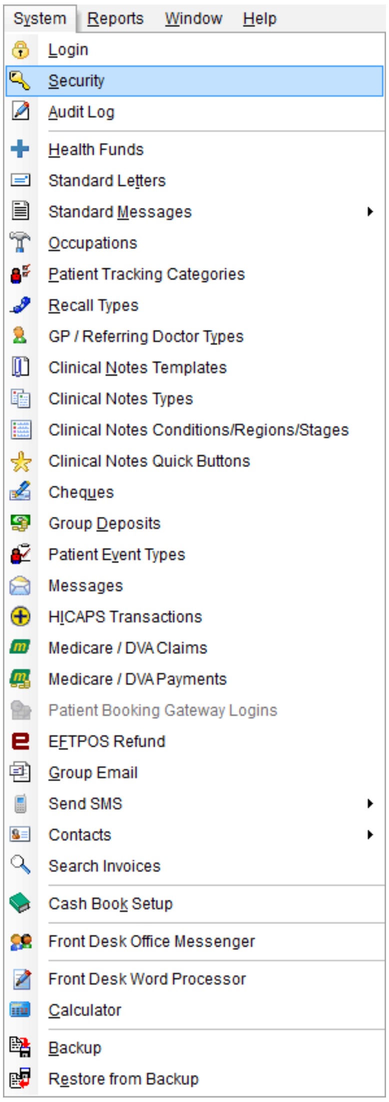


Smartsoft Pty Ltd will update the **Consolidation** list with software upgrades but from time to time you may need to manually add health funds to the consolidated group by checking the box to the right of the **Health Fund** name.

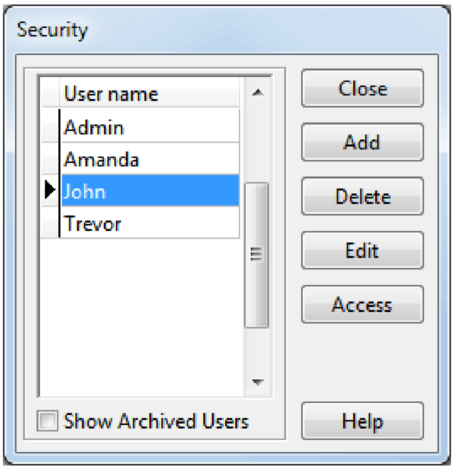
The HICAPS report will group all consolidated health funds as per the *"HICAPS Payment and Reconciliation Solution"* to aid in reconciling HICAPS payments.

HICAPS / EFTPOS Security

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

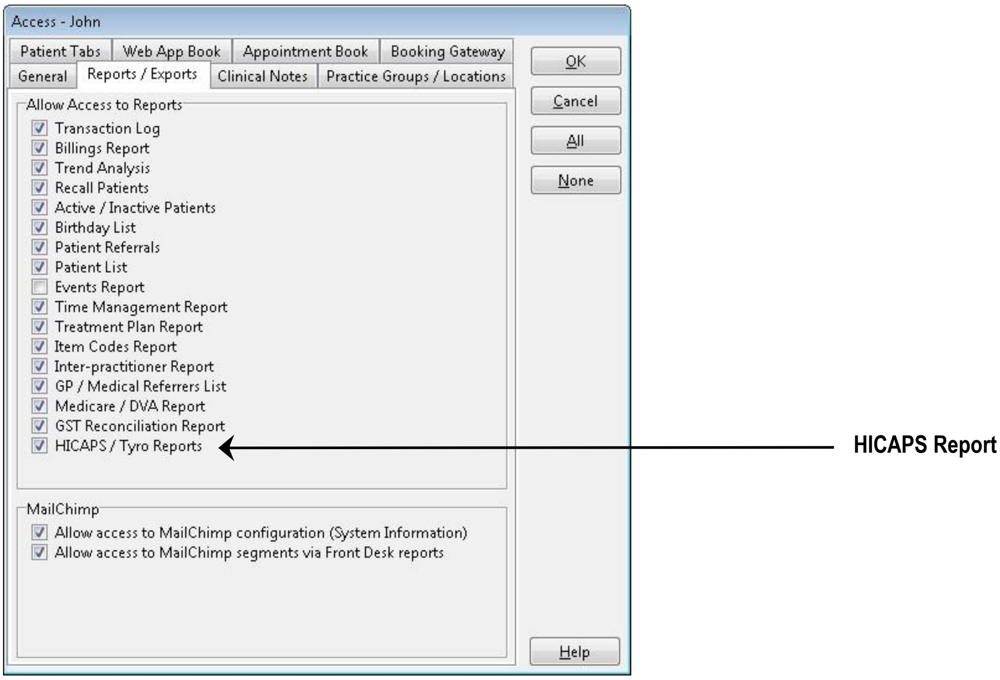


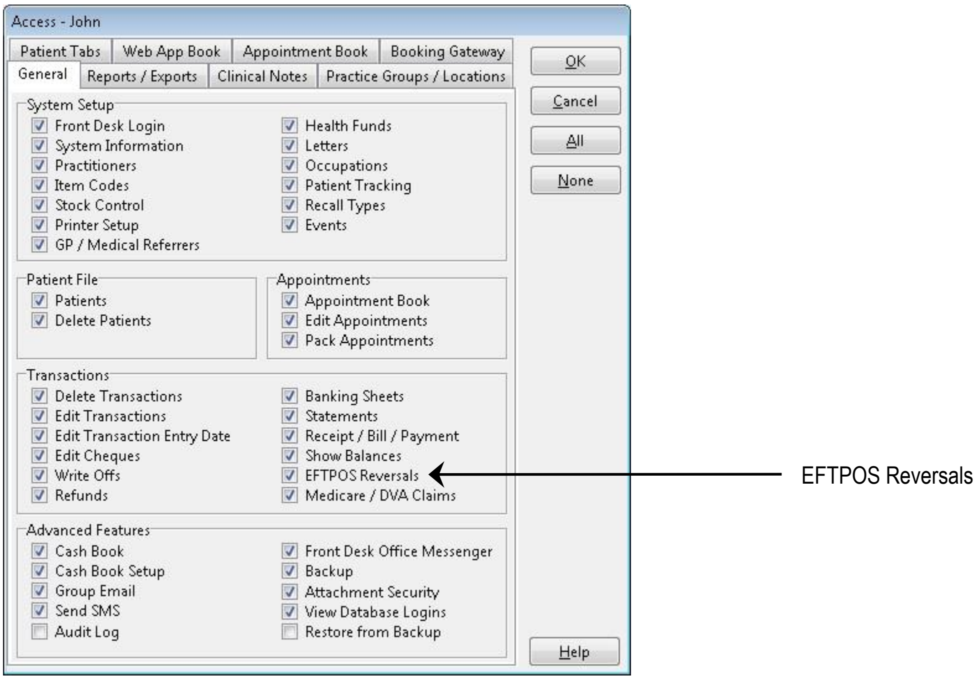
Highlight the username and click **Access**.



HICAPS / EFTPOS 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.





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:

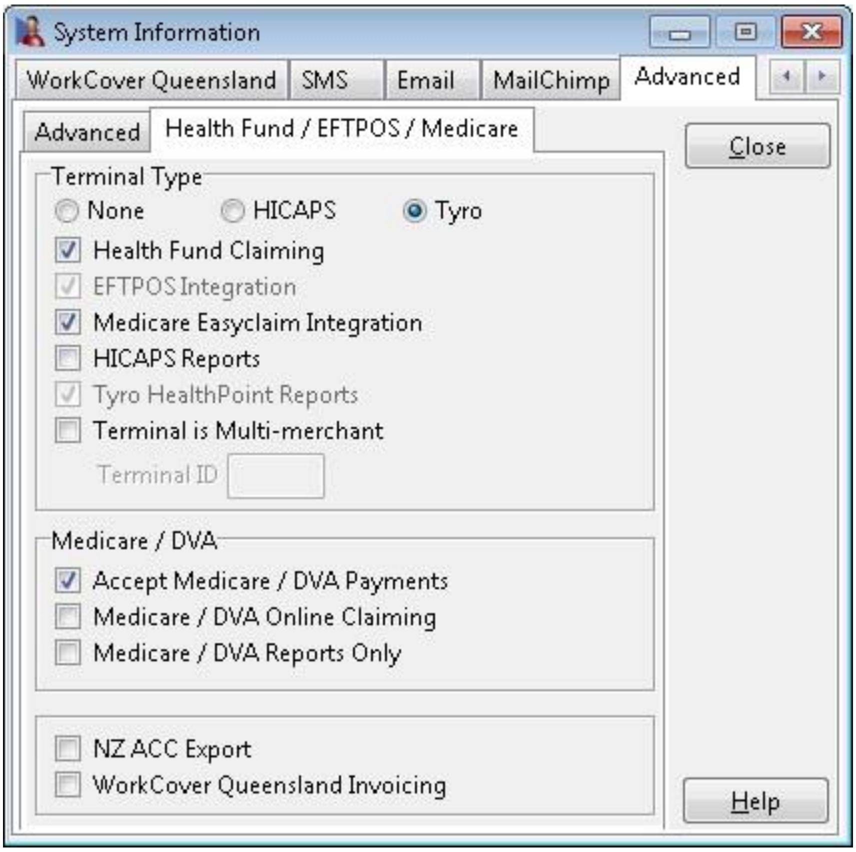
- You have a list of HealthPoint item codes for your practice;
- The Tyro terminal is turned on and connected to your network;
- The Tyro Terminal Adapter (TTA) software has been installed and paired with your terminal.

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.

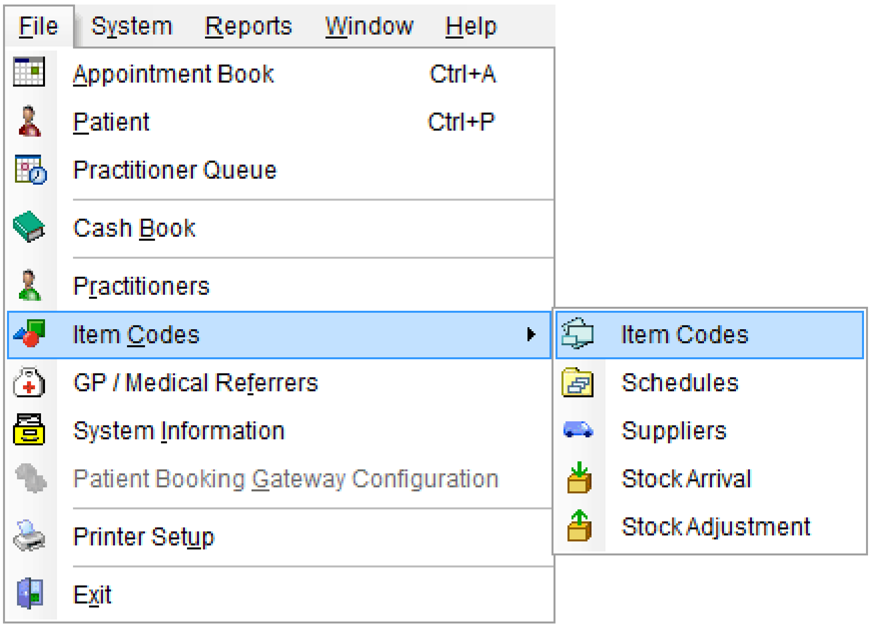
If your terminal has multi-merchant functionality, you will need to check the **Terminal is Multi-merchant** option.



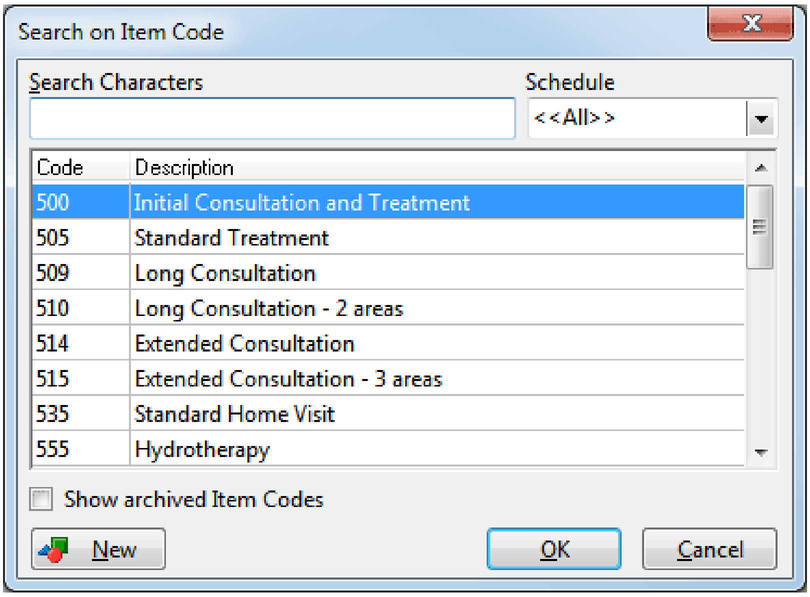
Tyro Integration (Item Codes)

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**.

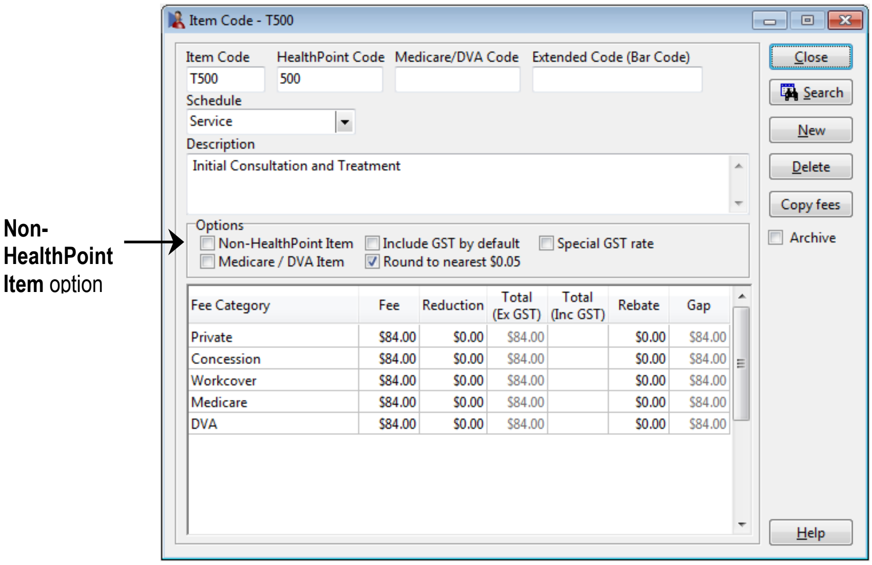


Tyro Integration (Item Codes)

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.

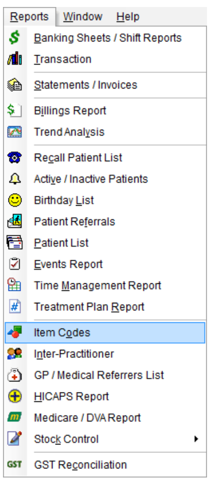
If you have entered item codes that you know are not covered by health funds, check the **Non-HealthPoint Item** option. These items will no longer be included in any Tyro HealthPoint claims.



Front Desk 2021 - 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.

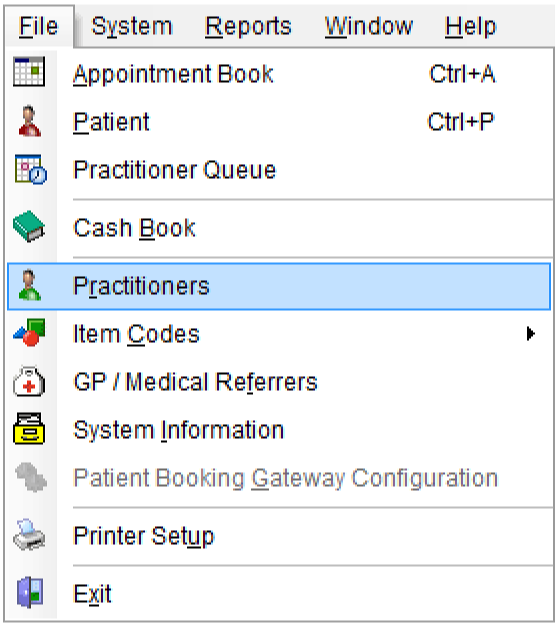
We recommend that you print an **Item Codes Report** to check your item codes details after updating them with the new HealthPoint information. To print an **Item Codes Report**, select **Item Codes** from the **Reports** menu.



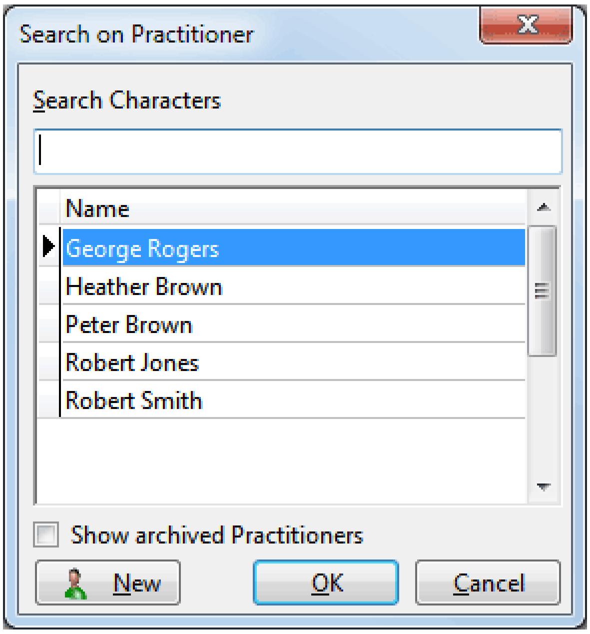
Tyro Integration (Practitioners)

Click **Practitioners** from the toolbar

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

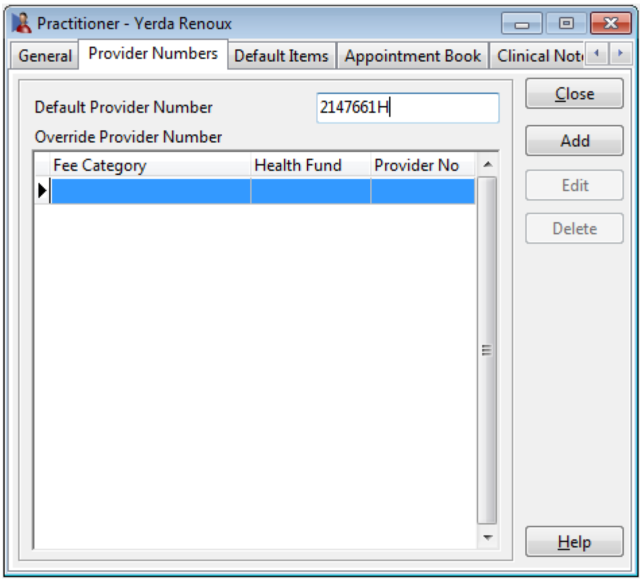


Double click the practitioner's name, or highlight their name and click **OK**.



Tyro Integration (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.

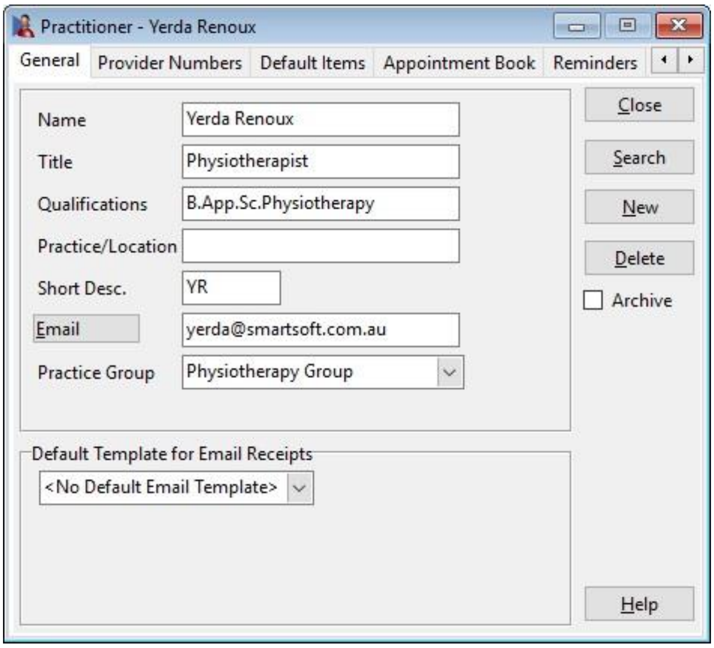


If you work in a multi-practitioner environment and use Tyro integration, you may wish to record which practitioners are unable to claim a private health fund rebate. To do this, check the **No Tyro HealthPoint claims for this practitioner** option on the **Tyro** tab.

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

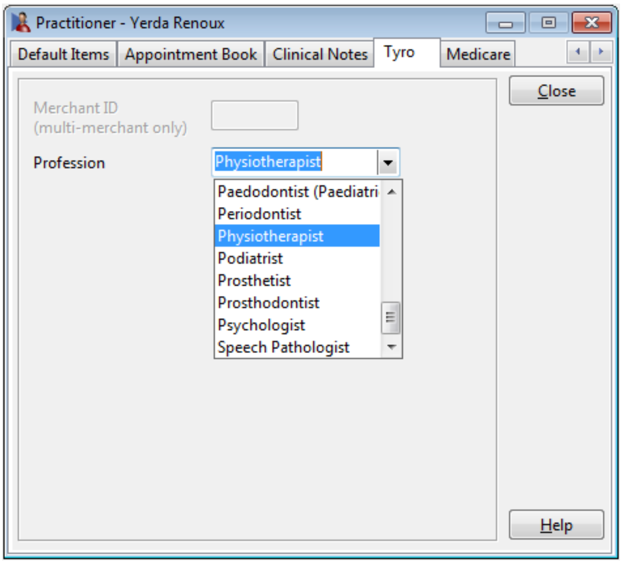
Acupuncturists
Chiropractors
Dental technicians
Dentists
Dieticians
Endodontists
Exercise physiologists
Massage therapists
Naturopaths
Occupational therapists
Optical dispensers
Optometrists
Oral surgeons
Orthodontists
Osteopaths
Paedodontists
Periodontists
Physiotherapists
Podiatrists
Prosthetists
Prosthodontists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

Tyro Integration (Practitioners)



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.



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

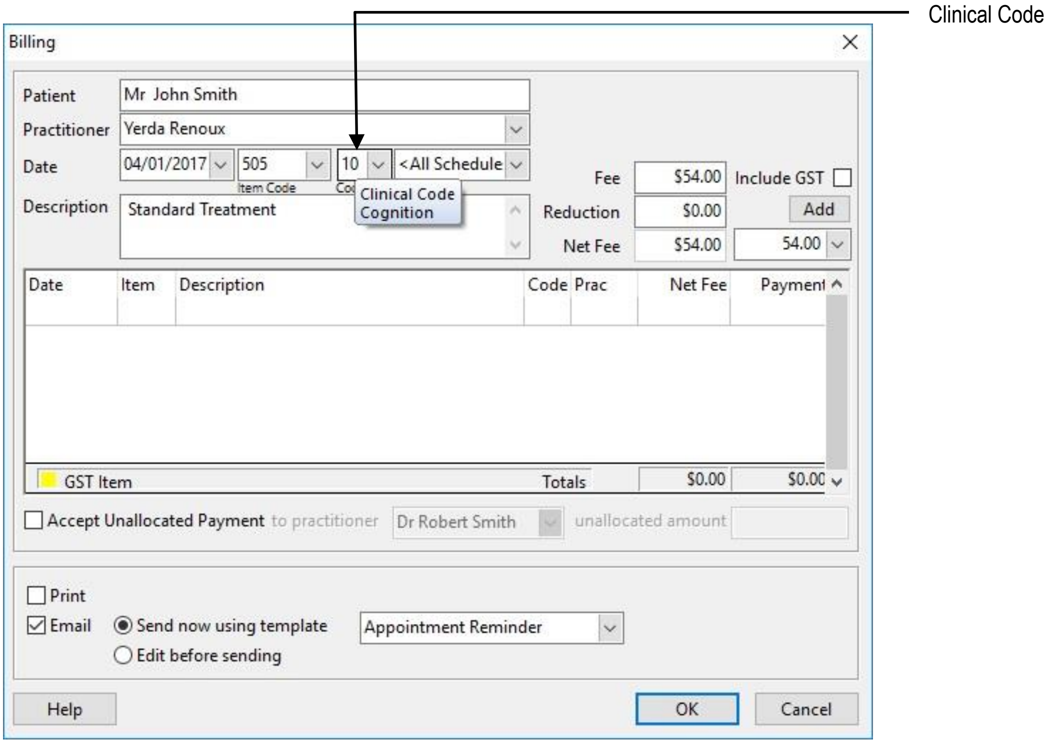
Front Desk 2021 - Note

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

Tyro Integration (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.

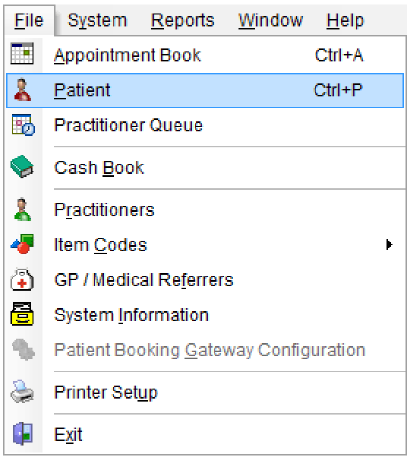
When billing a patient, select the **Clinical Code** for the Tyro HealthPoint claim. If you place the cursor over the **Clinical Code** field a description will appear in the on-screen tooltip.



Tyro Integration (Patients)

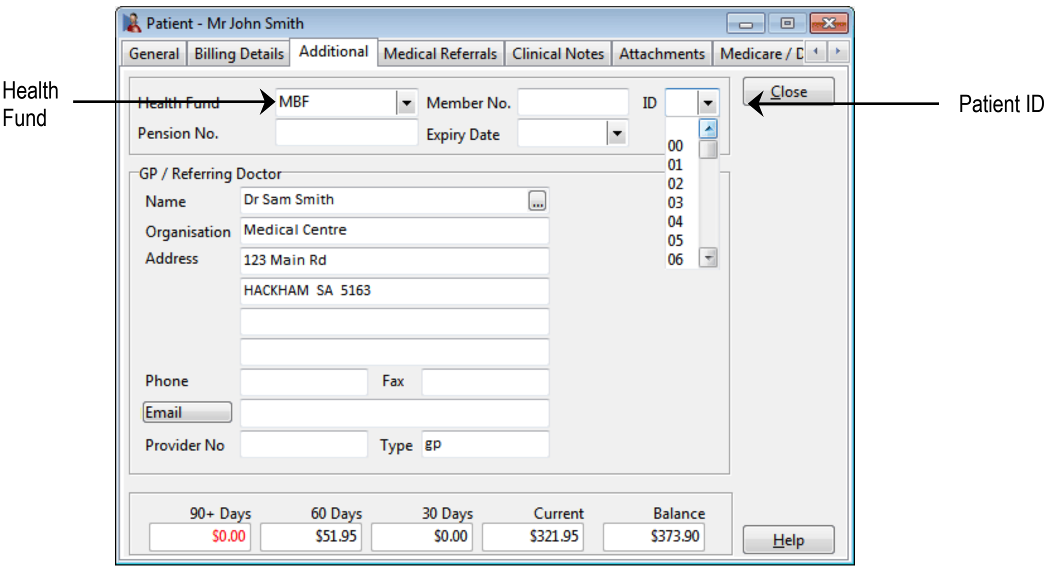
Click **Patient** on the toolbar

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.



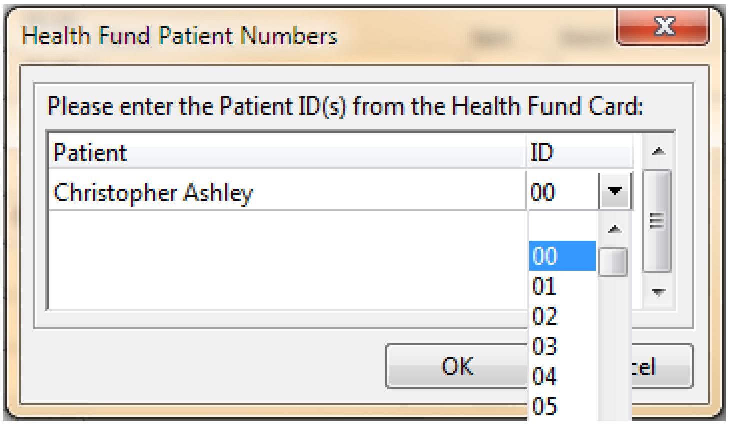
You can also enter the **Health Fund** and **Member No**. These fields are optional for Tyro HealthPoint and general billing.

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.

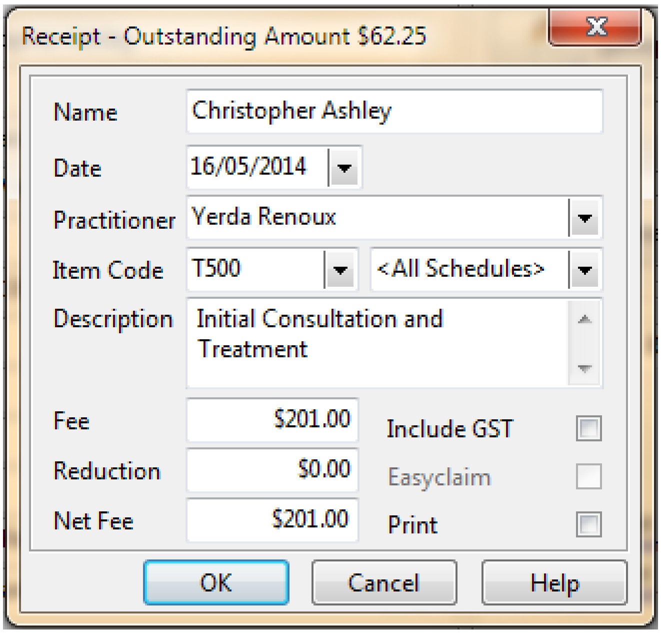
Select the patient's ID number from the **ID** drop-down box and click **OK**. If you wish to cancel the Tyro HealthPoint claim at this point, click **Cancel**.



Tyro HealthPoint Integration (Receipting)

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

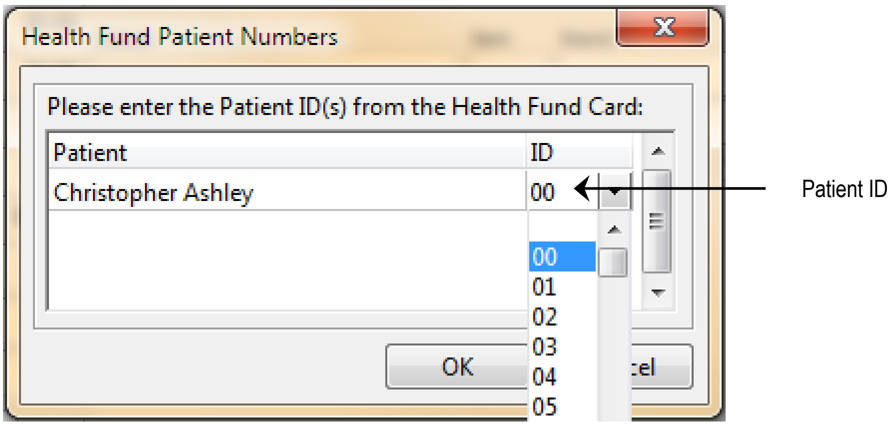
Click **Receipt** on the patient card or on the appointment book.



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.

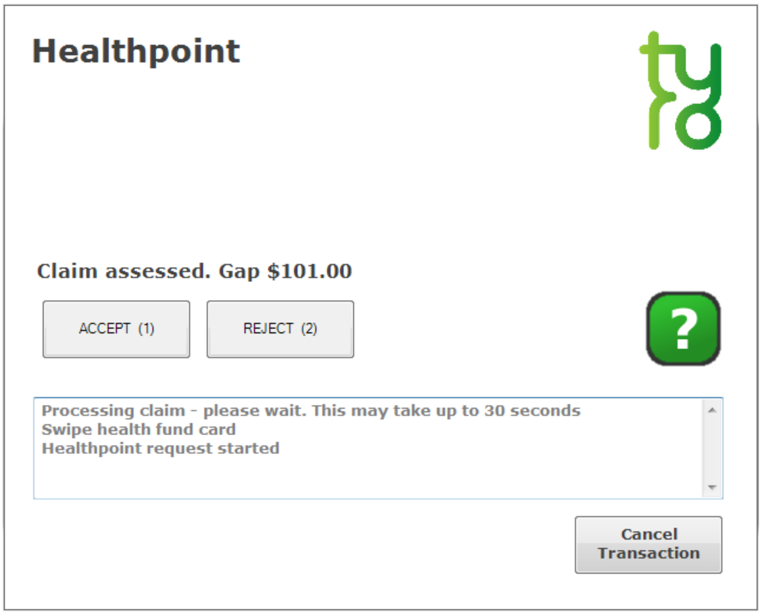
If the patient does not have a patient ID entered you will be prompted to select one from the **Health Fund Patient Numbers** screen. Use the ID drop-down box to select the number found on the patient's health fund card.



Tyro HealthPoint Integration (Receipting)

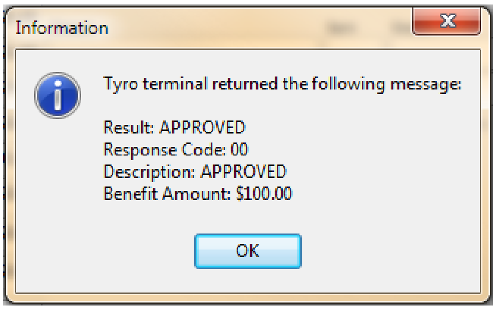
You will be prompted to swipe or insert the health fund card to begin the claim.

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



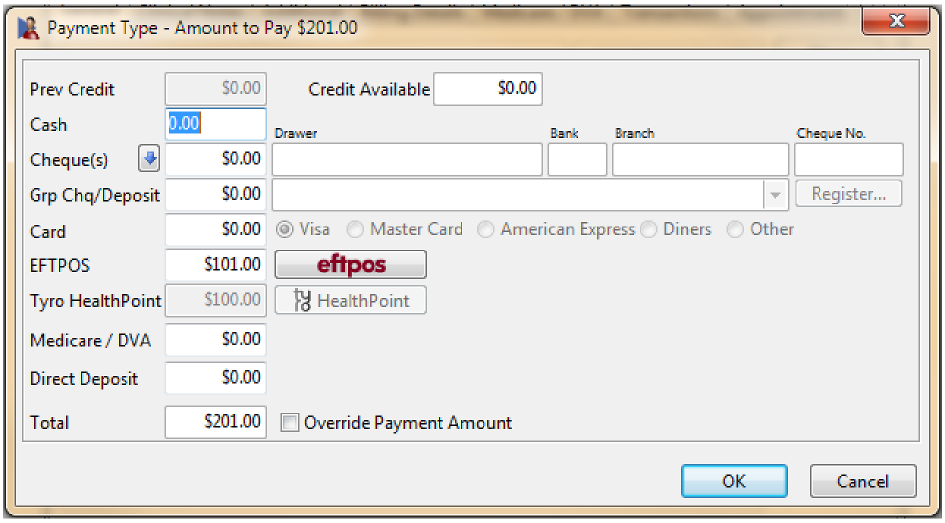
Once accepted, *Front Desk* will display the benefit amount and the response from the terminal. The benefit will also be shown in the **HealthPoint** field on the **Payment Type** screen.

Tyro HealthPoint Integration (Receipting)

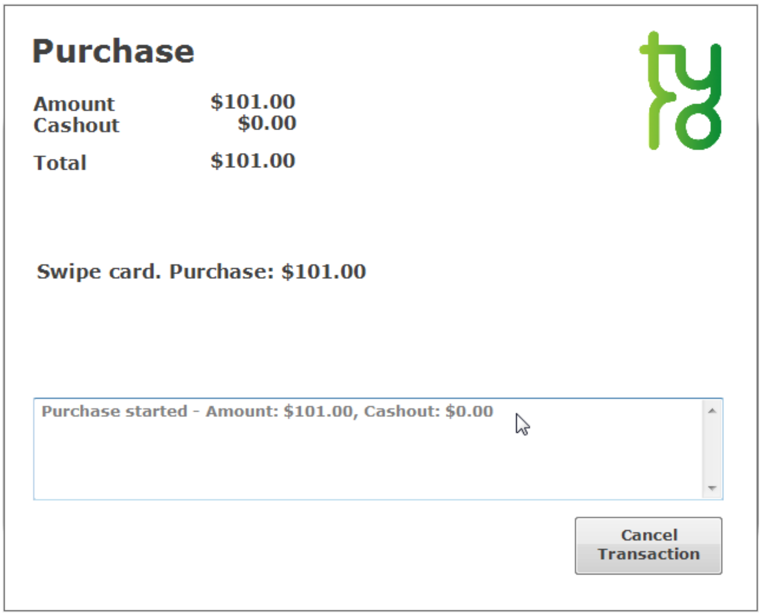


Enter the payment type of the remaining amount in the appropriate field e.g. cash, cheque, EFTPOS, and then click **OK**.

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

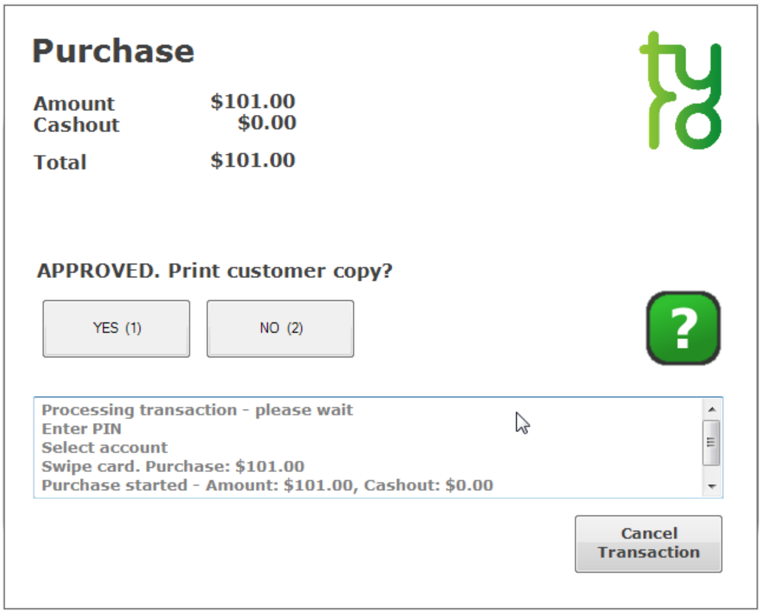


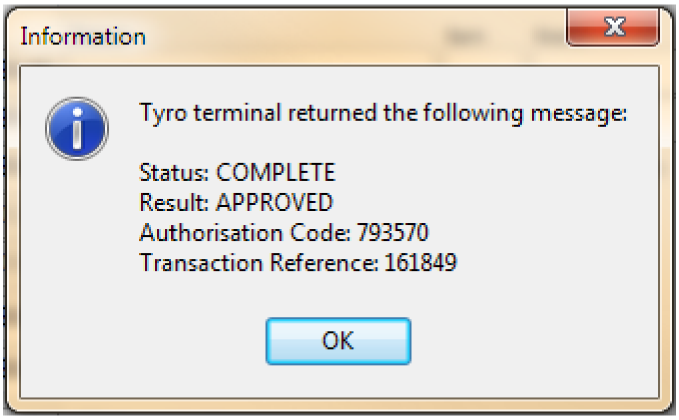
You will then be asked to swipe the patient's EFTPOS card.



Tyro HealthPoint Integration (Receipting)

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





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.

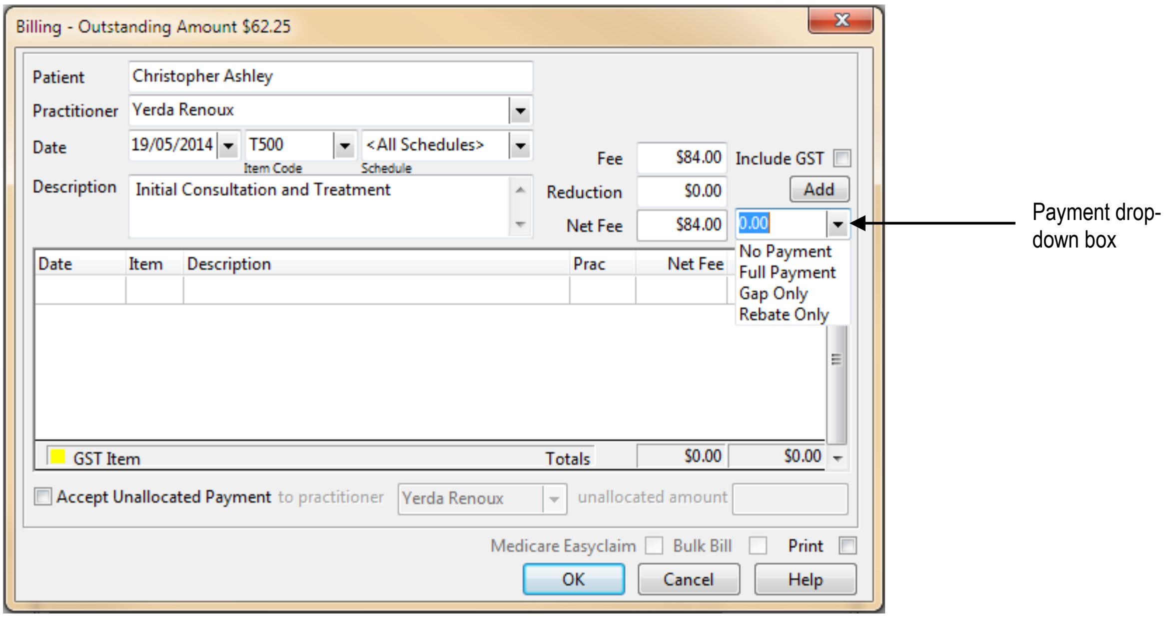
If the **Print** box is ticked on the receipt screen, a normal *Front Desk* receipt will also be printed for the patient.

Tyro 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.



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 2021 - 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.

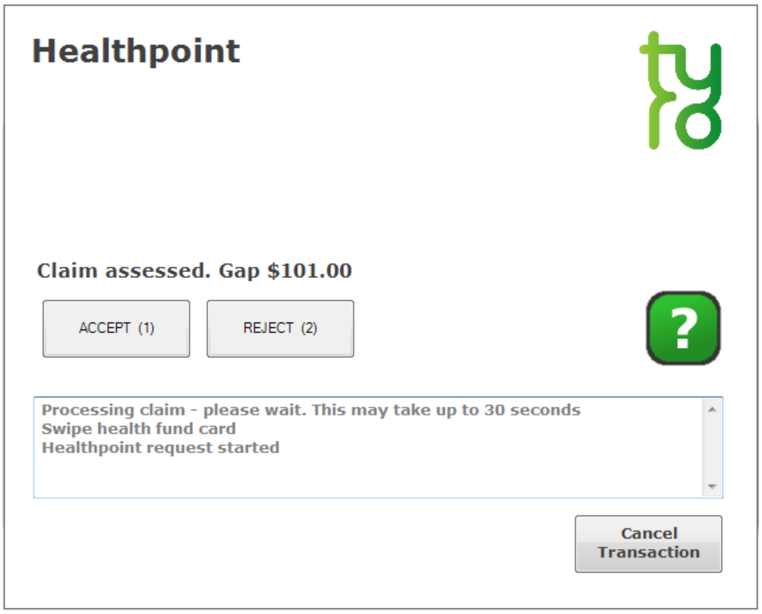
Click **OK** to proceed. You will be presented with the payment type screen with the option of submitting this claim to Tyro HealthPoint by clicking the **HealthPoint** button.

Tyro 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.

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

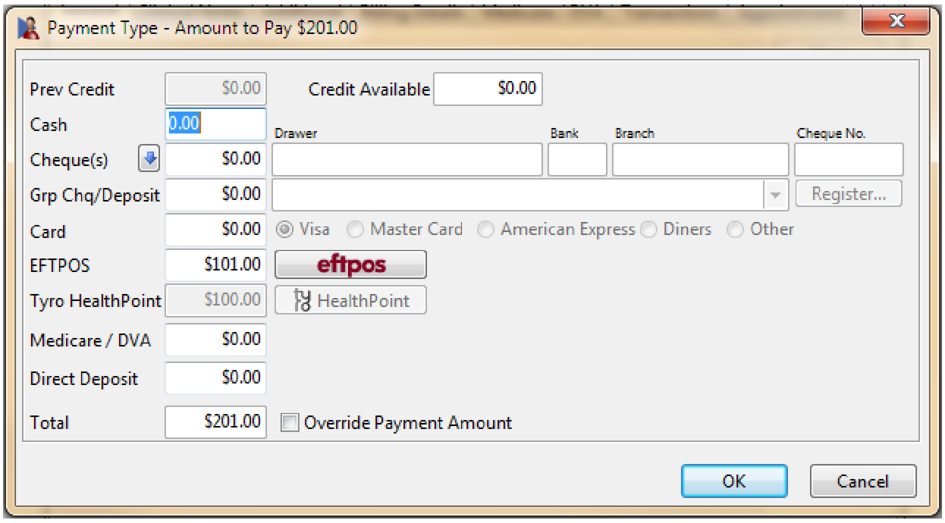


Once accepted, *Front Desk* will display the benefit amount and the response from the terminal. The benefit will also be shown in the **HealthPoint** field on the **Payment Type** screen.

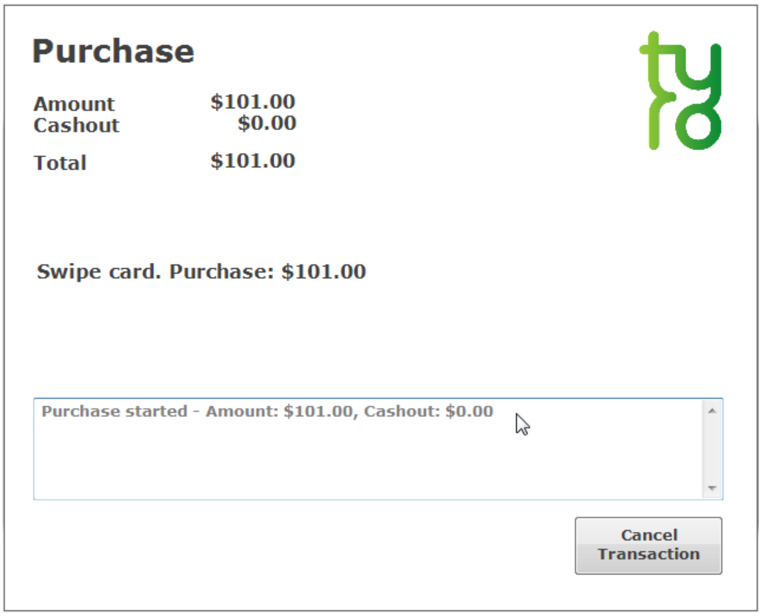
Tyro HealthPoint Integration (Billing)

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.

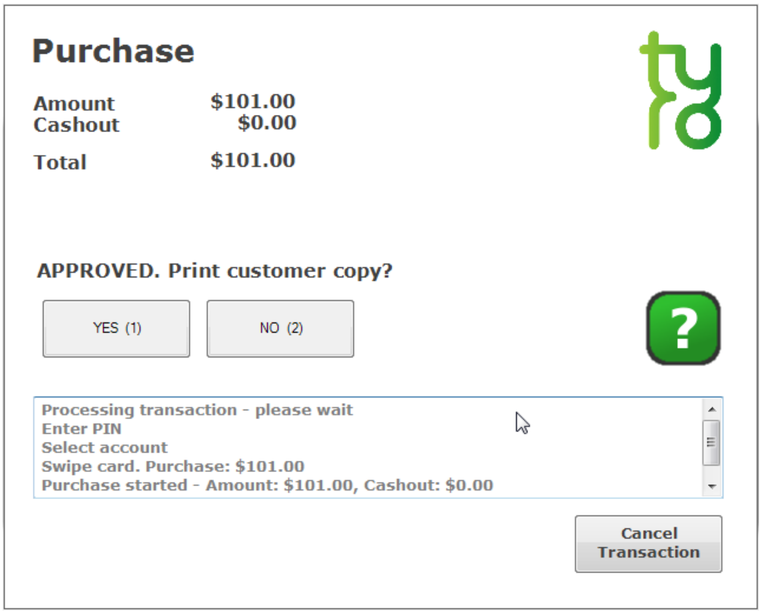


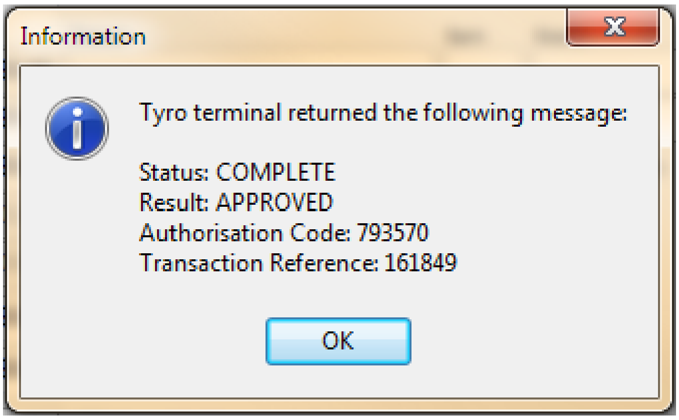
You will then be asked to swipe the patient's EFTPOS card.



Tyro HealthPoint Integration (Billing)

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





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.

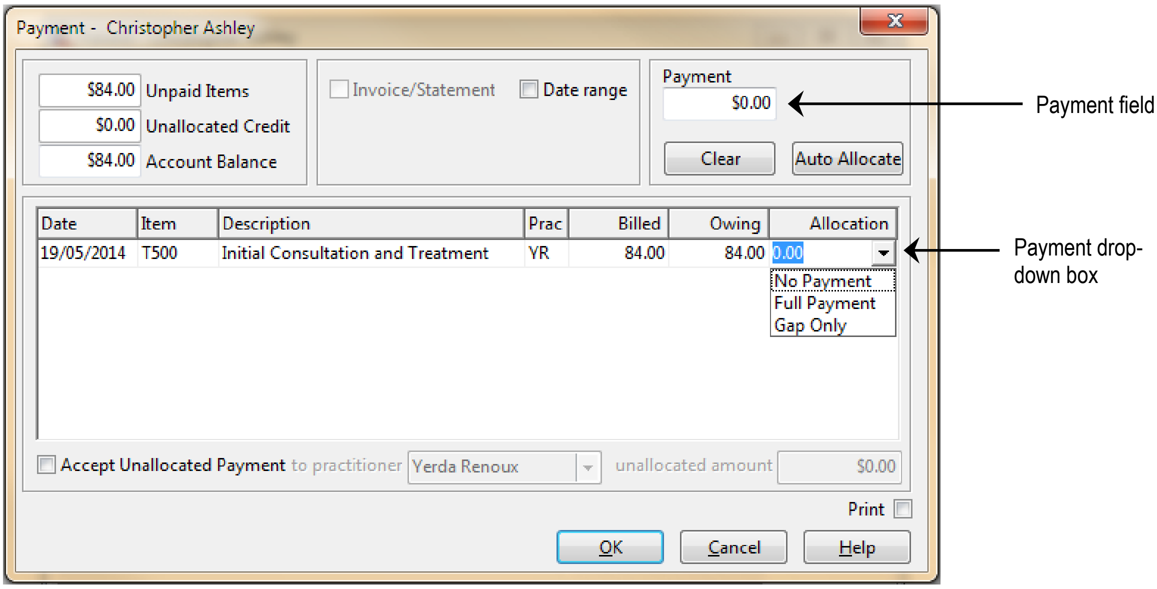
If an error or problem occurred with the HealthPoint claim, *Front Desk* will display this error and allow you to select an alternative payment method.

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

Tyro HealthPoint Integration (Payment)

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

Click **Payment** on the patient file.



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

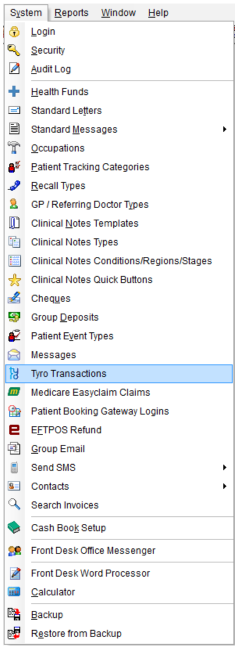
Either **Auto Allocate** the total to be paid to the outstanding amounts listed or manually allocate by using the payment drop-down boxes located in the allocation column of each outstanding item. Select **No Payment**, **Full Payment**, or **Gap Only**.

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.

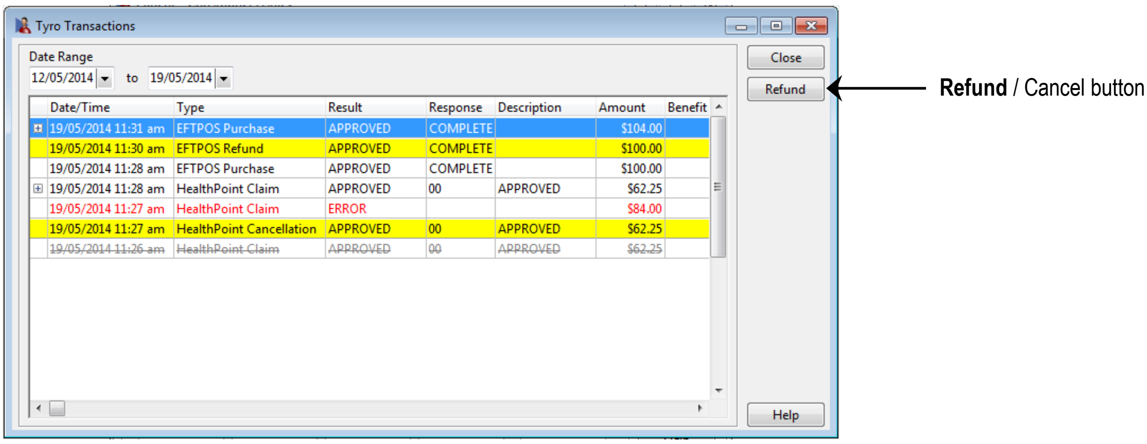
If the patient does not have a patient ID entered, you will be prompted to select one from the **Health Fund Patient Numbers** screen. Use the ID drop-down box to select the number found on the patient's health fund card and click **OK** to proceed.

Tyro 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.



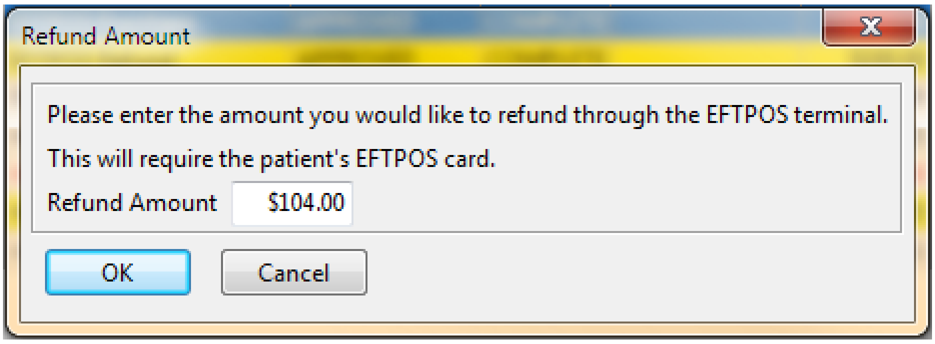
Scroll to the right to see more details of the transaction, e.g. Transaction Reference, Authorisation Code, and Card Type.

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 Transactions (EFTPOS Refunds / Healthpoint Cancellations)

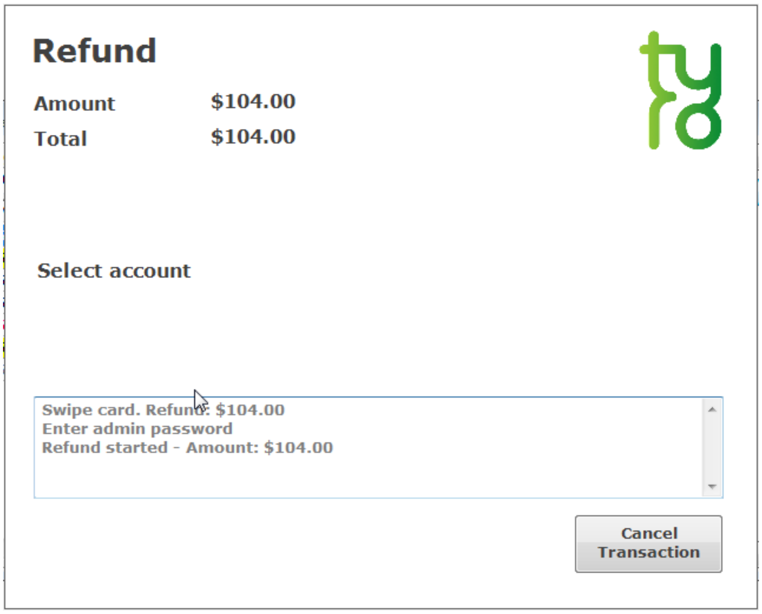
Click the **Refund** button to refund an EFTPOS Purchase. You will be prompted with the following screen.



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.

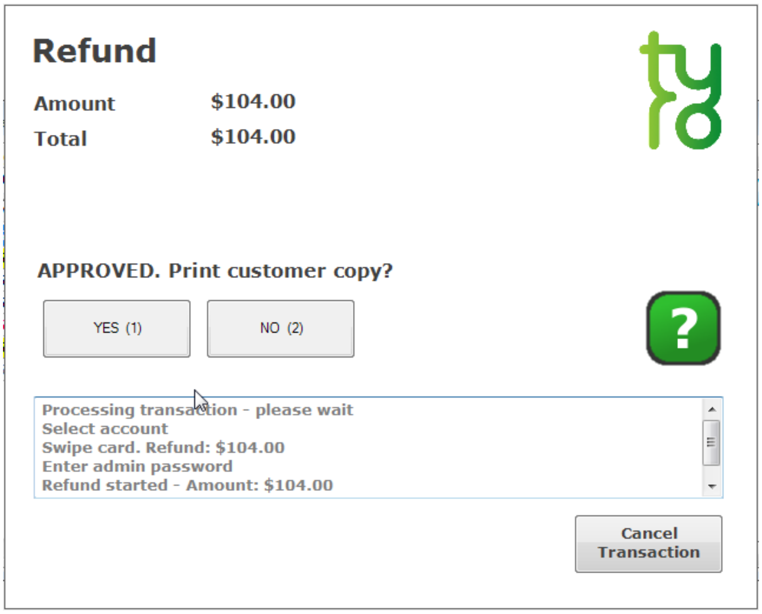
Click **OK** to proceed with the refund.

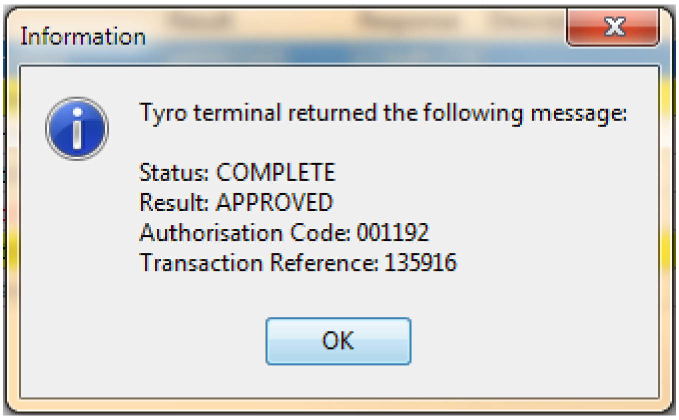
You will be asked to swipe or insert the card and select the account. You may be asked to enter a refund password on the Tyro terminal.



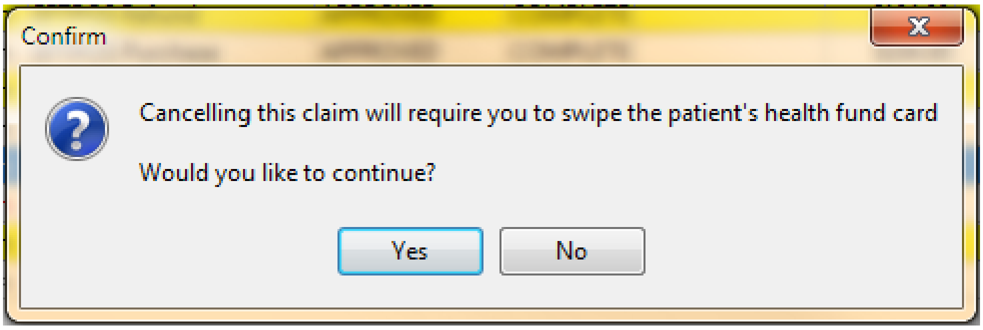
Tyro Transactions (EFTPOS Refunds / HealthPoint Cancellations)

If successful, the following messages will be displayed.





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

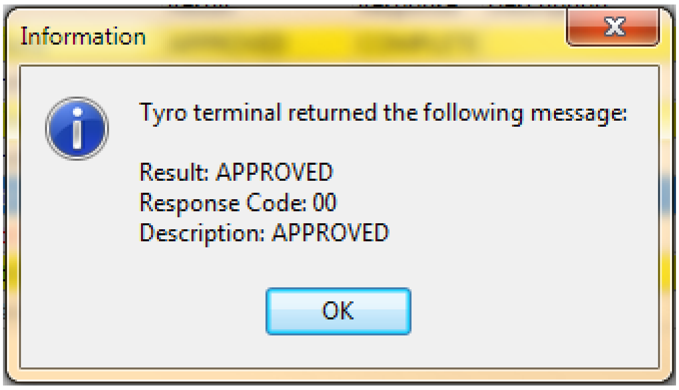


Click **Yes** to proceed with the refund.

Tyro Transactions (HealthPoint Cancellations)

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

If successful, the following message will be displayed.



Front Desk 2021 - Note

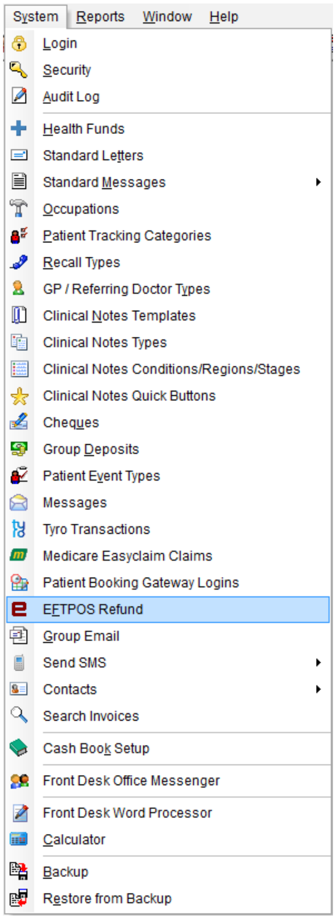
You can also refund Tyro EFTPOS purchases or cancel Tyro HealthPoint claims by deleting the associated transactions from the **Transactions** tab on the patient's file.

Front Desk 2021 - Note

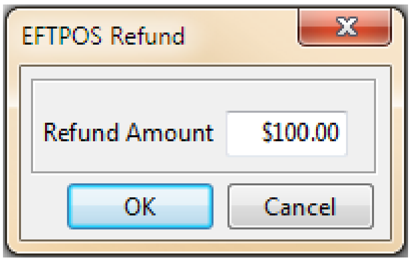
A HealthPoint Claim can only be reversed on the same day as it was submitted. You will need to swipe the patient's card to cancel a claim.

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.

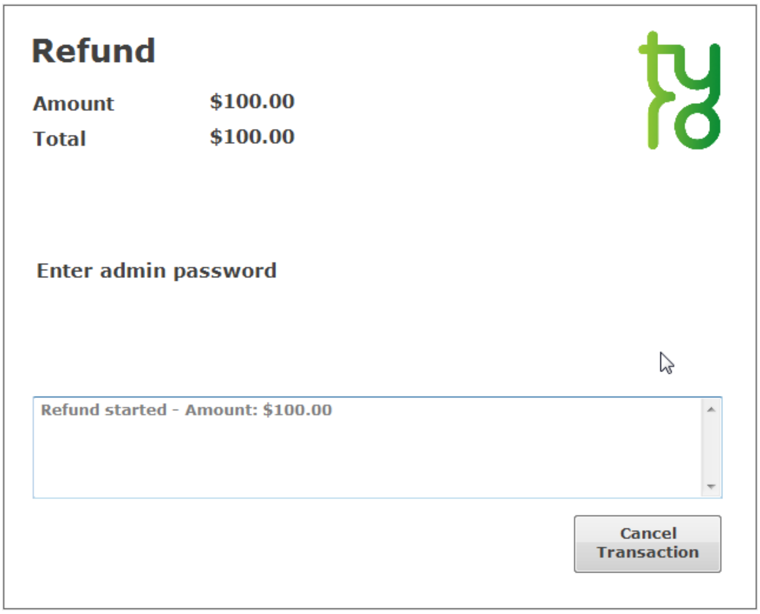


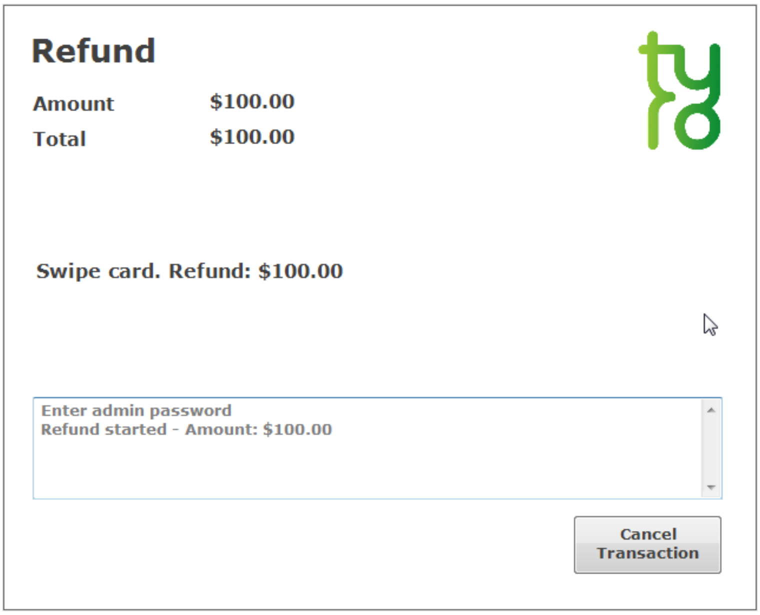
Enter the amount to refund and click **OK**.



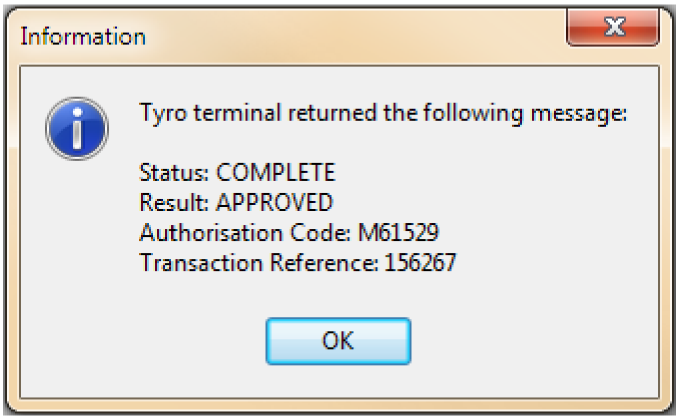
You will be prompted to enter an admin password on the Tyro terminal, and then to swipe the patient's EFTPOS card and select an account.

Refunding an EFTPOS Payment



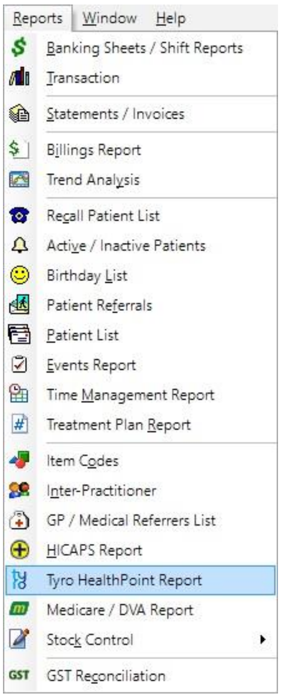


If the refund is **APPROVED** *Front Desk* will display the following message.

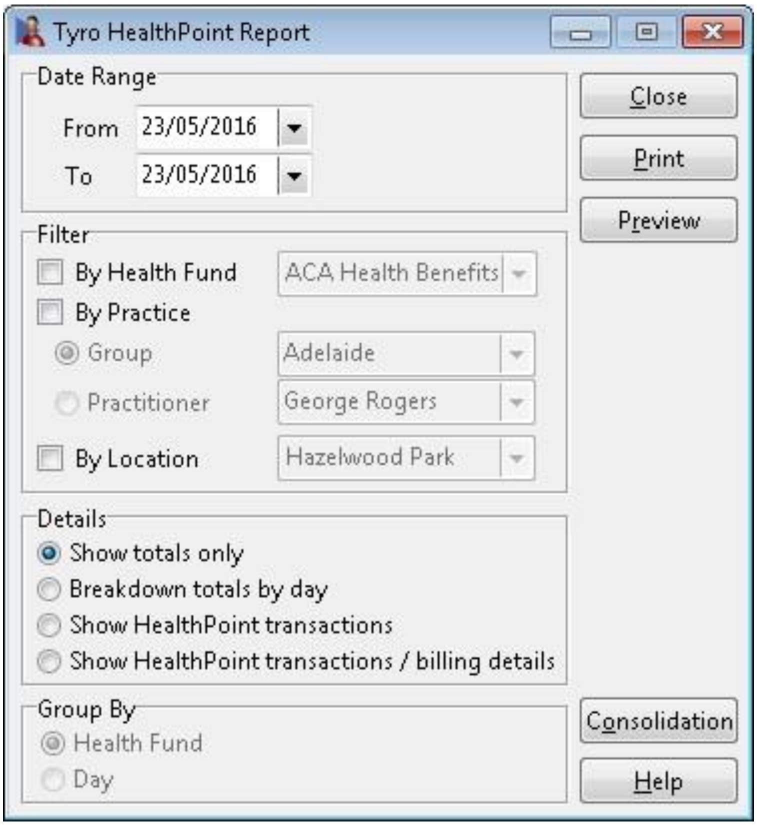


Tyro HealthPoint Report

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

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

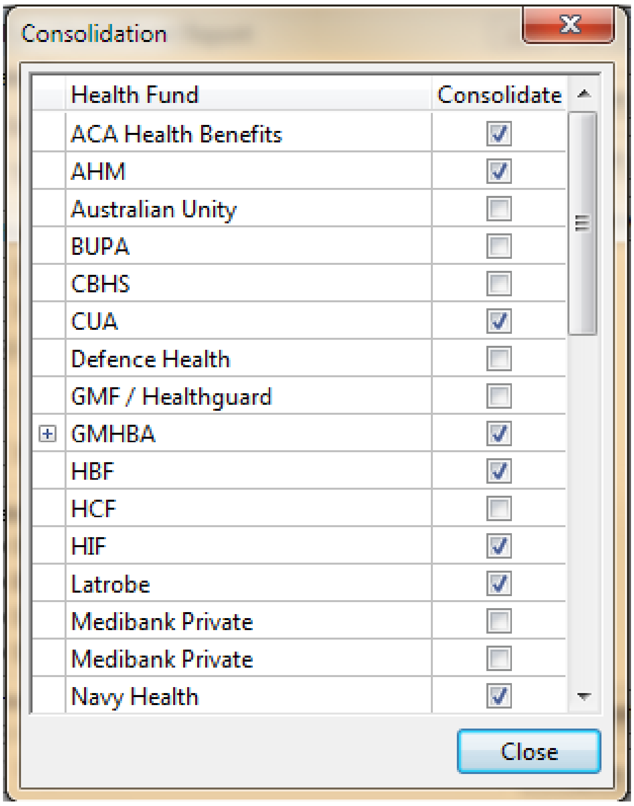
Show totals only
This option lists the totals of each health fund only.

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.

ANZ HealthPay Integration (System Information)

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

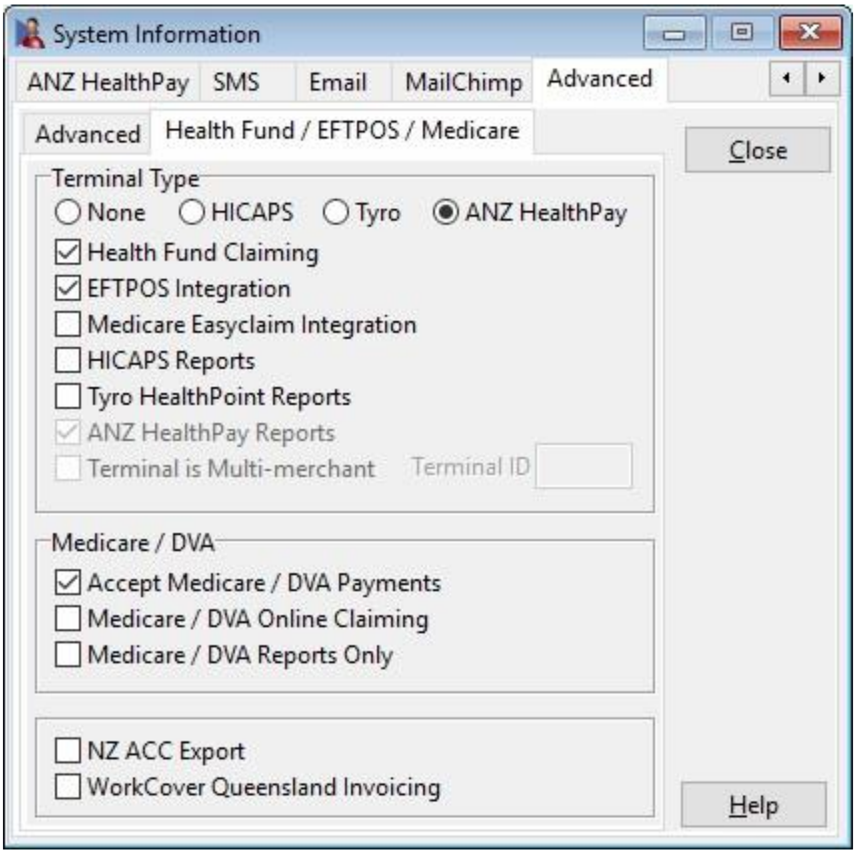
Before we begin the setup of ANZ HealthPay integration, please ensure the following:

- You have a list of HealthPoint item codes for your practice;
- The ANZ terminal is turned on and connected to your network;
- The ANZ HealthPay software has been installed and paired with your terminal.

To enable ANZ HealthPay integration, select **ANZ HealthPay** 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 ANZ terminal).

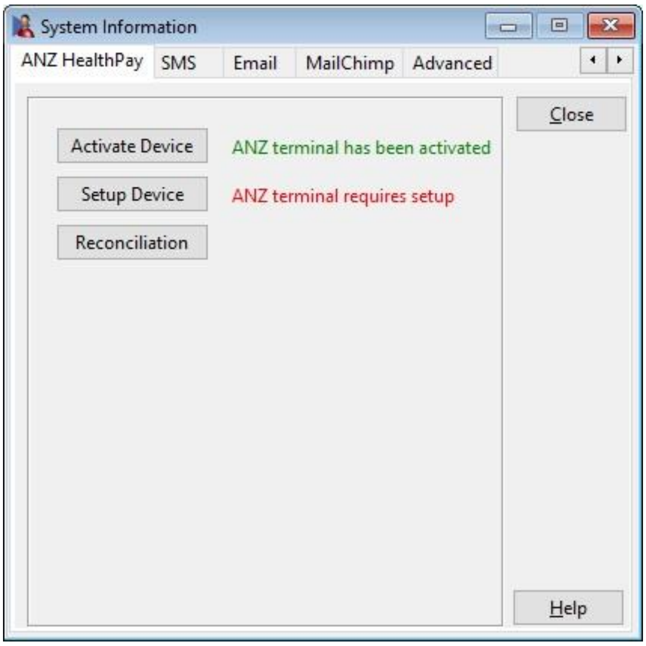
If you will be processing Medicare Easyclaim claims through the ANZ terminal, check the **Medicare Easyclaim Integration** option. This option cannot be used on the same computer as **Medicare / DVA Online Claiming**. Contact Smartsoft for help deciding which option best suits your practice.



ANZ HealthPay Integration

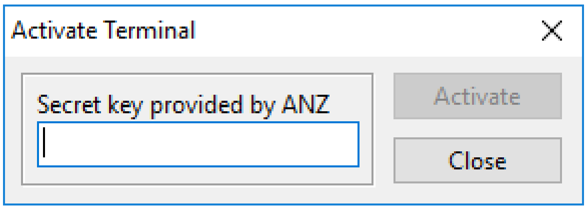
ANZ HealthPay Integration (System Information)

Once ANZ HealthPay enabled in the **Advanced** settings you will be prompted to restart Front Desk. After restarting Front Desk the **ANZ HealthPay** tab will become available from **System Information**.



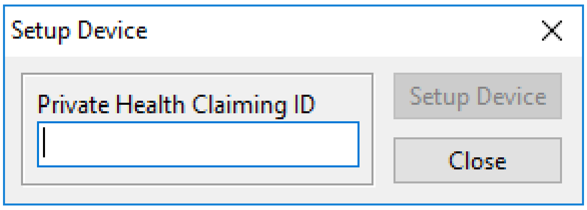
Click **Activate Device** to activate your terminal on this computer. This will prompt you to enter a **Secret Key** provided by ANZ.

Enter your secret key then click **Activate**.



Click **Setup Device** to enter your **Private Health Claiming ID**, which is also provided by ANZ.

Enter your claiming ID and click **Setup Device**.

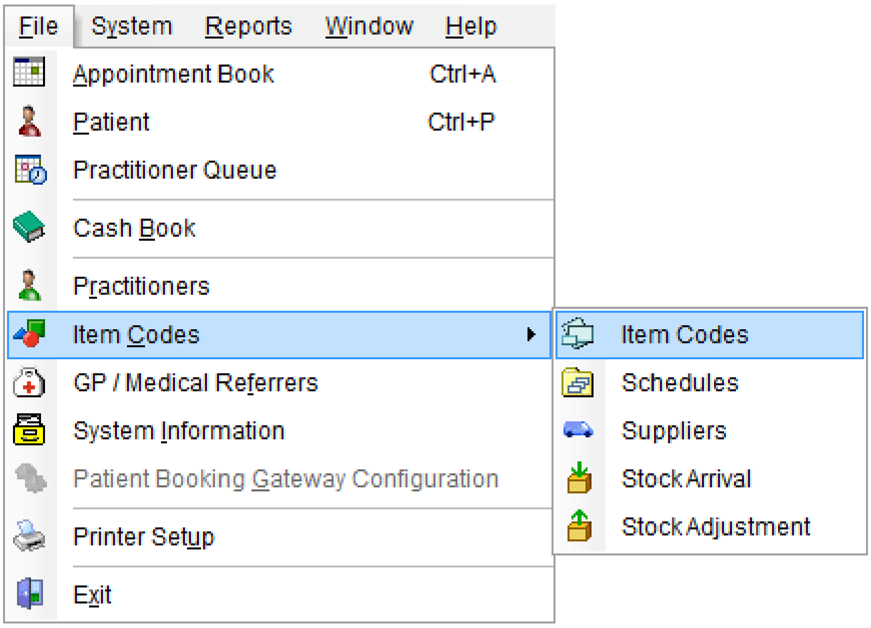


If your terminal has been installed correctly these should both complete successfully.

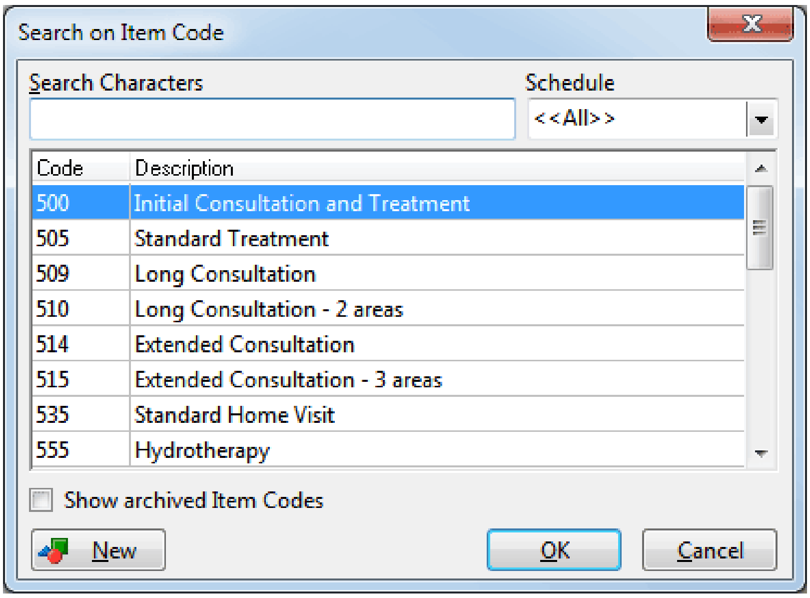
ANZ HealthPay Integration (Item Codes)

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**.



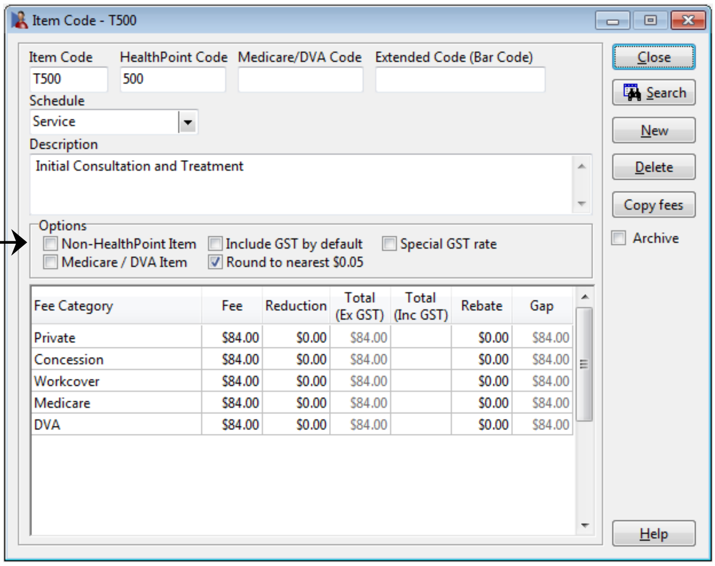
ANZ HealthPay Integration (Item Codes)

Generally the item codes that you use for your professional services and the item codes accepted by ANZ HealthPay 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 ANZ HealthPay claims.

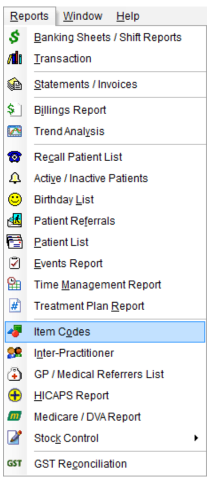
Non-HealthPoint Item option



Front Desk 2021 - 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.

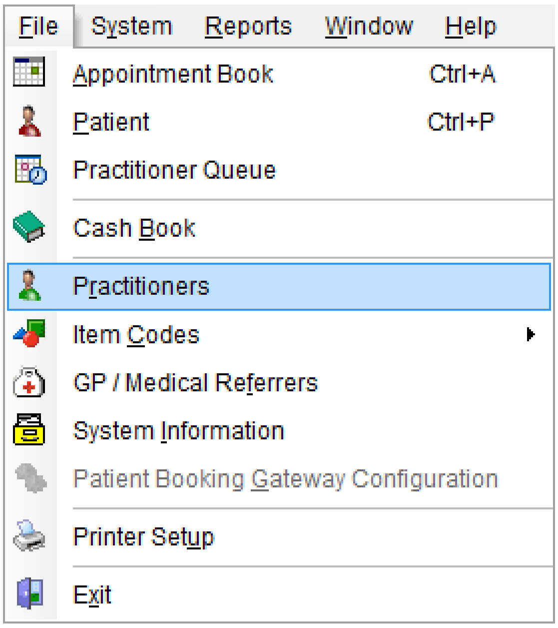


ANZ HEALTHPAY INTEGRATION

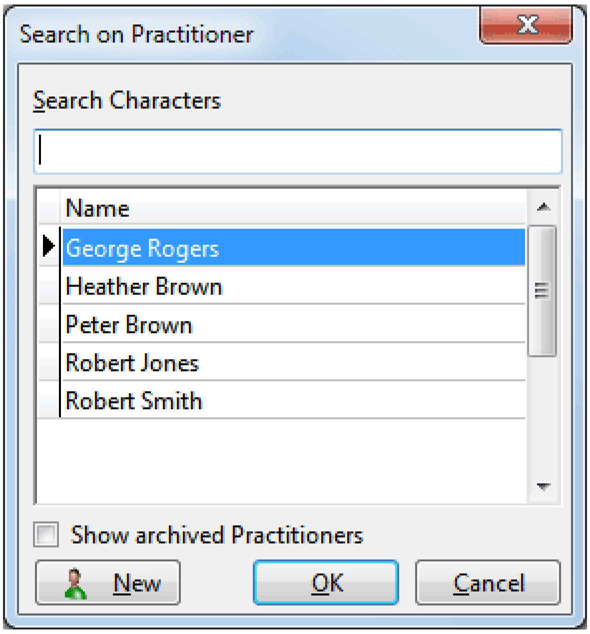
ANZ HealthPay Integration (Practitioners)

Click **Practitioners** from the toolbar

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

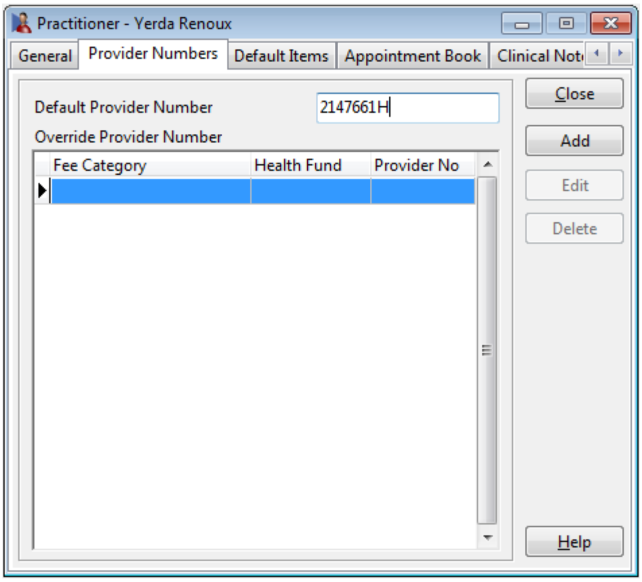


Double click the practitioner's name, or highlight their name and click **OK**.



ANZ HealthPay Integration (Practitioners)

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

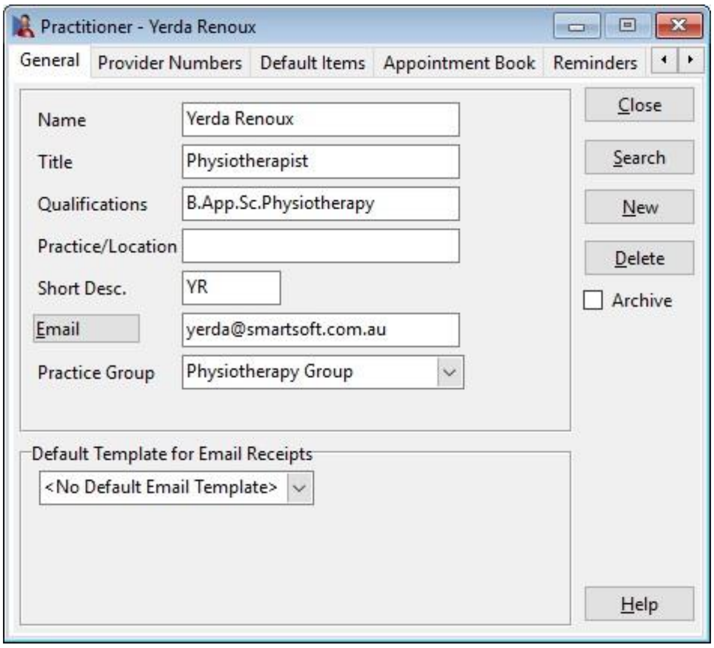


If you work in a multi-practitioner environment and use ANZ HealthPay integration, you may wish to record which practitioners are unable to claim a private health fund rebate. To do this, check the **No ANZ HealthPay claims for this practitioner** option on the **ANZ HealthPay** tab.

These professions can claim private health fund rebates through ANZ HealthPay:

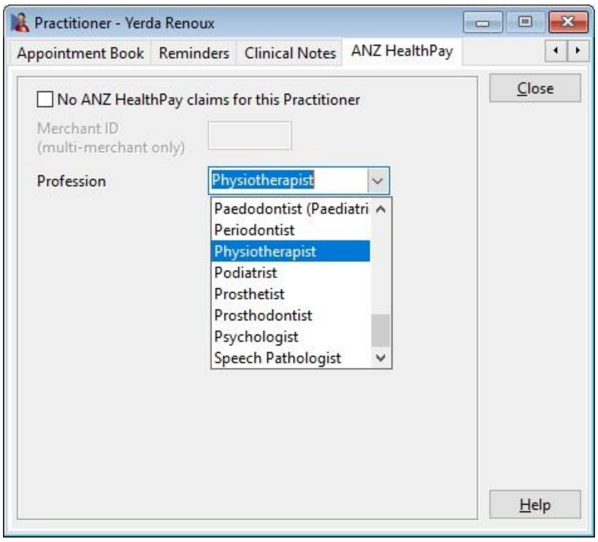
Acupuncturists
Chiropractors
Dental technicians
Dentists
Dieticians
Endodontists
Exercise physiologists
Massage therapists
Naturopaths
Occupational therapists
Optical dispensers
Optometrists
Oral surgeons
Orthodontists
Osteopaths
Paedodontists
Periodontists
Physiotherapists
Podiatrists
Prosthetists
Prosthodontists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

ANZ HealthPay Integration (Practitioners)



On the **ANZ HealthPay** tab, select the correct profession from the list.

This must be selected for ANZ HealthPay 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 ANZ HealthPoint for Dentists, Occupational Therapists, and Psychologists.



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

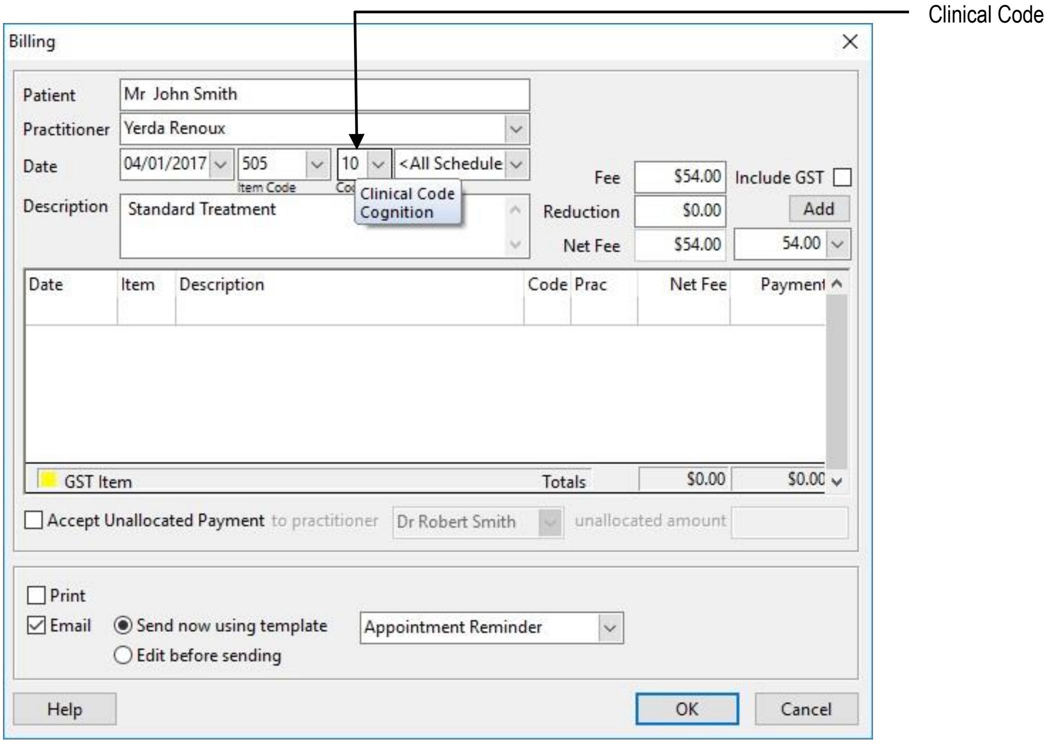
Front Desk 2021 - Note

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

ANZ HealthPay 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.

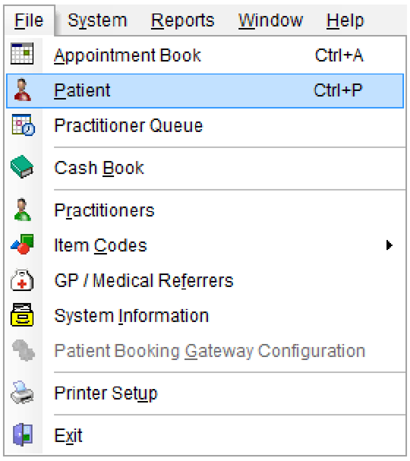
When billing a patient, select the **Clinical Code** for the ANZ HealthPay claim. If you place the cursor over the **Clinical Code** field a description will appear in the on-screen tooltip.



ANZ HealthPay Integration (Patients)

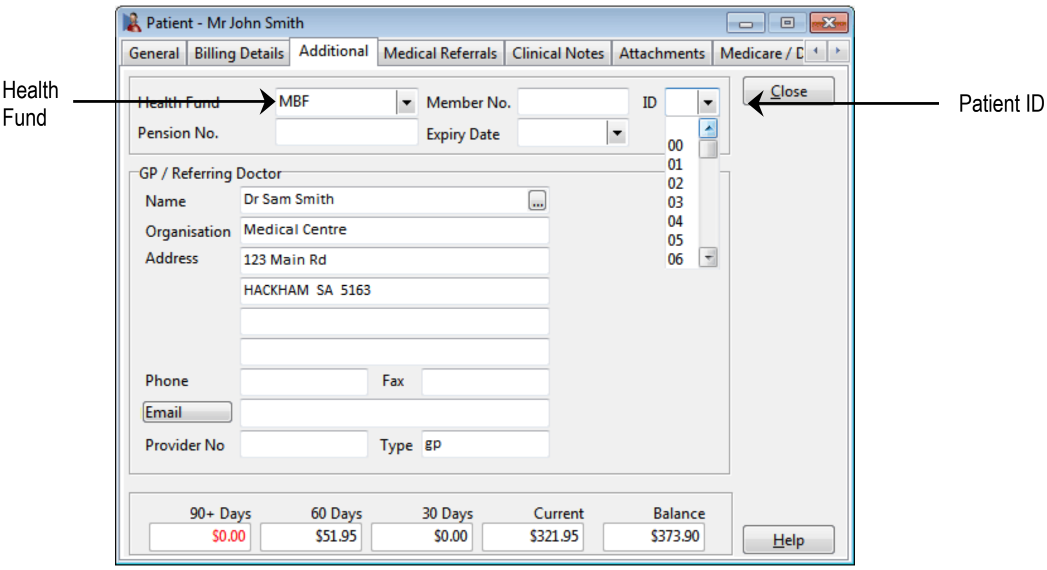
Click **Patient** on the toolbar

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.



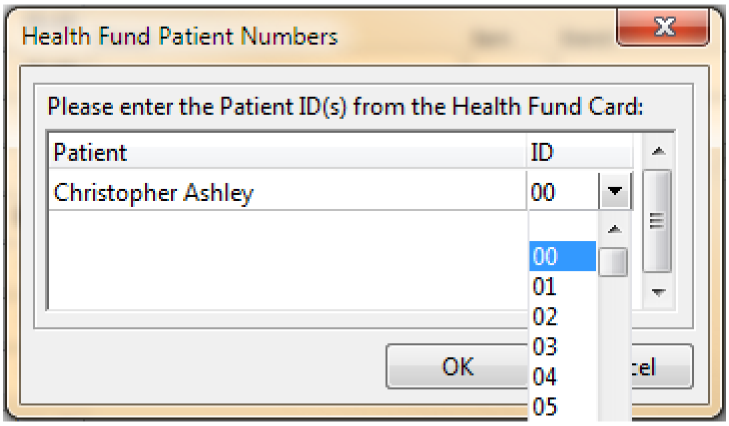
You can also enter the **Health Fund** and **Member No**. These fields are optional for ANZ HealthPay and general billing.

ANZ HealthPay Integration (Patients)

For existing patients, you will be asked for the patient ID when submitting their first ANZ HealthPay 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 ANZ HealthPay claim for patients without a **Patient ID** entered, you will be prompted for this information as below.

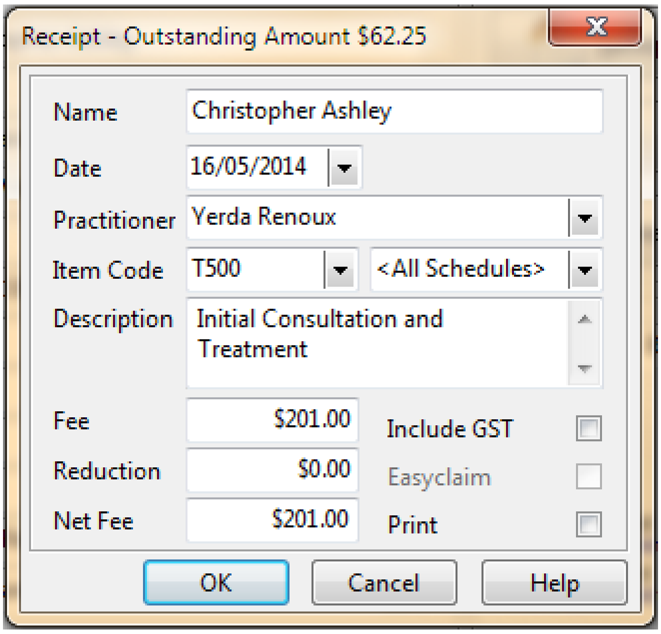
Select the patient's ID number from the **ID** drop-down box and click **OK**. If you wish to cancel the ANZ HealthPay claim at this point, click **Cancel**.



ANZ HealthPay Integration (Receipting)

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

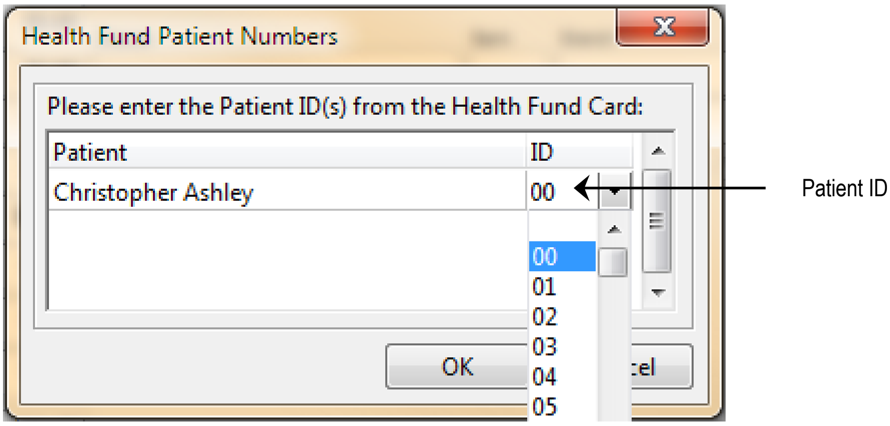
Click **Receipt** on the patient card or on the appointment book.



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.

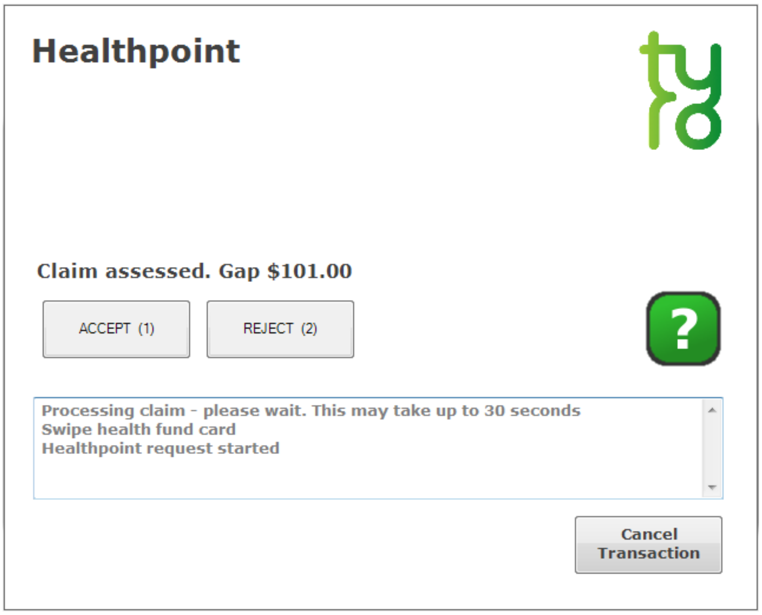
If the patient does not have a patient ID entered you will be prompted to select one from the **Health Fund Patient Numbers** screen. Use the ID drop-down box to select the number found on the patient's health fund card.



ANZ HealthPay Integration (Receipting)

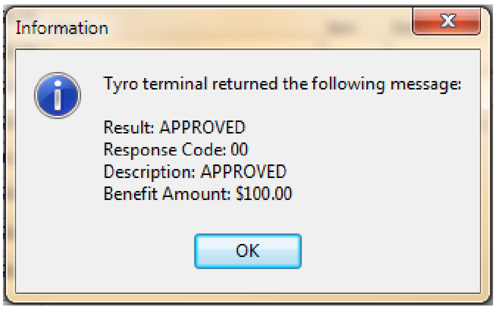
You will be prompted to swipe or insert the health fund card to begin the claim.

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



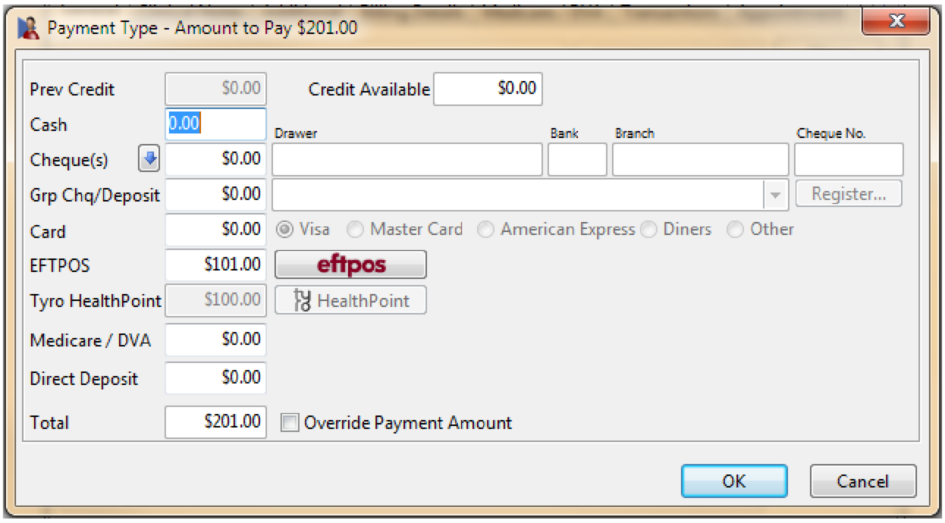
Once accepted, *Front Desk* will display the benefit amount and the response from the terminal. The benefit will also be shown in the **HealthPoint** field on the **Payment Type** screen.

ANZ HealthPay Integration (Receipting)

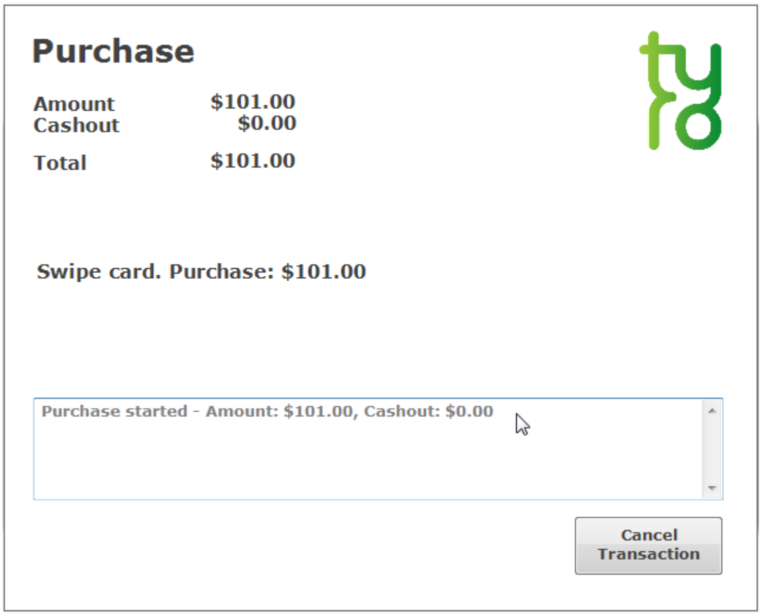


Enter the payment type of the remaining amount in the appropriate field e.g. cash, cheque, EFTPOS, and then click **OK**.

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

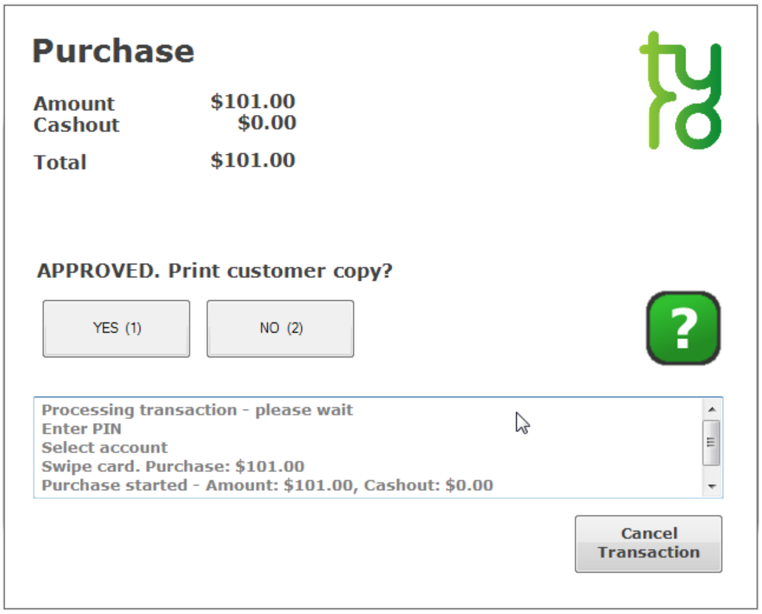


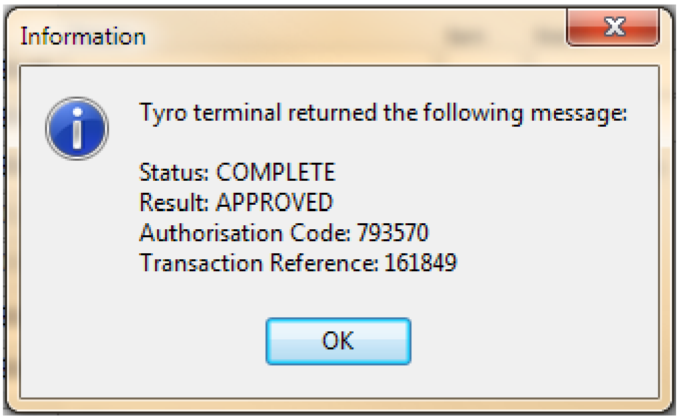
You will then be asked to swipe the patient's EFTPOS card.



ANZ HealthPay Integration (Receipting)

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





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.

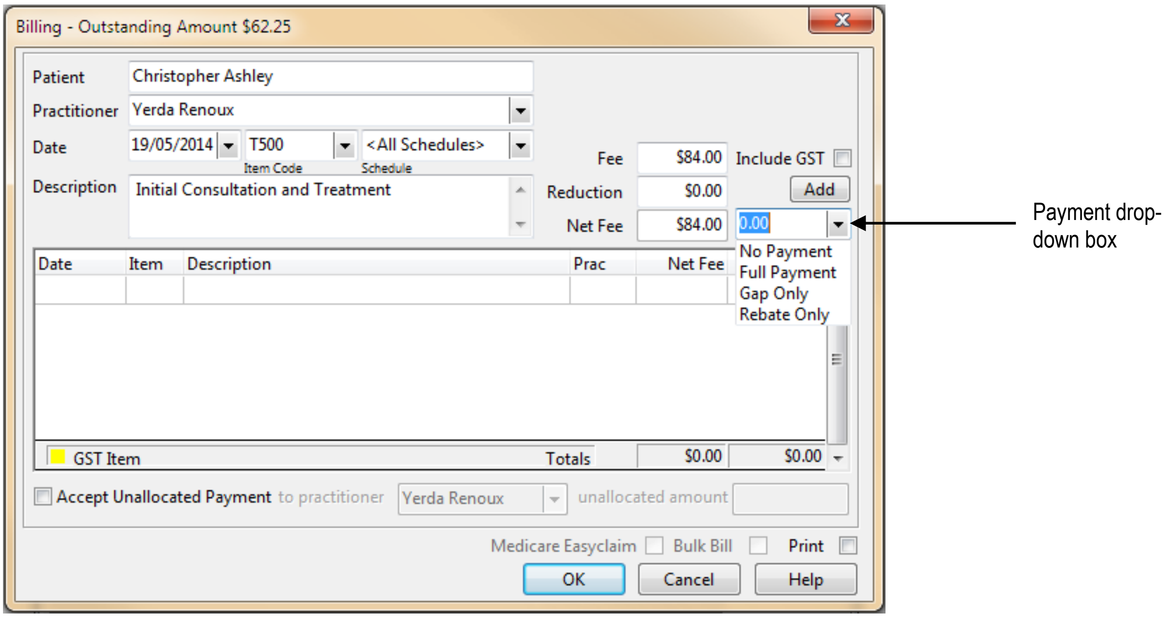
If the **Print** box is ticked on the receipt screen, a normal *Front Desk* receipt will also be printed for the patient.

ANZ HealthPay 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.



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 **ANZ HealthPay Only**.

Front Desk 2021 - 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.

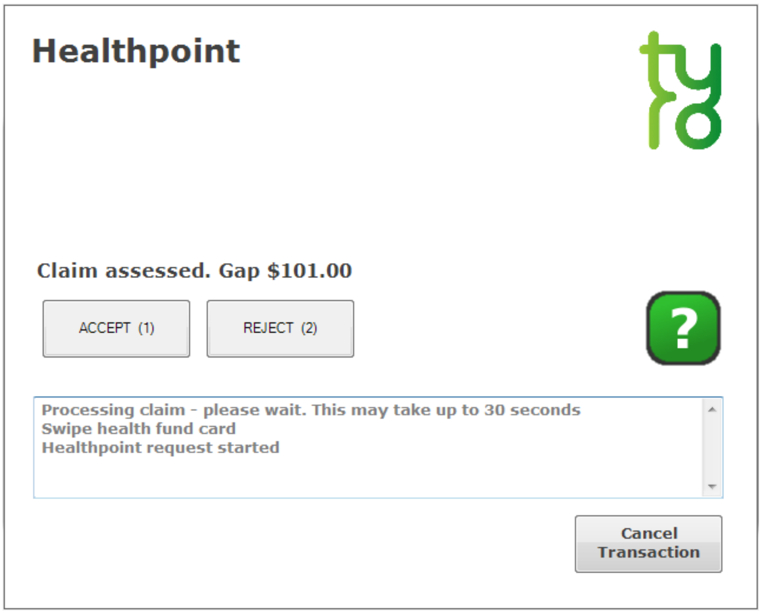
Click **OK** to proceed. You will be presented with the payment type screen with the option of submitting this claim to ANZ HealthPoint by clicking the **HealthPoint** button.

ANZ HealthPay 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.

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

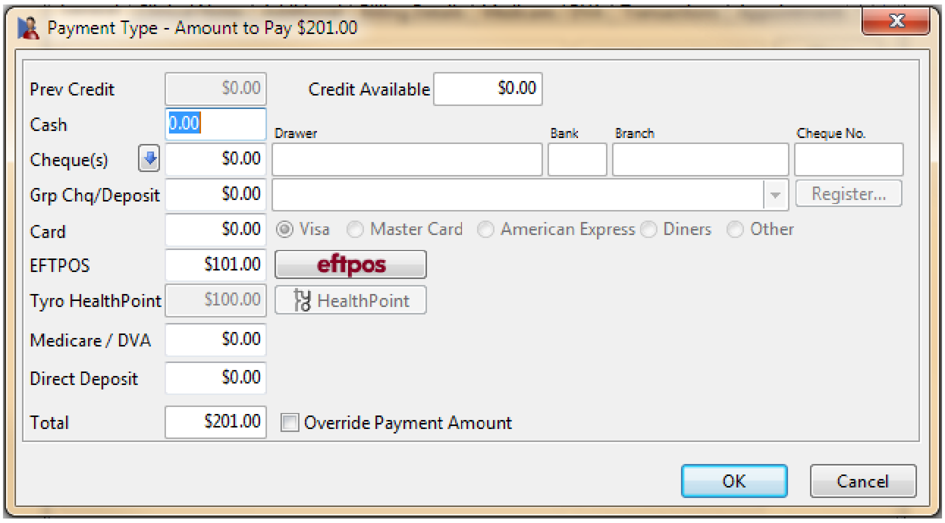


Once accepted, *Front Desk* will display the benefit amount and the response from the terminal. The benefit will also be shown in the **HealthPoint** field on the **Payment Type** screen.

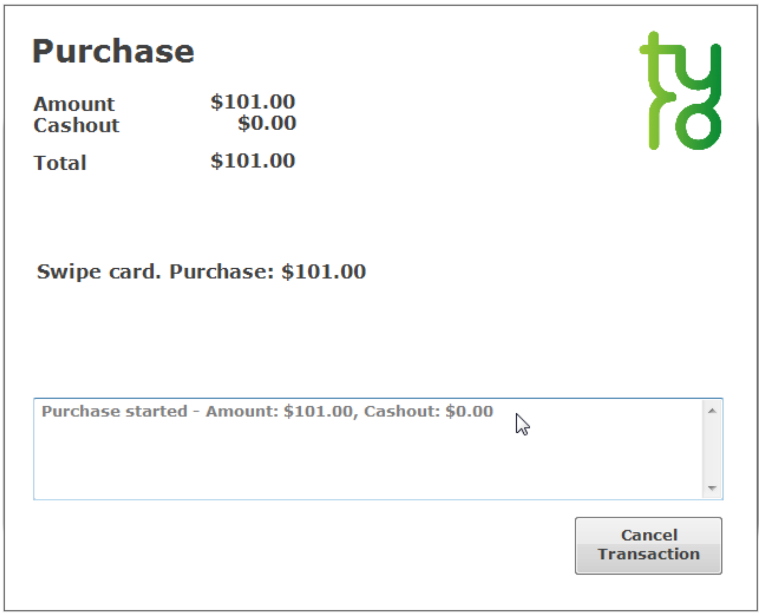
ANZ HealthPay Integration (Billing)

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.

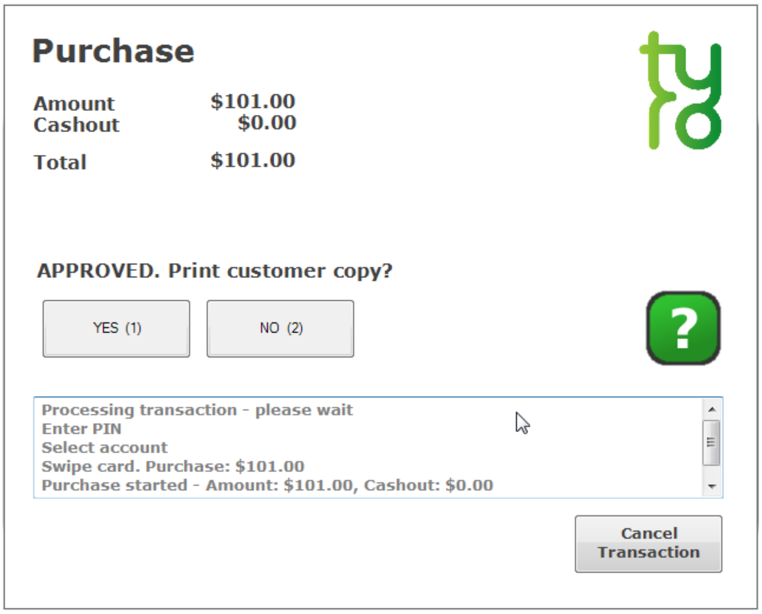


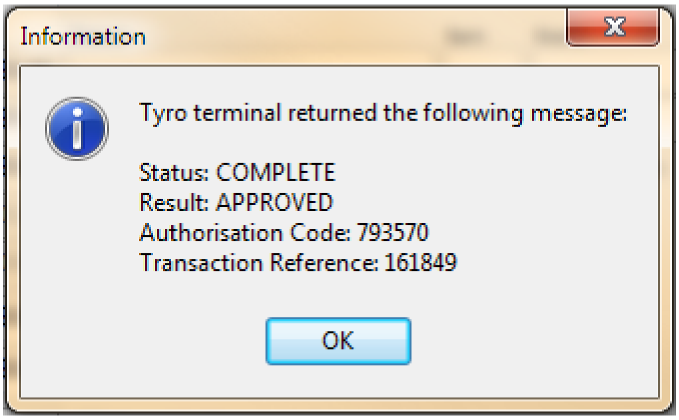
You will then be asked to swipe the patient's EFTPOS card.



ANZ HealthPay Integration (Billing)

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





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.

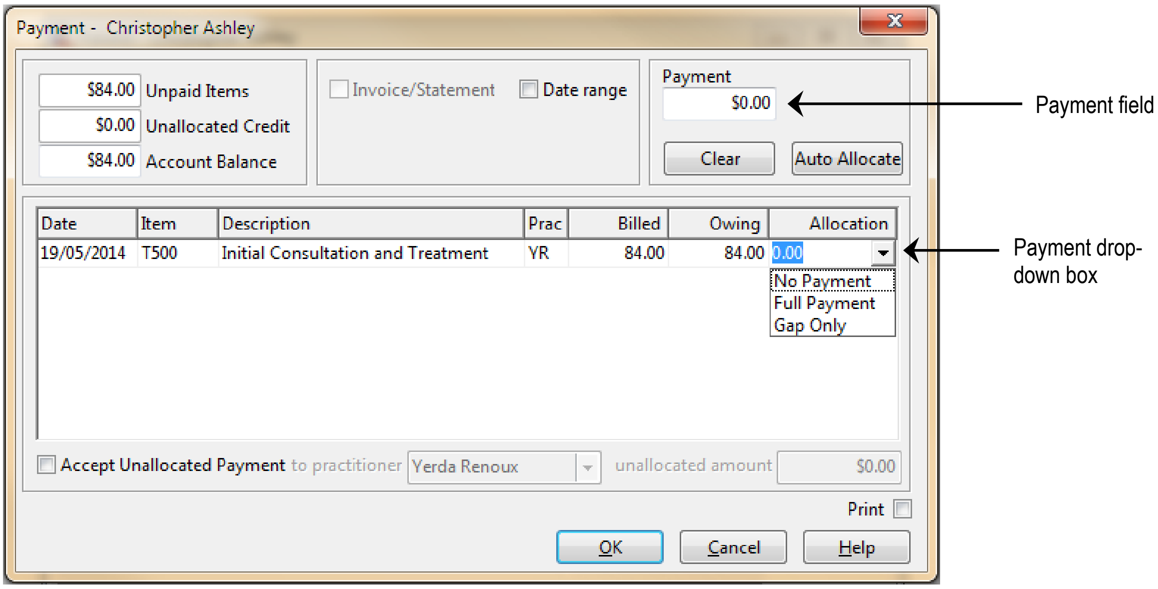
If an error or problem occurred with the HealthPoint claim, *Front Desk* will display this error and allow you to select an alternative payment method.

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

ANZ HealthPay Integration (Payment)

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

Click **Payment** on the patient file.



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

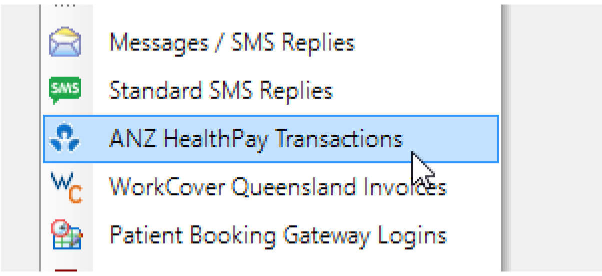
Either **Auto Allocate** the total to be paid to the outstanding amounts listed or manually allocate by using the payment drop-down boxes located in the allocation column of each outstanding item. Select **No Payment**, **Full Payment**, or **Gap Only**.

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

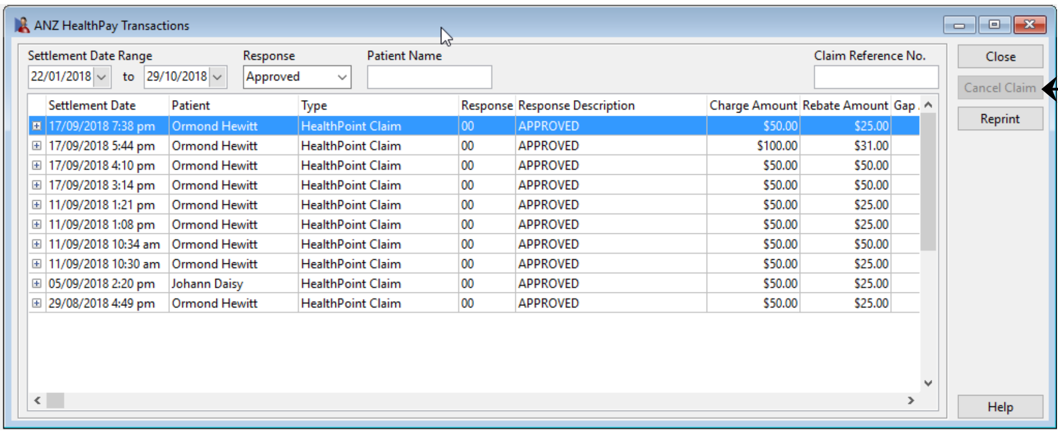
If the patient does not have a patient ID entered, you will be prompted to select one from the **Health Fund Patient Numbers** screen. Use the ID drop-down box to select the number found on the patient's health fund card and click **OK** to proceed.

ANZ HealthPay Transactions

To view Tyro EFTPOS and HealthPoint transactions, select **ANZ HealthPay 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.



Refund / Cancel button

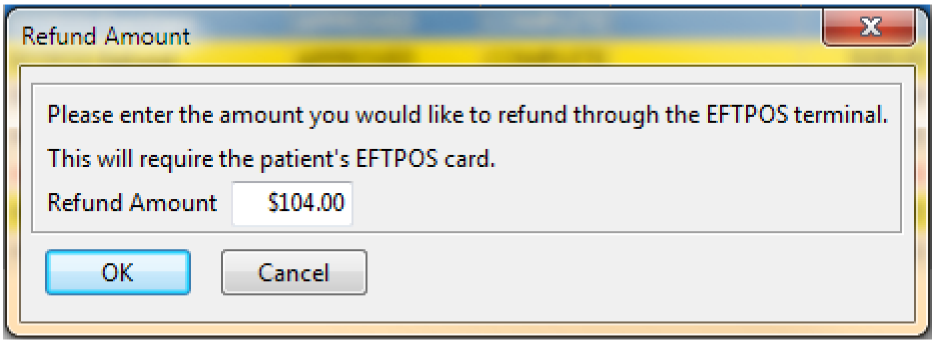
Scroll to the right to see more details of the transaction, e.g. Transaction Reference, Authorisation Code, and Card Type.

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.

ANZ HealthPay Transactions (EFTPOS Refunds / HealthPay Cancellations)

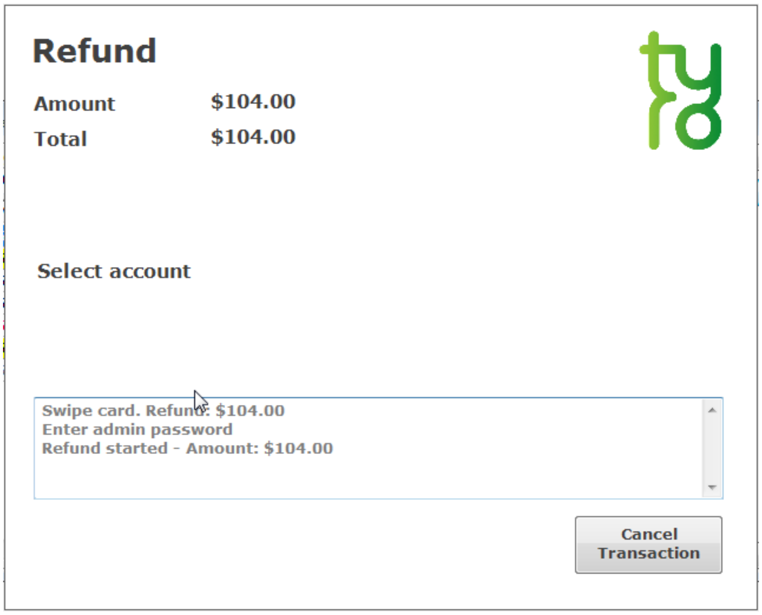
Click the **Refund** button to refund an EFTPOS Purchase. You will be prompted with the following screen.



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.

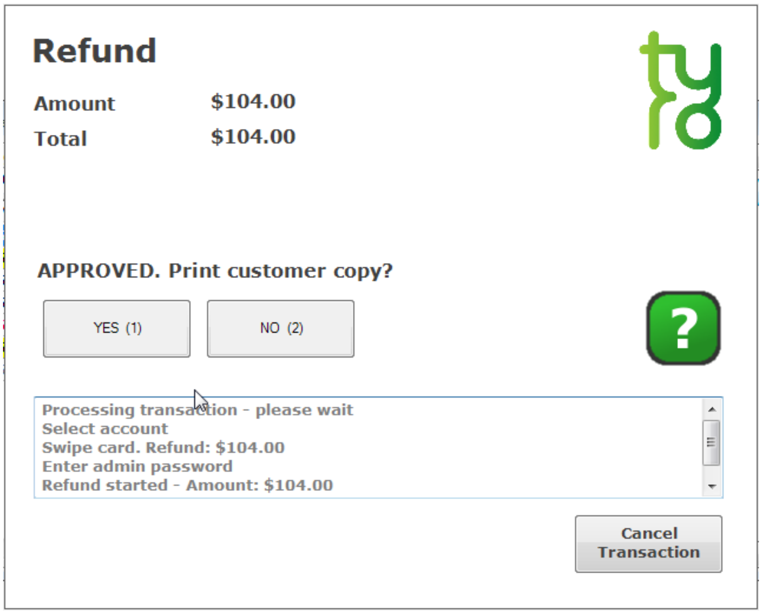
Click **OK** to proceed with the refund.

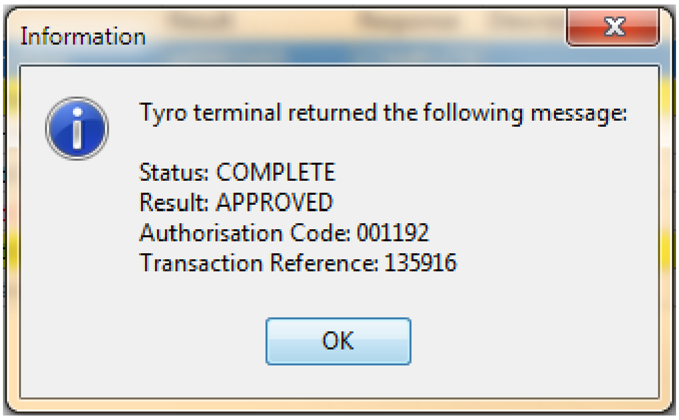
You will be asked to swipe or insert the card and select the account. You may be asked to enter a refund password on the Tyro terminal.



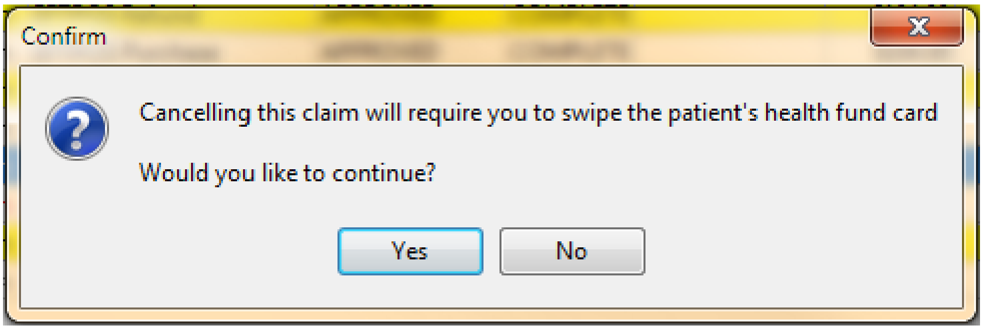
ANZ HealthPay Transactions (EFTPOS Refunds / HealthPoint Cancellations)

If successful, the following messages will be displayed.





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

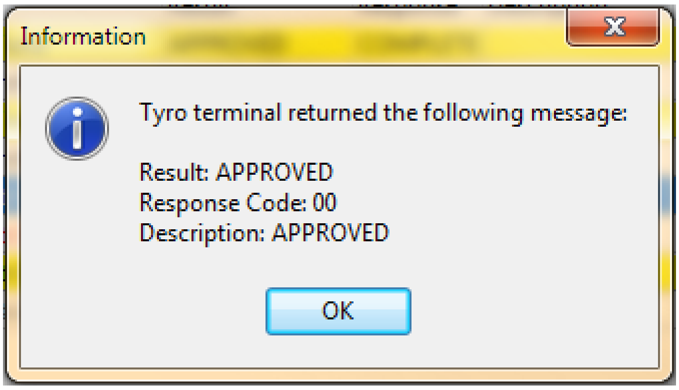


Click **Yes** to proceed with the refund.

ANZ HealthPay Transactions (HealthPoint Cancellations)

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

If successful, the following message will be displayed.



Front Desk 2021 - Note

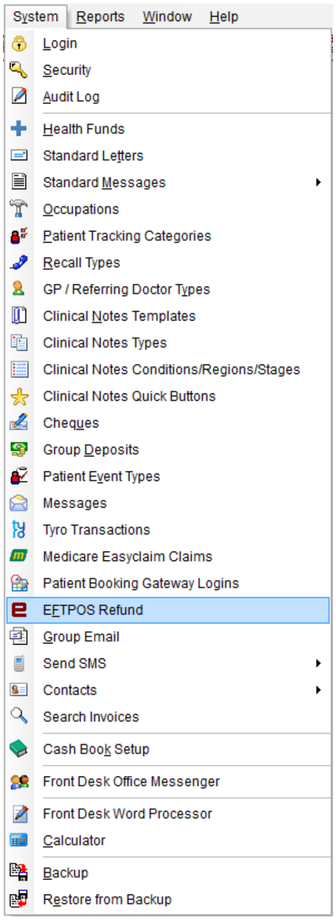
You can also refund Tyro EFTPOS purchases or cancel Tyro HealthPoint claims by deleting the associated transactions from the **Transactions** tab on the patient’s file.

Front Desk 2021 - Note

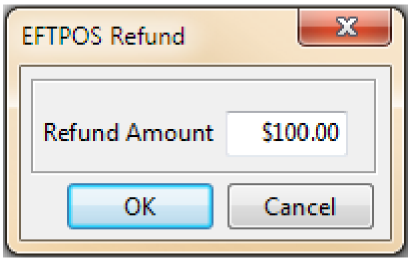
A HealthPoint Claim can only be reversed on the same day as it was submitted. You will need to swipe the patient’s card to cancel a claim.

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.

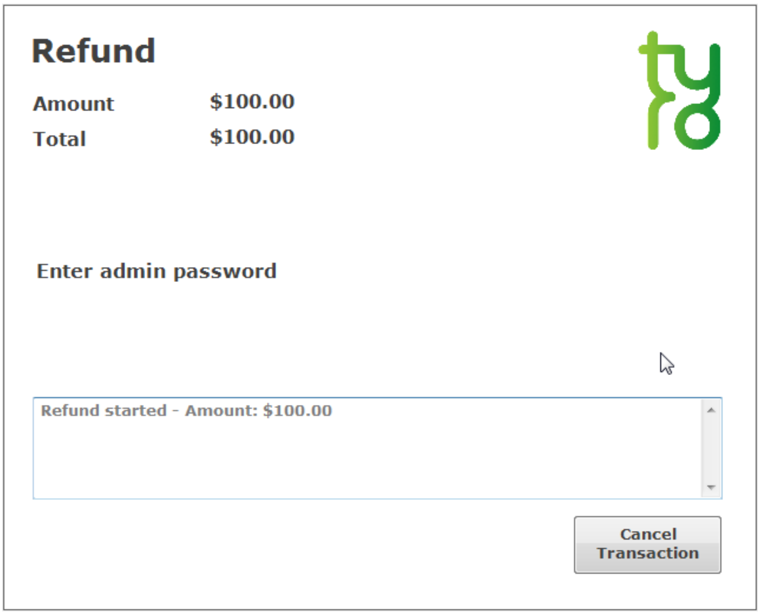


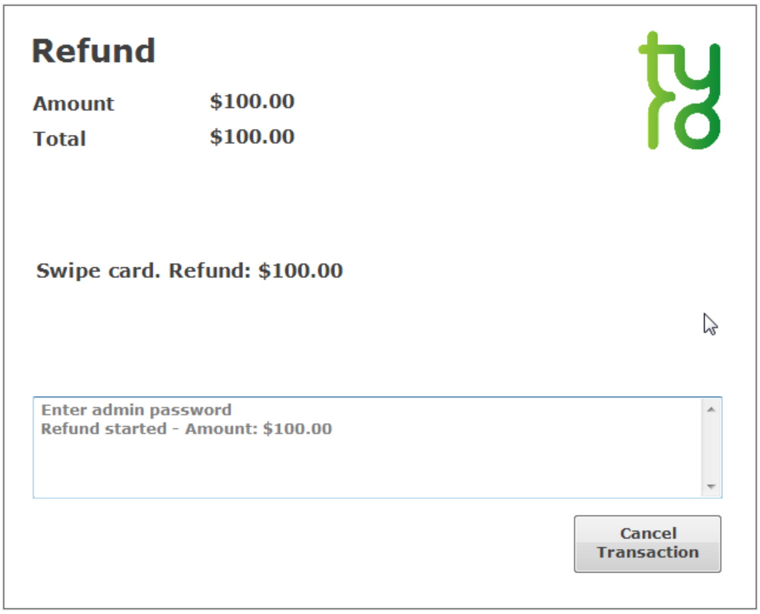
Enter the amount to refund and click **OK**.



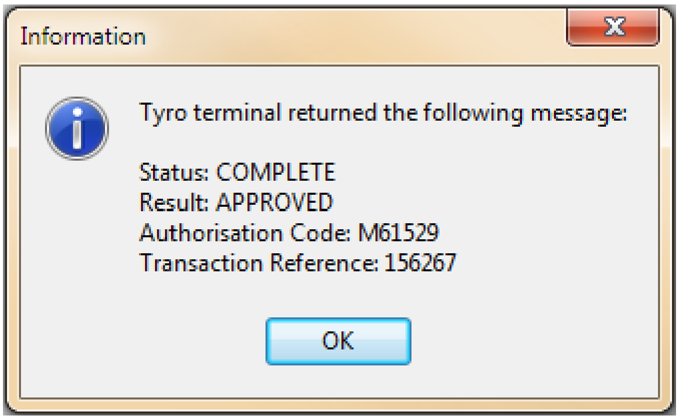
You will be prompted to enter an admin password on the Tyro terminal, and then to swipe the patient's EFTPOS card and select an account.

Refunding an EFTPOS Payment



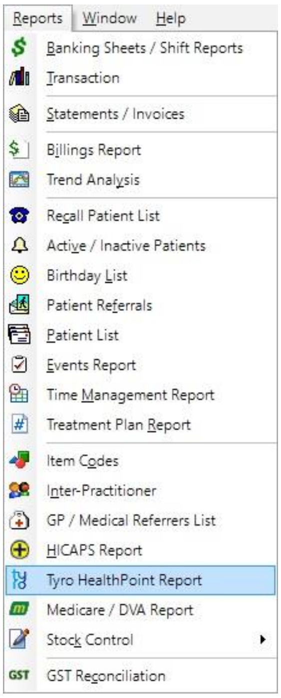


If the refund is **APPROVED** *Front Desk* will display the following message.

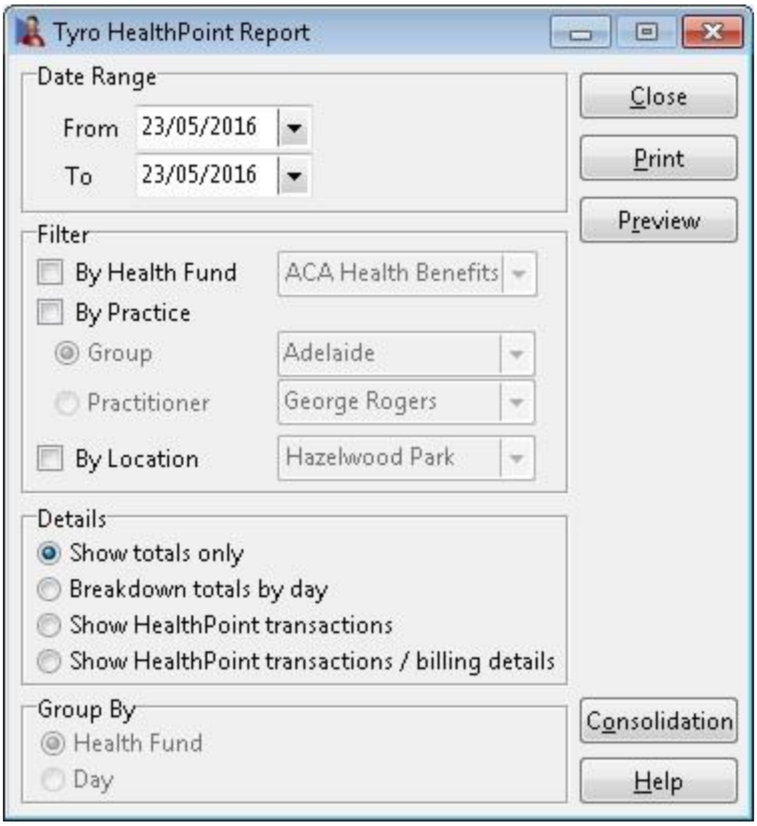


ANZ HealthPay Report

Select **ANZ HealthPay 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**.



ANZ HealthPay Report

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

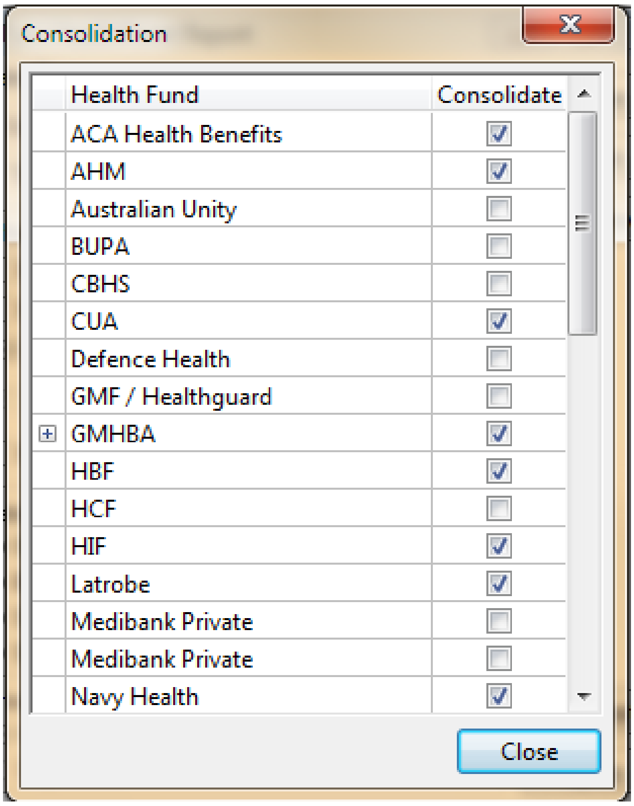
Show totals only
This option lists the totals of each health fund only.

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.

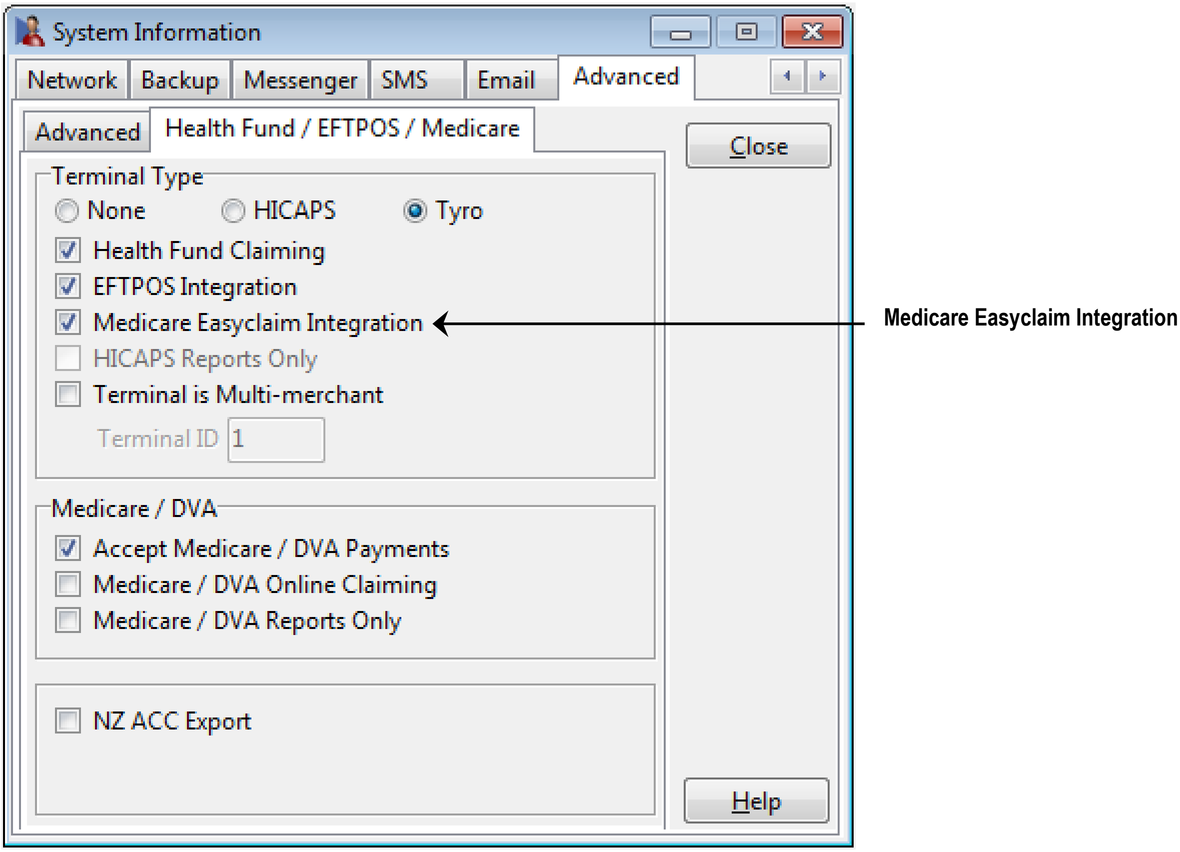
Medicare Easyclaim

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**.

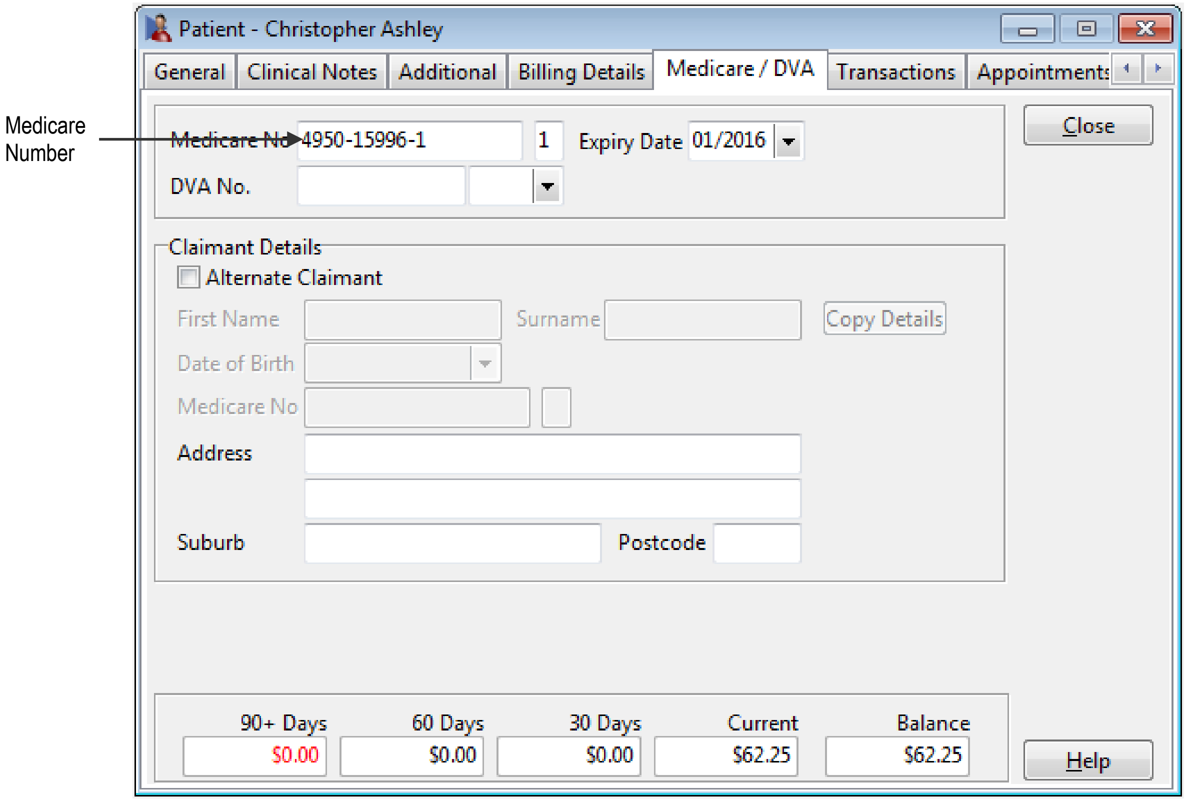


Front Desk 2021 - Note

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.

Patient Details

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



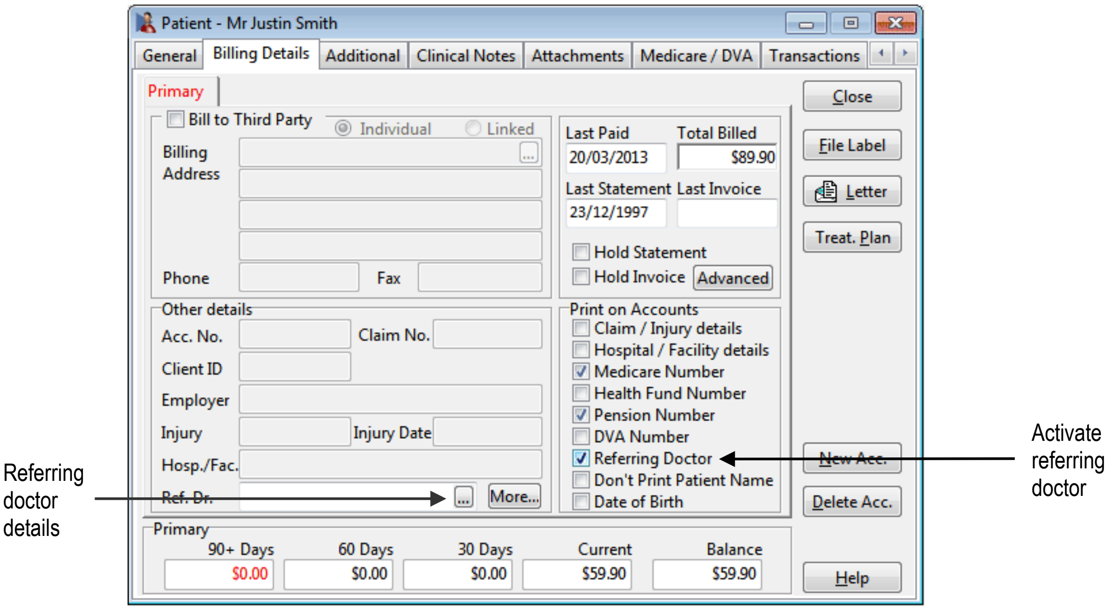
<u>HICAPS</u>
If the **Medicare No** is entered, it will be used when submitting the claim. If a **Medicare No** has not been recorded on the patient's file, the patient will be asked to swipe their Medicare card in the HICAPS terminal at the time of claiming.

<u>Tyro</u>
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.

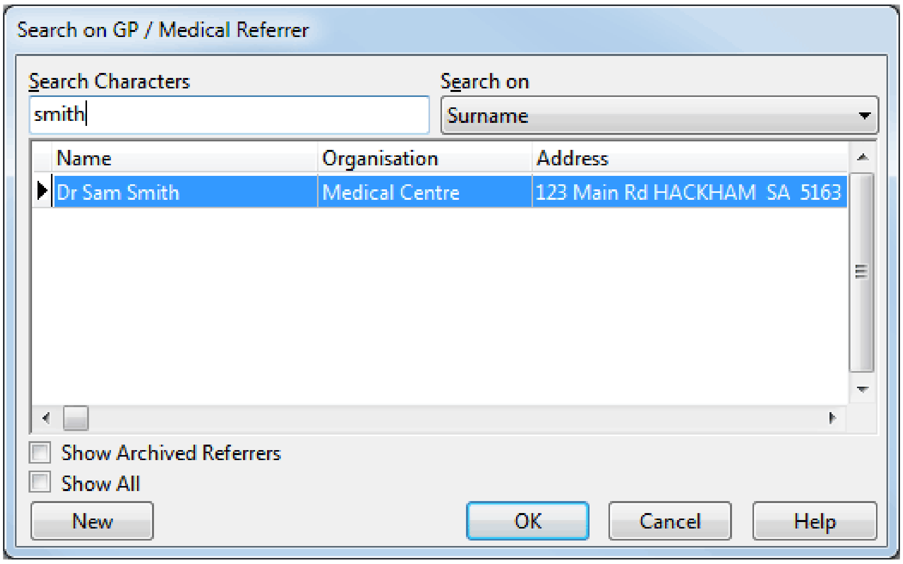
Referral Details

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



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.



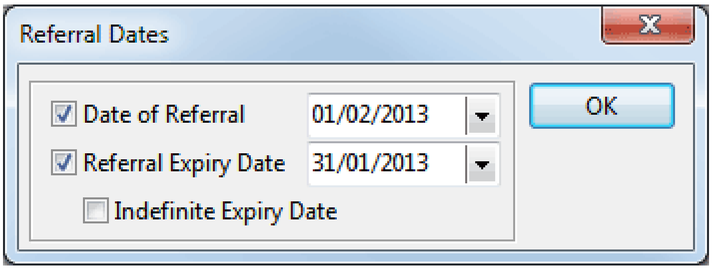
Highlight the correct Referrer and click **OK**. If the Referring Doctor is not in the list, click **New** to enter the correct details.

Front Desk 2021 - Note

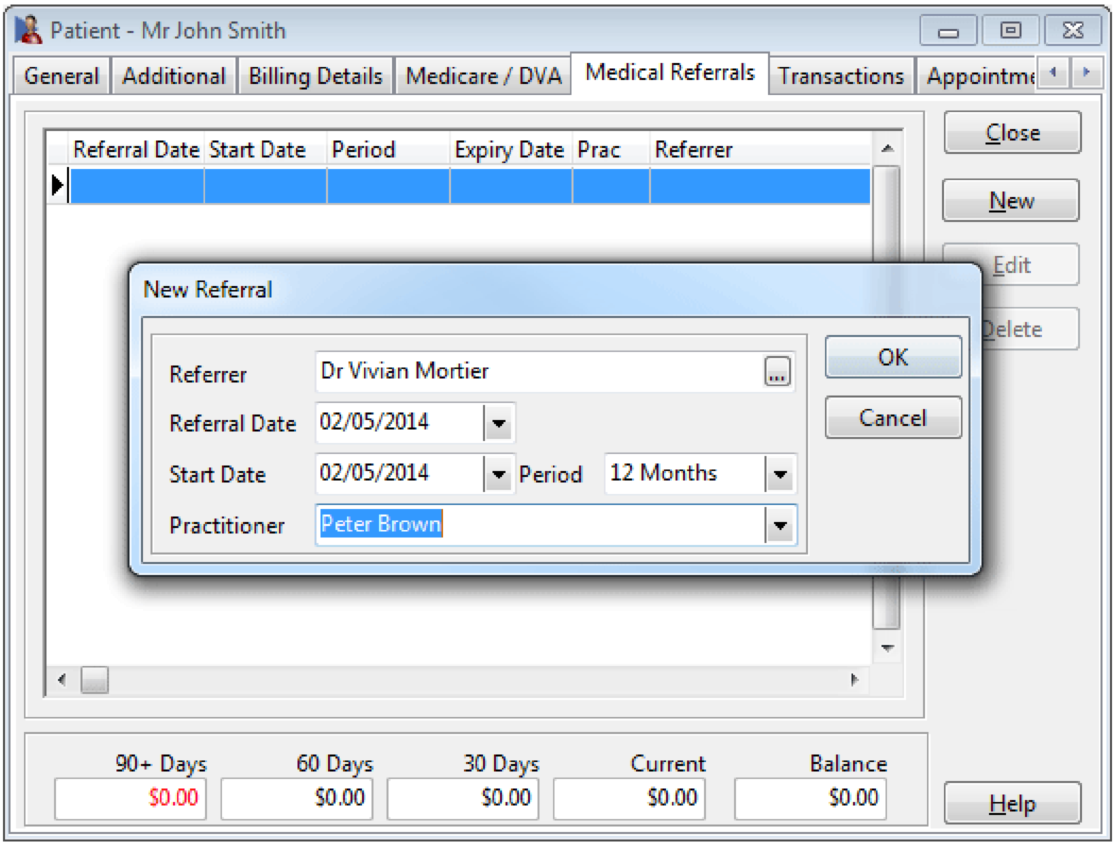
The Referring Doctor's name and provider number *must* be entered, otherwise a claim cannot be processed.

Referral Details

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



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



Front Desk 2021 - Note

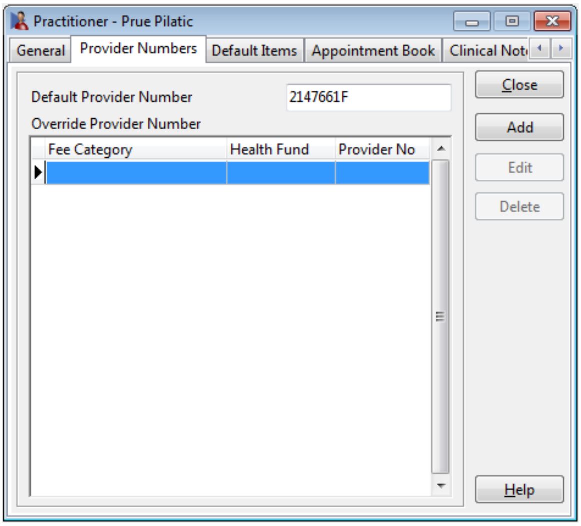
Medical Specialist Referrals is an extended functionality for medical specialists. It is generally not recommended for allied health professionals, who should be using the **Ref. Dr.** field on the **Billing Details** tab.

Practitioner Details

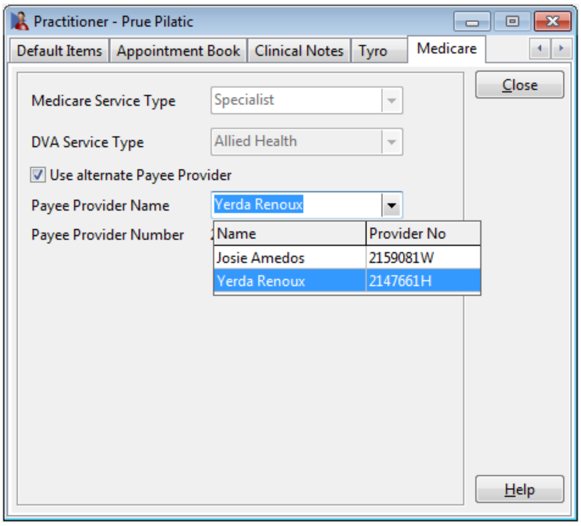
Select **Practitioners** from the toolbar.

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.



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



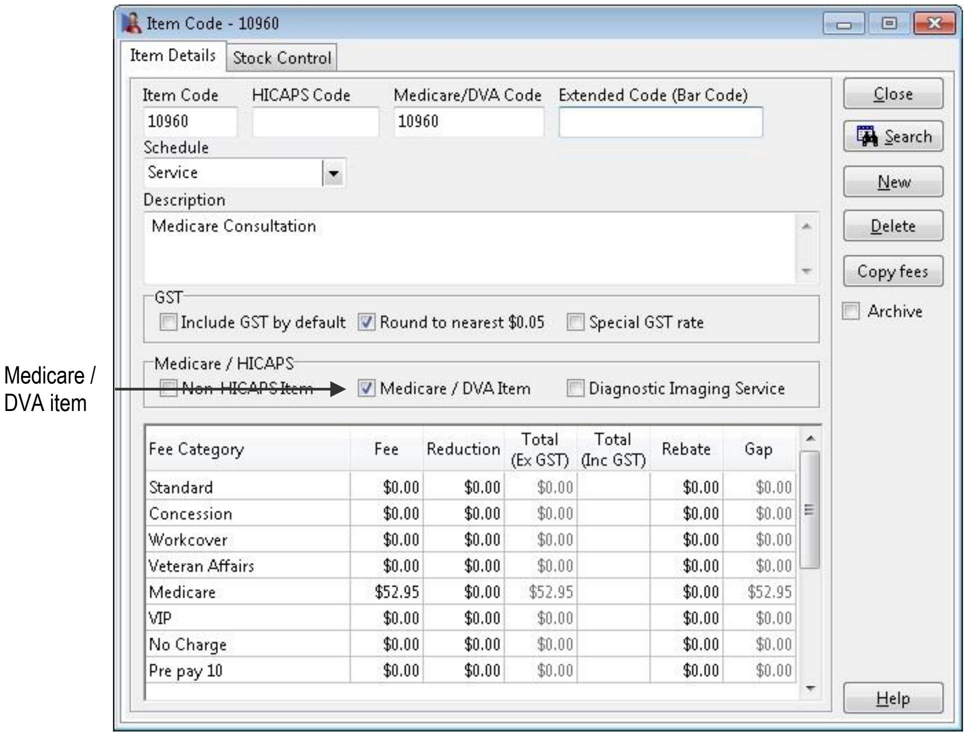
A **Payee Provider** is a practitioner who is paid by Medicare for services they, or other practitioners, have provided. If payment should go to a different practitioner, check **Use alternate Payee Provider** and select a practitioner from the drop-down list.

Item Codes

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

Select **Item Codes** from the toolbar.

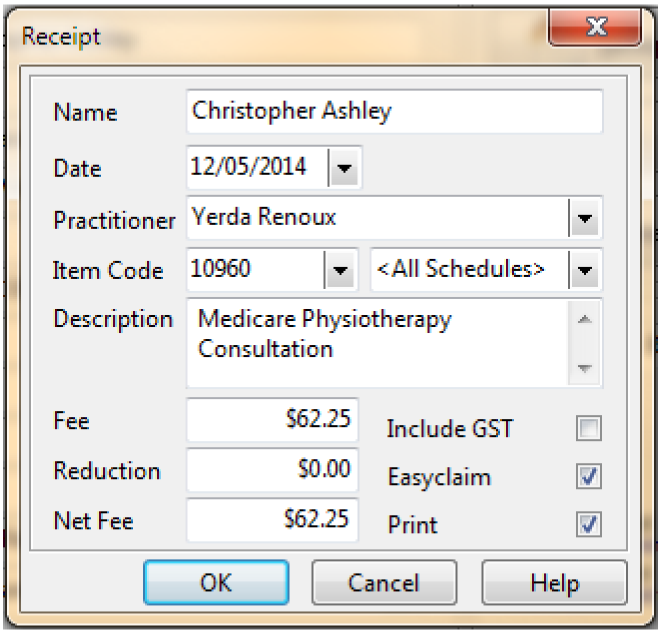
Click the item you wish to edit, and click **OK**.



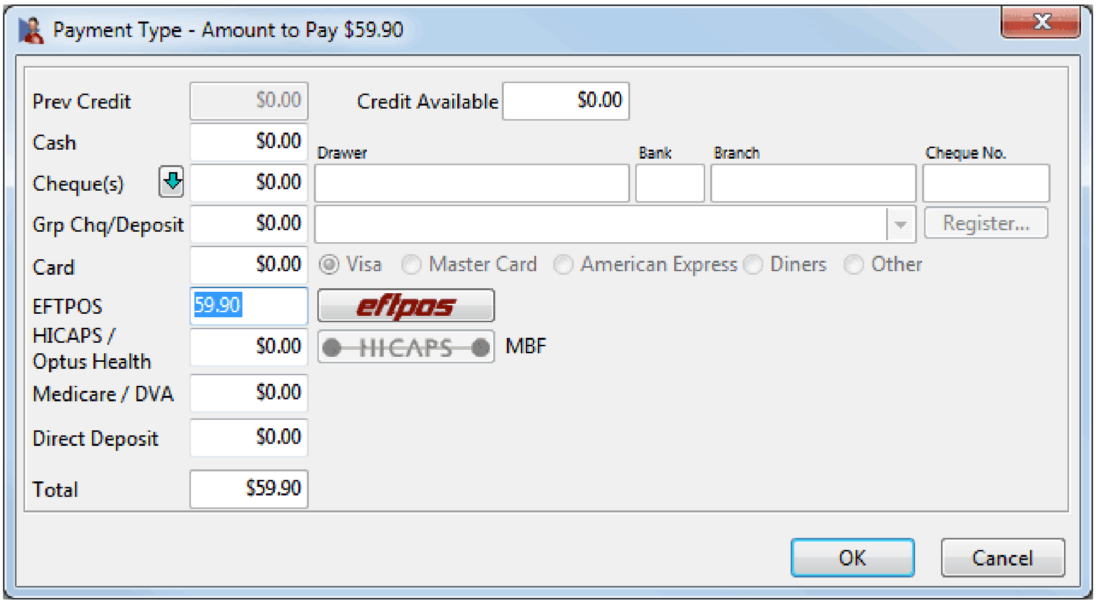
Check the **Medicare / DVA Item** option and click **Close** to save your changes.

Patient Claiming from Receipt

When processing a receipt for a patient, check the **Medicare Easyclaim** option.



Record the payment details.



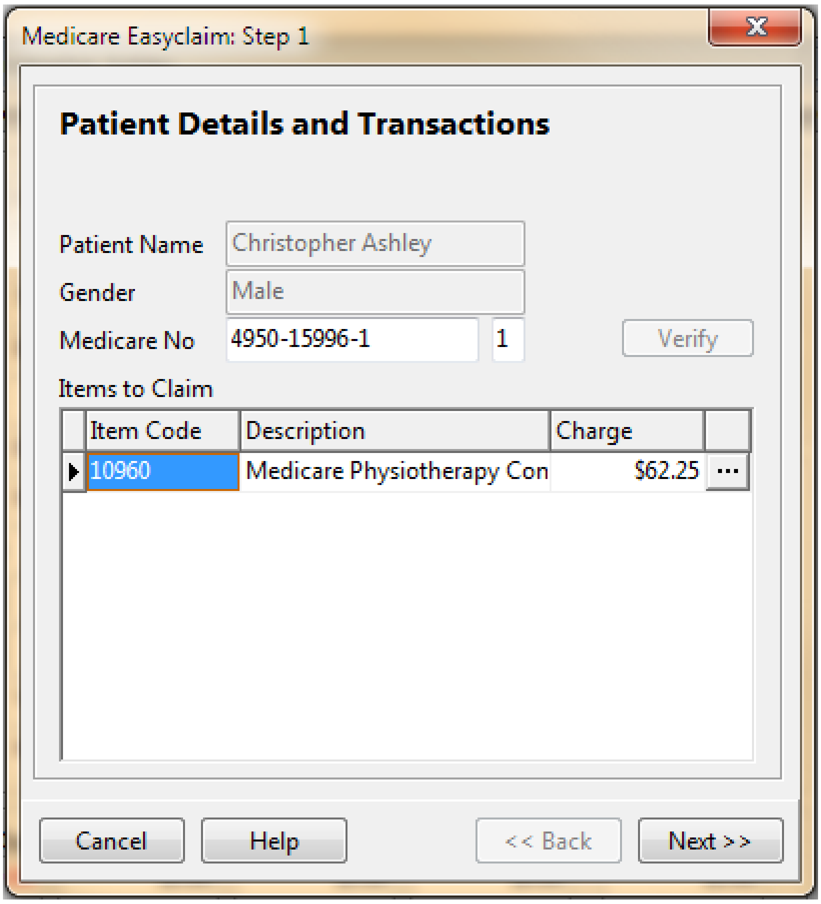
Front Desk 2021 - Note

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.

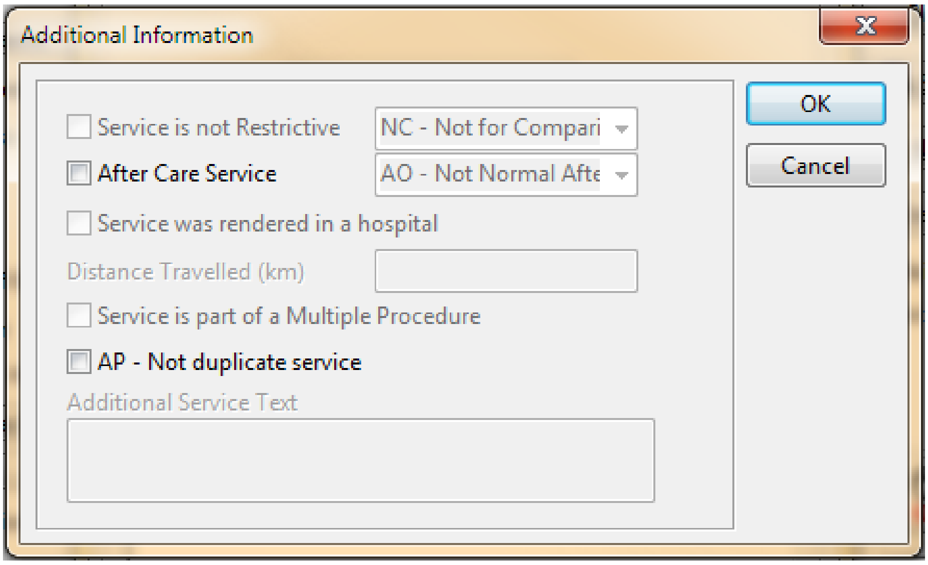
Click **OK**.

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

Patient Claiming from Receipt



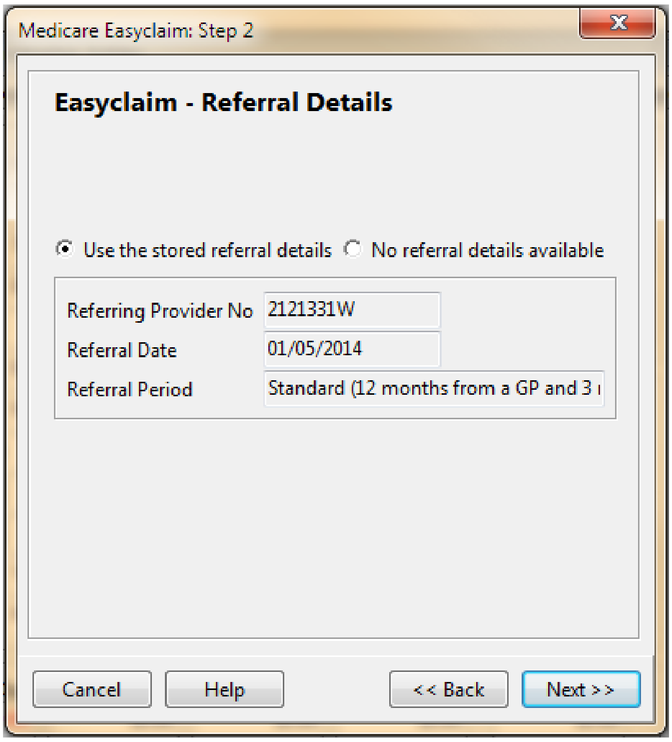
The first page displays patient information and a list of the items to be claimed through Medicare. Clicking on the ... button allows additional information to be entered about the claim.



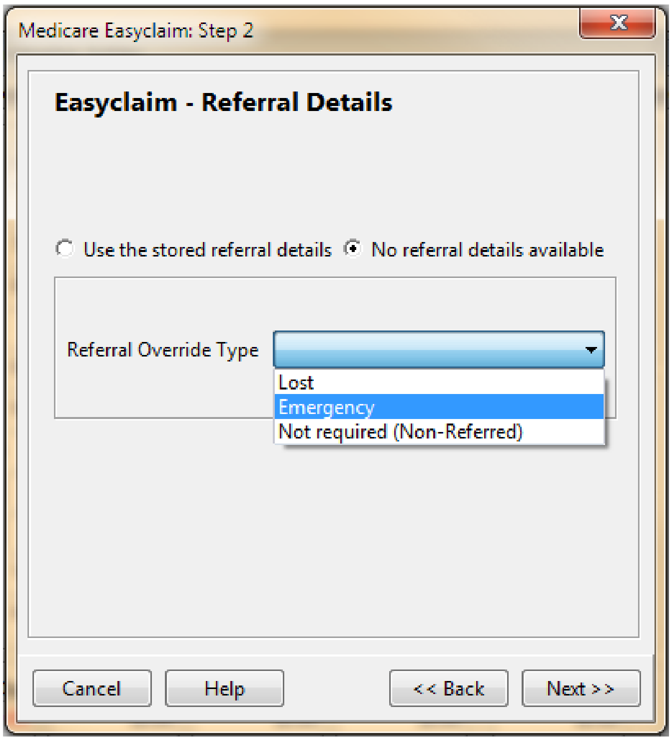
Select any relevant options and click **OK** to return to the Wizard.

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

Patient Claiming from Receipt

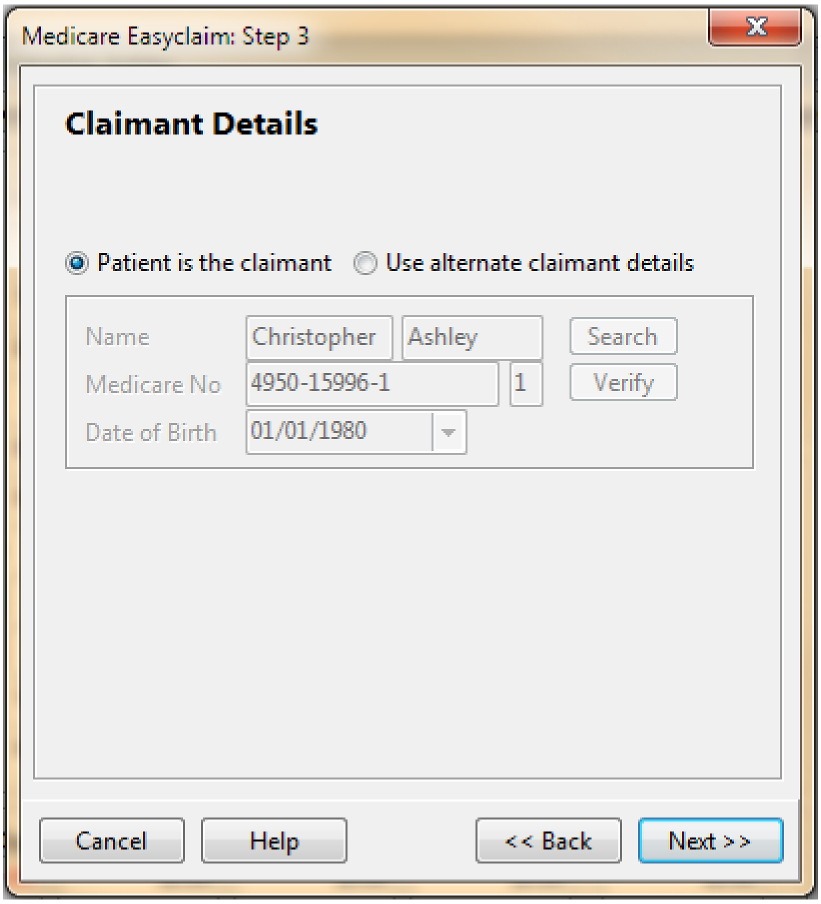


The **Easyclaim - Referral Details** page is displayed. If referral details were entered for the patient these will be displayed here. If there are no referral details then the **No referral details available** option will be selected, and a reason must be selected from the list.



Patient Claiming from Receipt

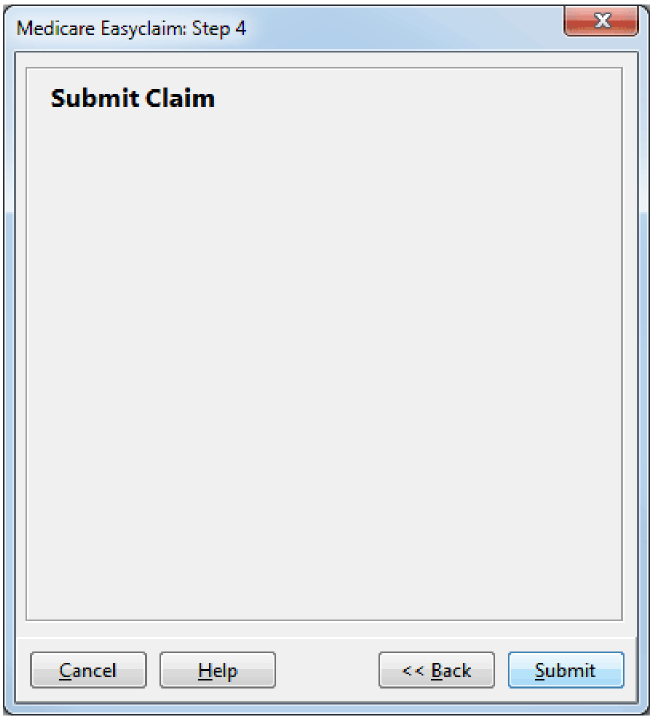
Click **Next** to continue to the next page.



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.

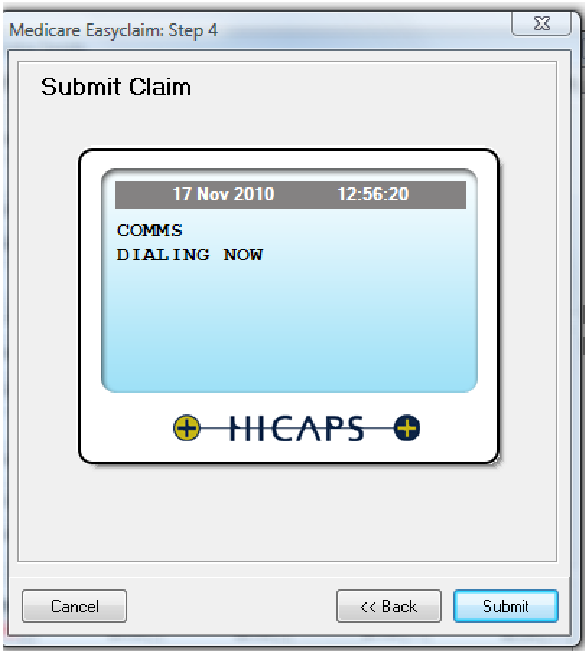
Patient Claiming from Receipt



Click **Submit** to send the claim to the terminal.

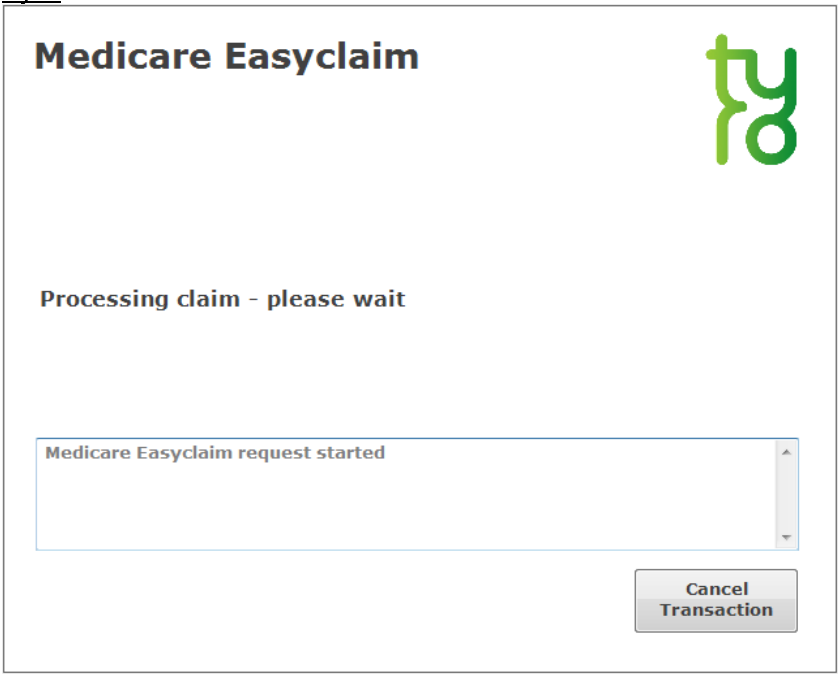
HICAPS
If a Medicare number has not been entered, the patient will be asked to swipe their Medicare card.

Follow the prompts on the terminal (also displayed on the screen).



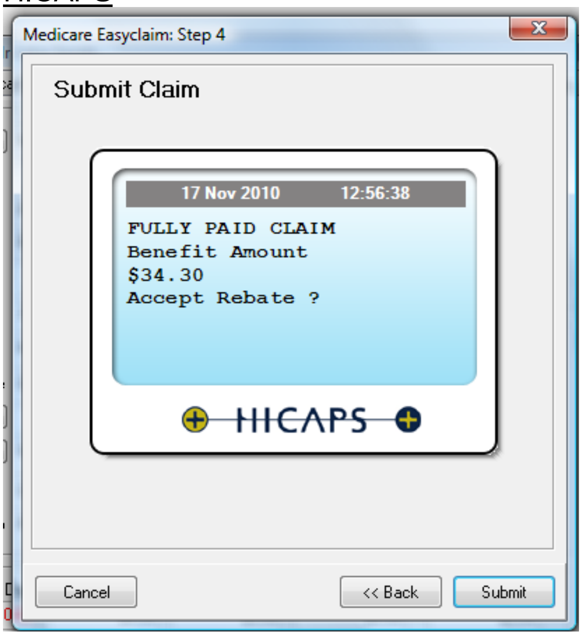
Patient Claiming from Receipt

Tyro



All Medicare Easyclaim claims submitted using the Receipt function will be **Fully Paid** claims, meaning the rebate will be paid to the patient.

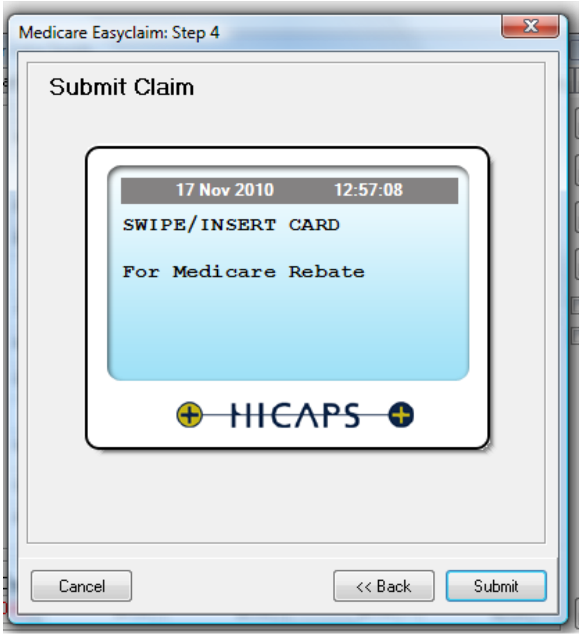
HICAPS



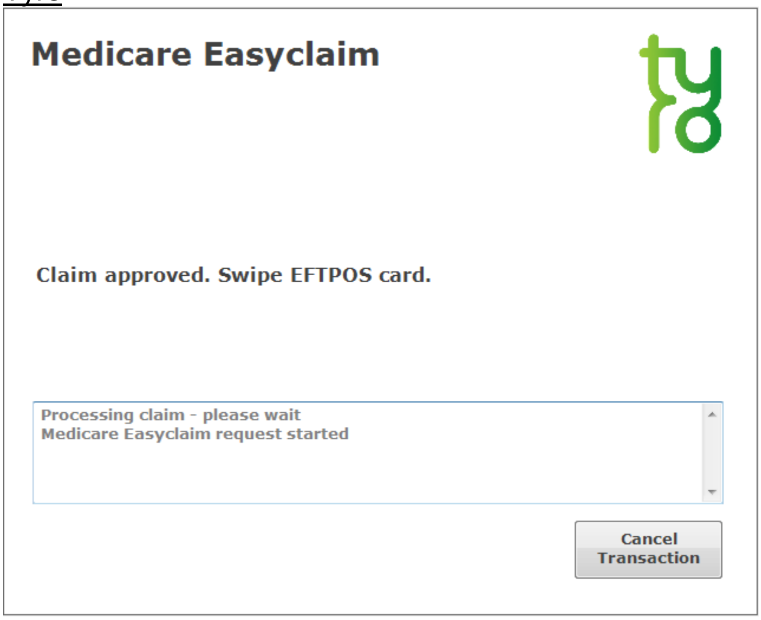
Patient Claiming from Receipt

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



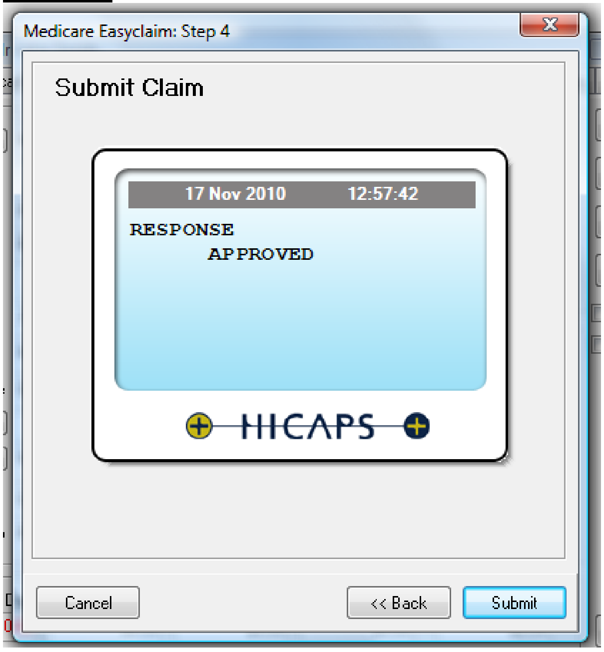
Tyro



Follow the prompts on the terminal to accept the rebate payment.

Patient Claiming from Receipt

HICAPS

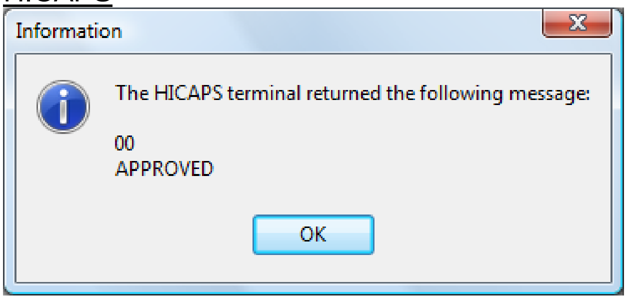


Tyro

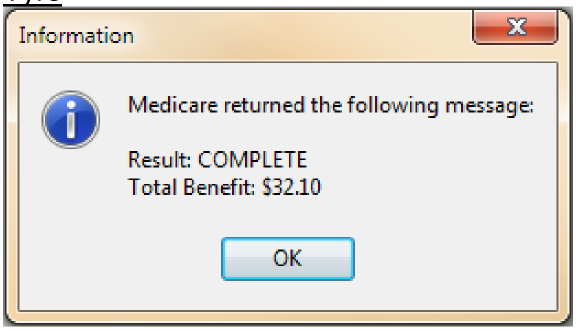
Patient Claiming from Receipt

If the claim is approved, the following message will be displayed.

HICAPS

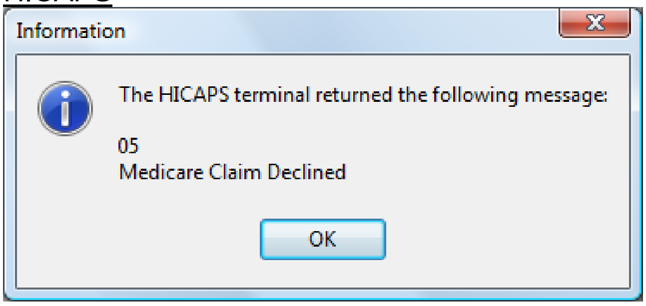


Tyro

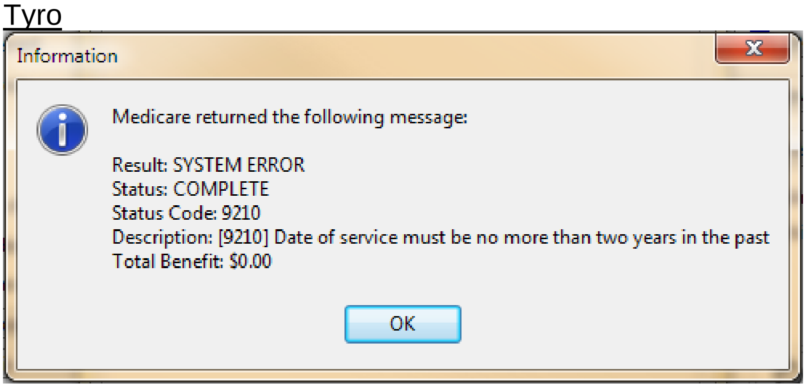


Declined claims will display a code and description, returned by the terminal.

HICAPS



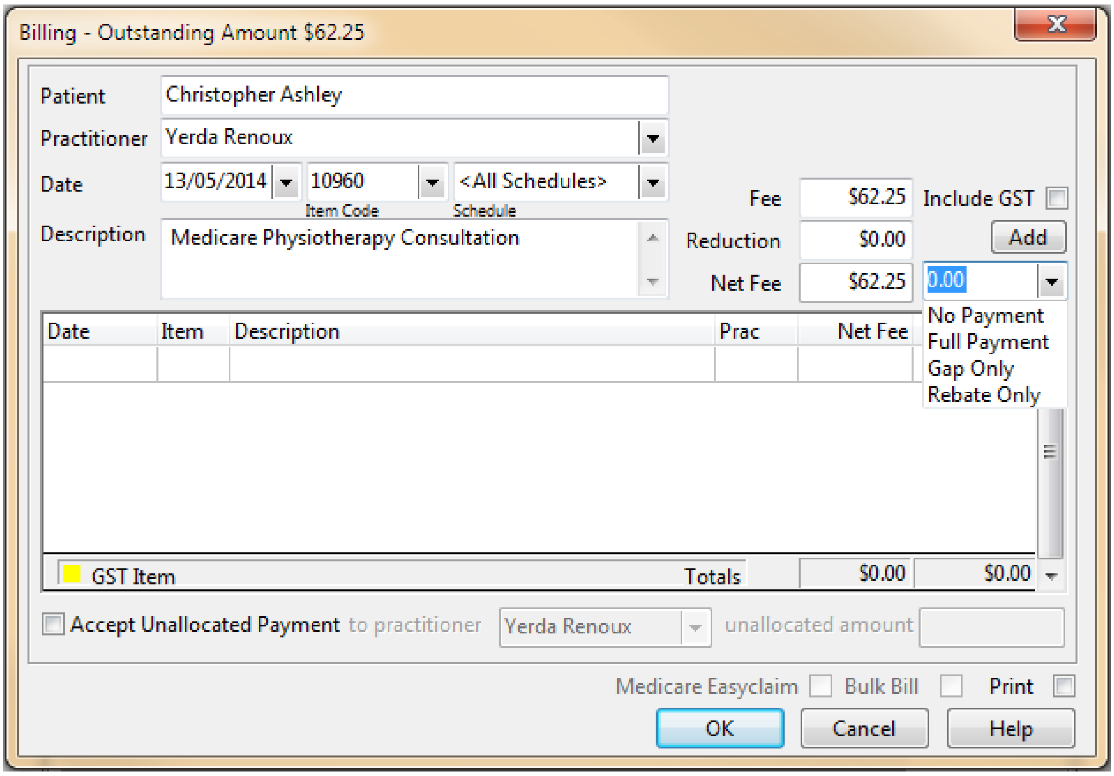
Tyro



Front Desk 2021 - Note

All Medicare Easyclaim receipts will be printed through the HICAPS terminal.

Patient Claiming from Billing

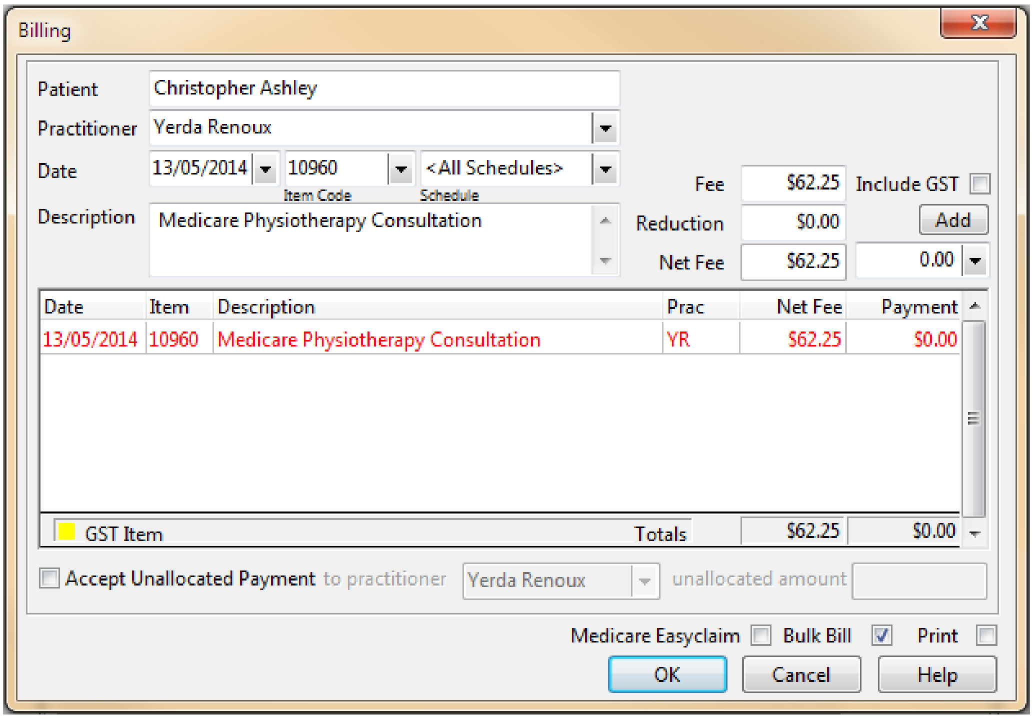


Check the **Medicare Easyclaim** option.

A **Fully Paid**, **Part Paid**, or **Unpaid** claim will be created. This depends on the payment options selected on the **Billing** screen.

Follow the prompts on the terminal, as described in the **Patient Claiming from Receipt** section.

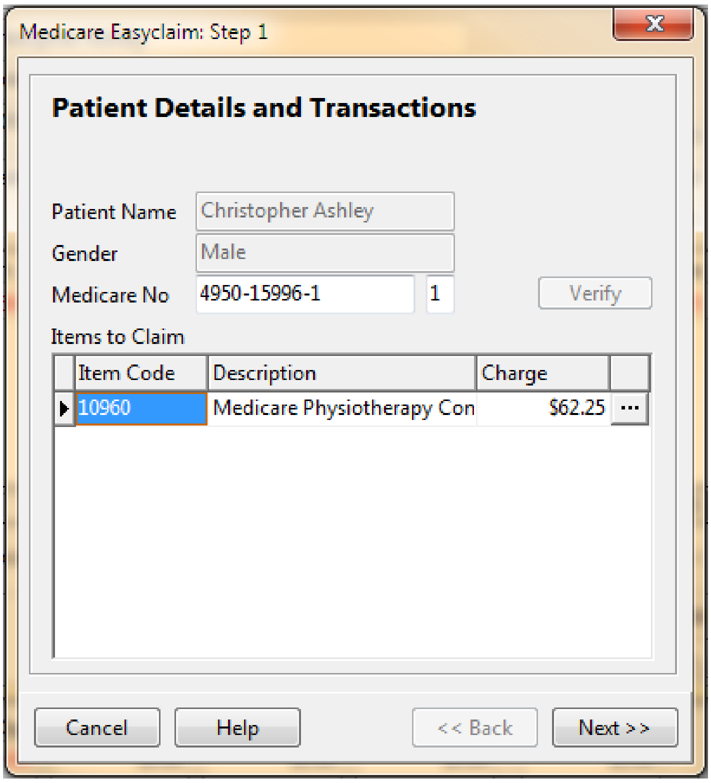
Bulk Bill from Billing



Check the **Bulk Bill** option.

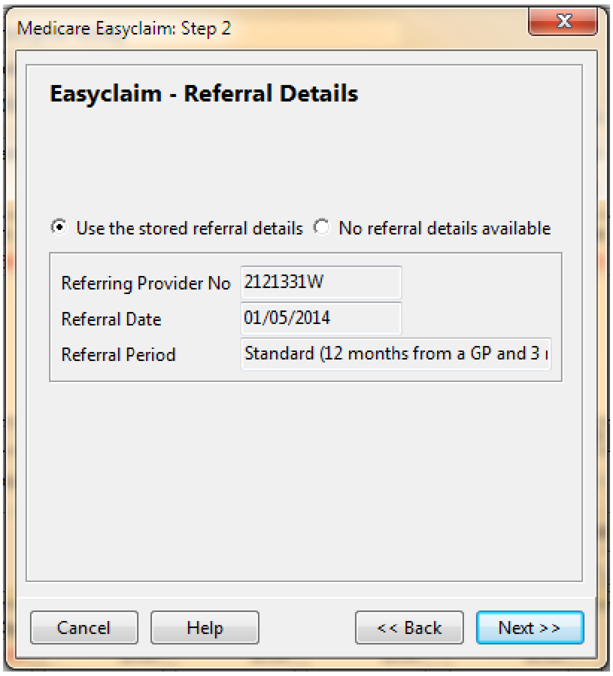
Note: this option is only available when no payment has been made.

Click **OK**. The **Medicare Easyclaim Wizard** will be displayed.



Bulk Bill from Billing

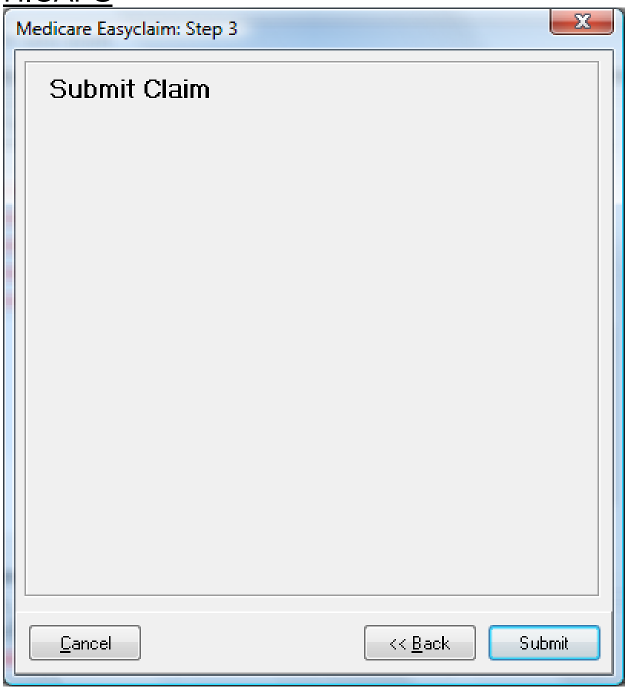
Click **Next** to continue.



The **Easyclaim - Referral Details** page is displayed.

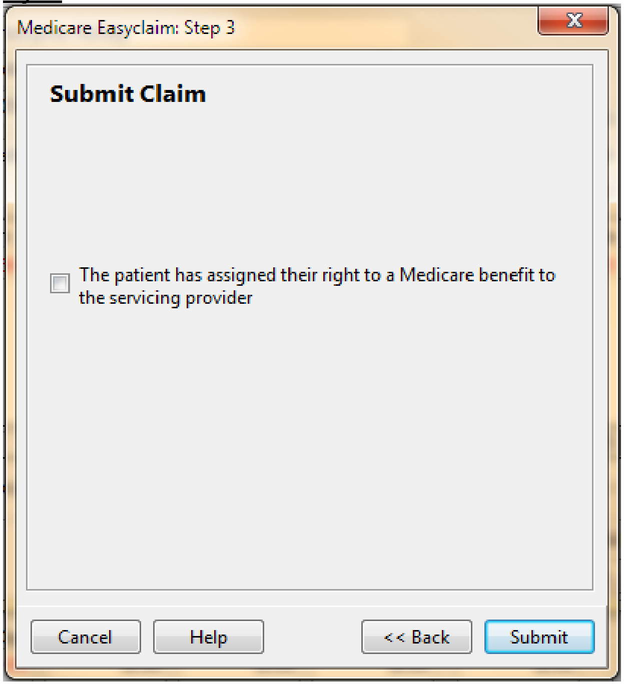
Click **Next** to continue. The **Submit Claim** page is displayed.

HICAPS



Bulk Bill from Billing

Tyro



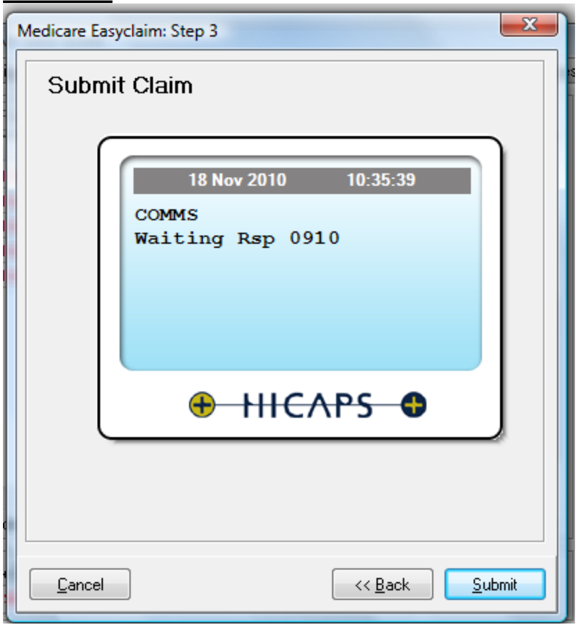
If the patient has assigned their right to benefit before seeing the practitioner, check **The patient has assigned their right to a Medicare benefit to the servicing provider**. This is used in practices where the patient signs for the claim prior to their appointment and does not return to reception afterwards.

Bulk Bill from Billing

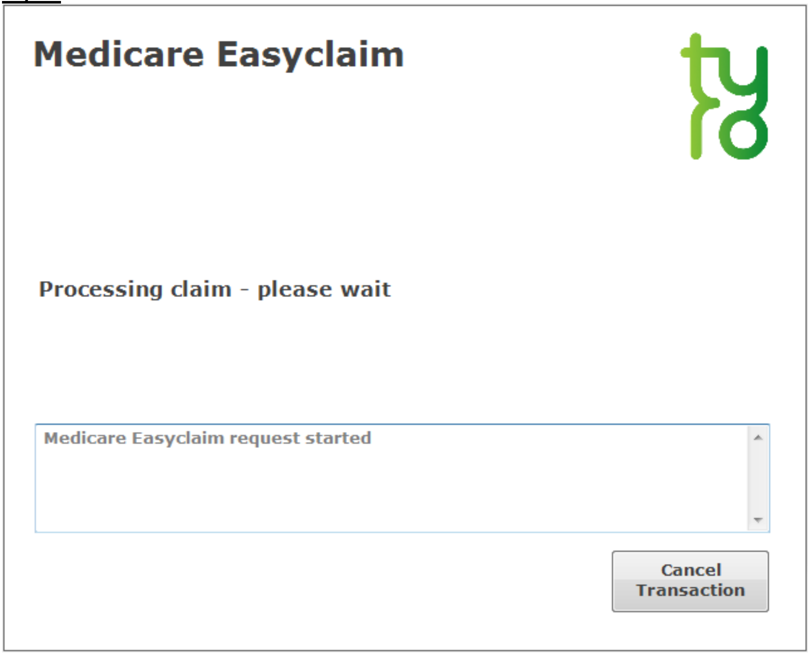
Click **Submit** to send the claim to the terminal.

Follow the prompts on the terminal. These will also be displayed on your screen.

HICAPS



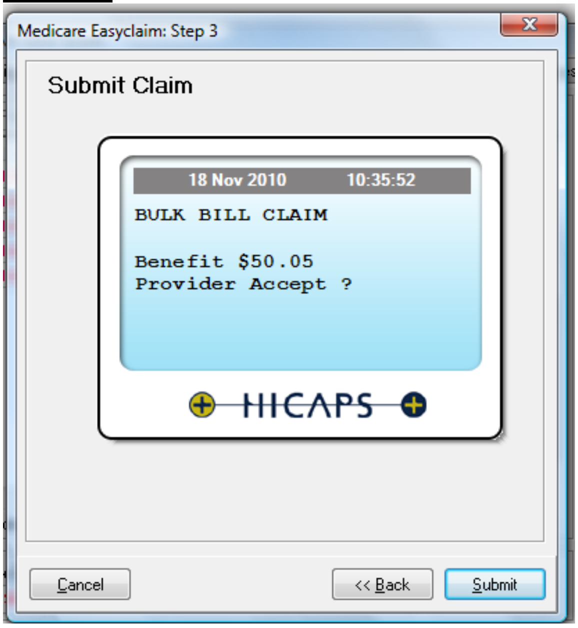
Tyro



Bulk Bill from Billing

If the bulk bill claim has been approved, the provider will be asked if they wish to accept the benefit.

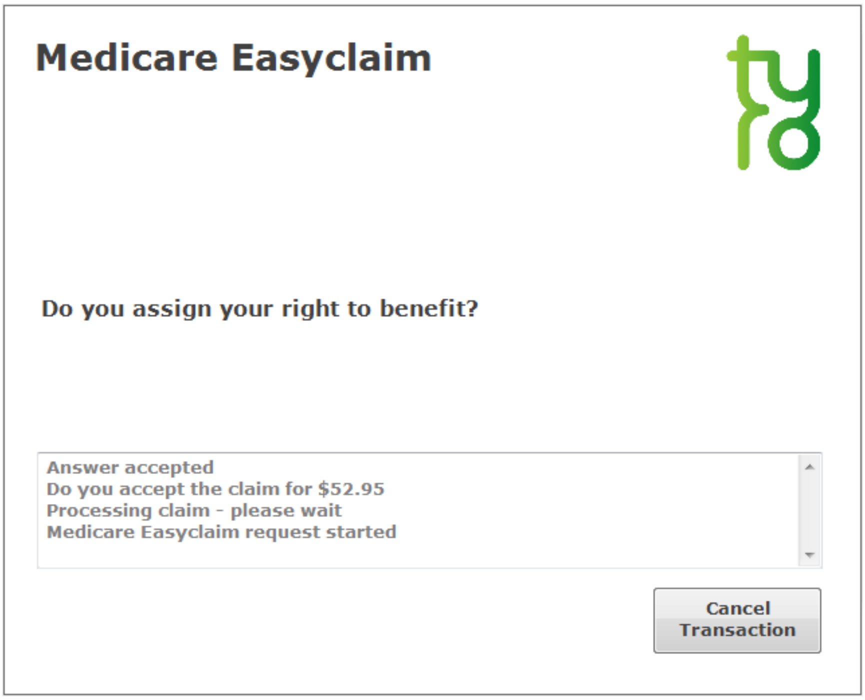
HICAPS



Tyro

Bulk Bill from Billing

Tyro
If the patient hasn't previously assigned their right to benefit, the following question will be displayed.

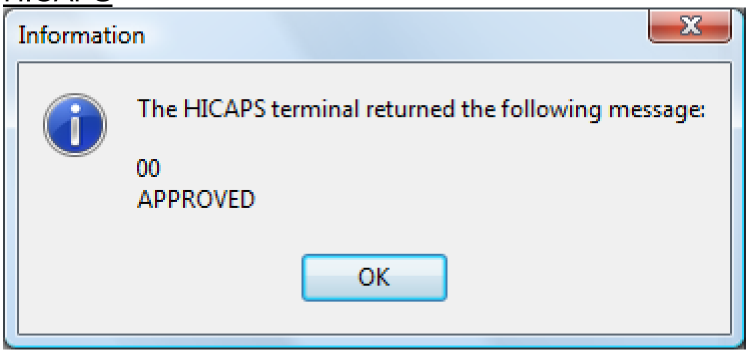


Once complete, the user will be asked if they would like to print a copy of the receipt.

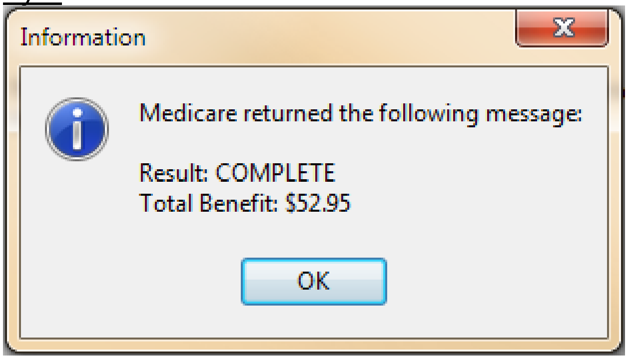
Bulk Bill from Billing

The following message will then be displayed.

HICAPS

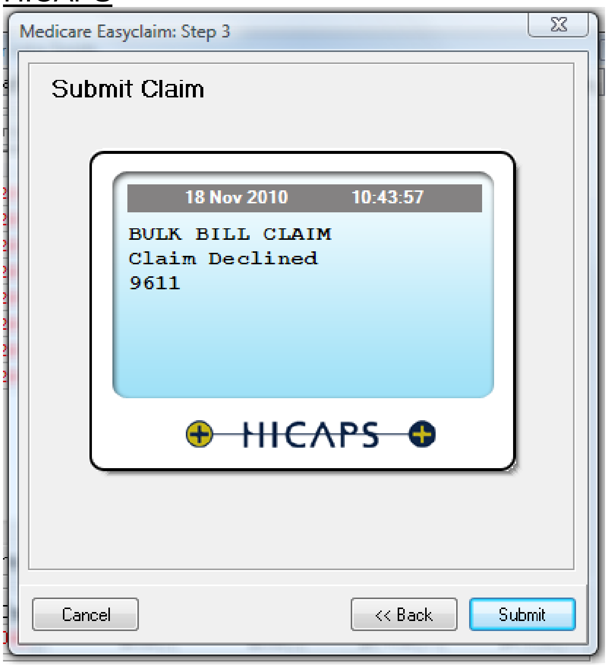


Tyro



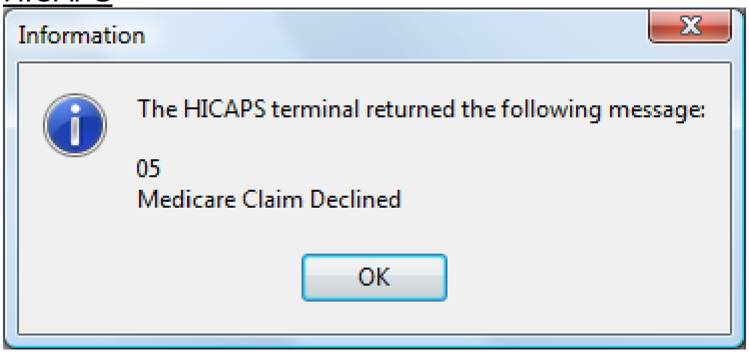
If the bulk bill claim is declined, the following messages (or similar) will be displayed.

HICAPS

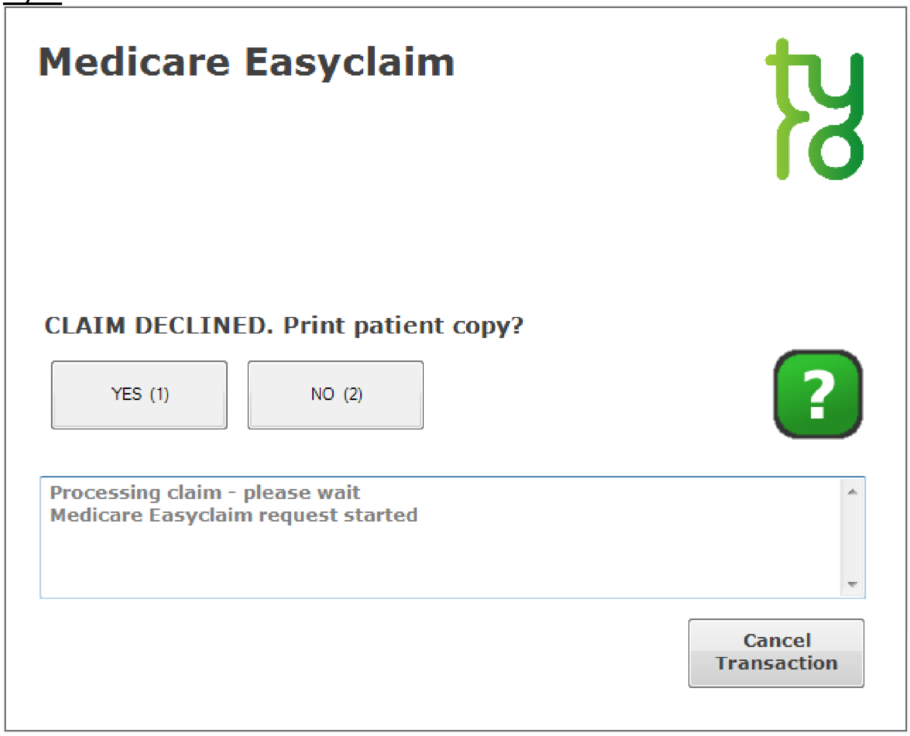


Bulk Bill from Billing

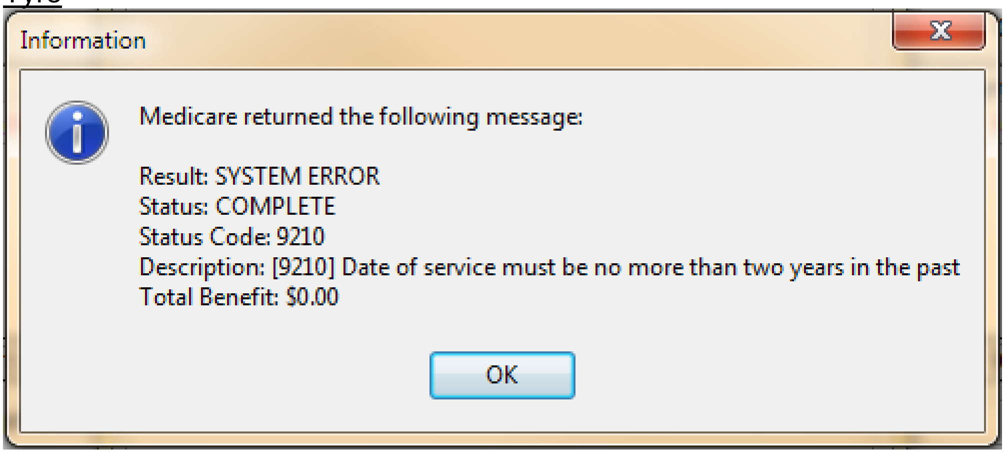
HICAPS



Tyro

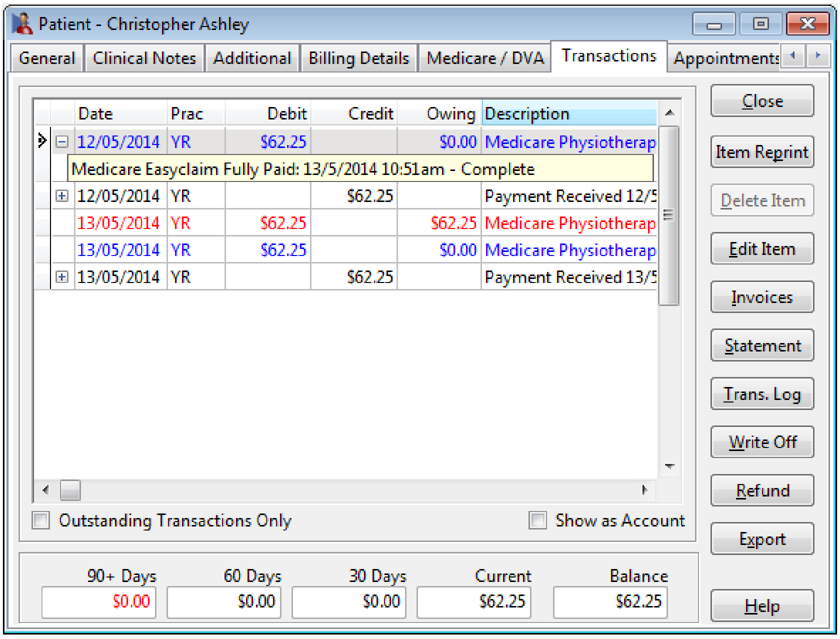


Tyro

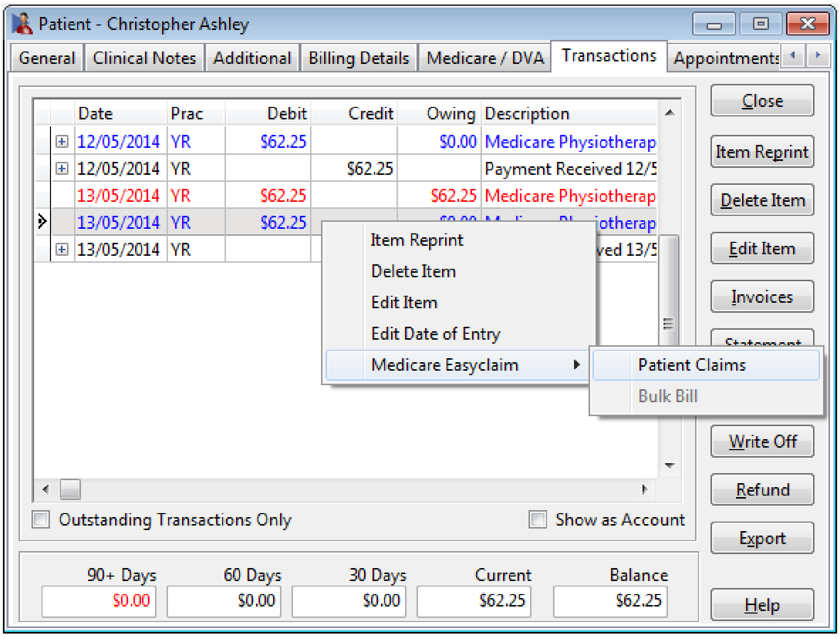


Patient Transactions

Go to the **Transactions** tab on the patient's file.



Click on the plus **+** symbol next to a billed item to see details of the Medicare claim.

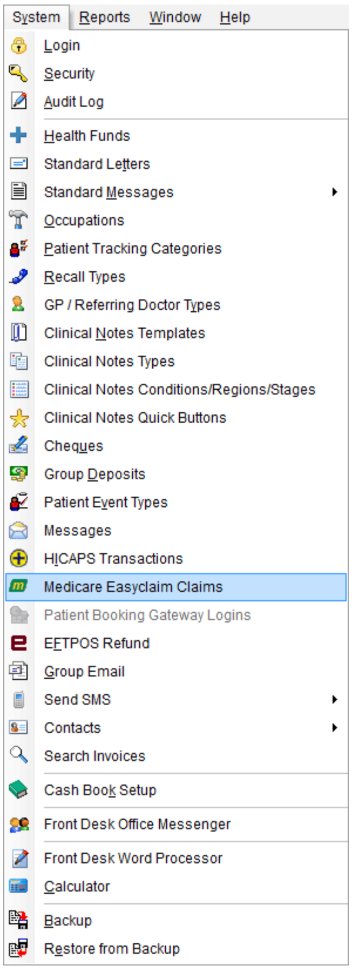


To submit an unclaimed item to Medicare, right-click on a billed item, select **Medicare Easyclaim**, then **Patient Claims** or **Bulk Bill**.

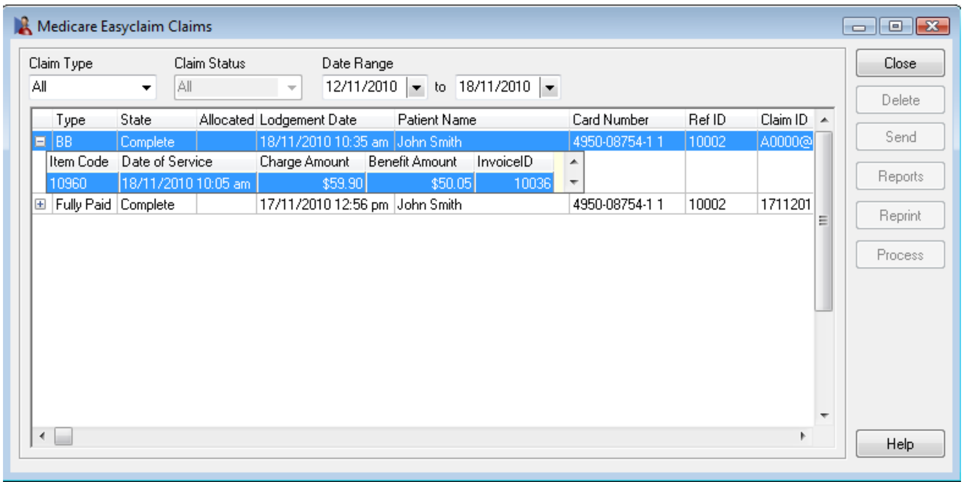
Note: the Bulk Bill option is only available when no payment has been made.

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.

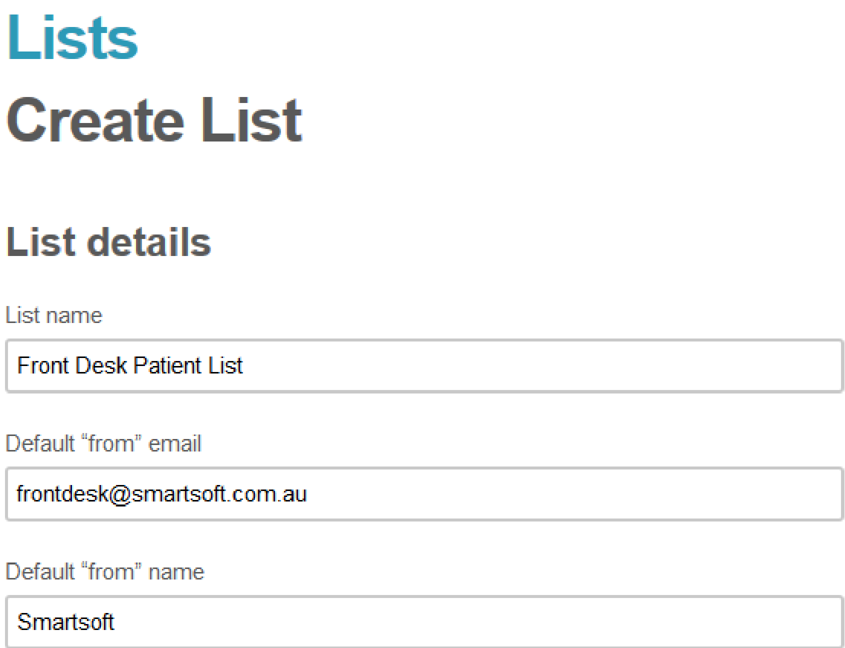
Front Desk's MailChimp integration allows you to upload your client list to MailChimp, and keep it in sync with changes to Front Desk patient files. Front Desk also allows you to produce subgroups of this list (called segments) by using the standard Front Desk reports. The topics on this page should 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.

Enter the required details for your list, and click **Save**.

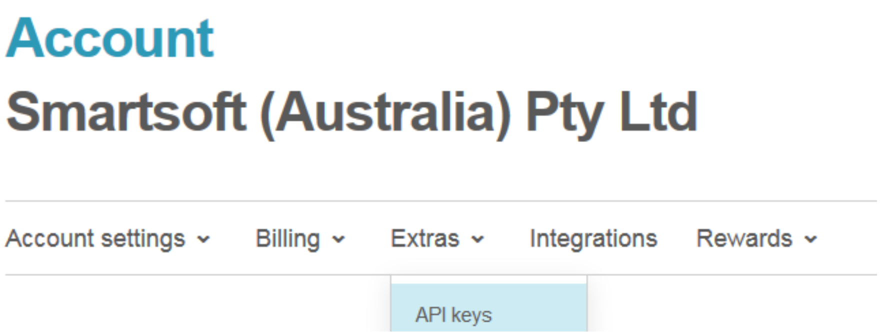


Your MailChimp list is now ready for you to upload your client list.

MailChimp Integration

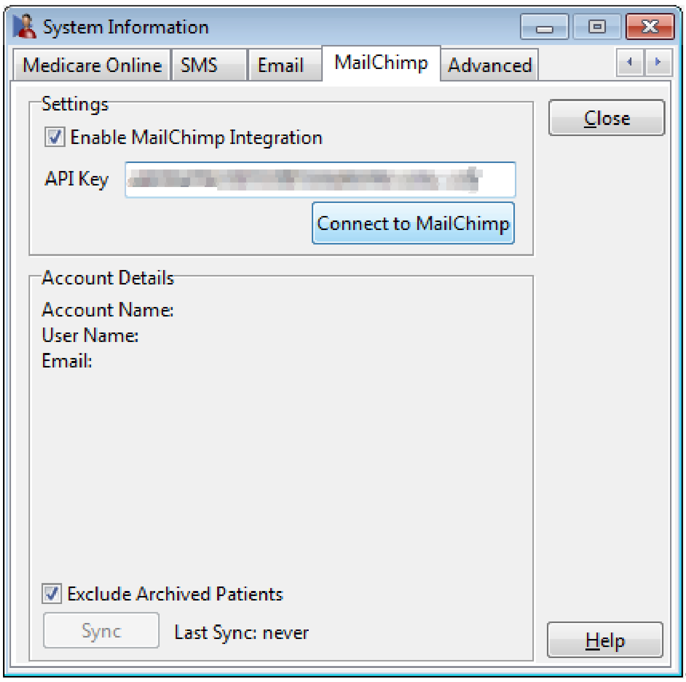
Enable MailChimp Integration and Upload your Client List

First you must get your API key from MailChimp. Go to your account details, select **Extras**, and **API keys**.



If you don't already have an API Key listed, click **Create a Key**. Otherwise, highlight and copy your **API Key**.

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**.

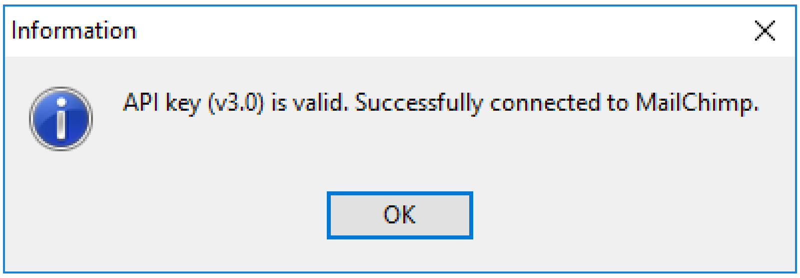


a

MailChimp Integration

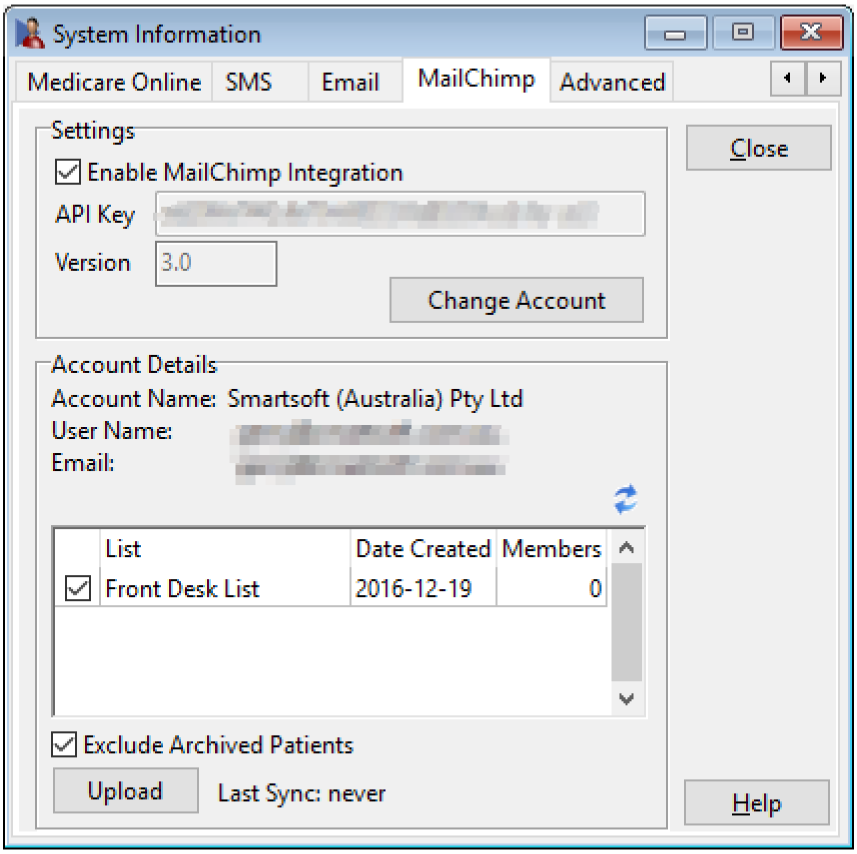
Enable MailChimp Integration and Upload your Client List

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.

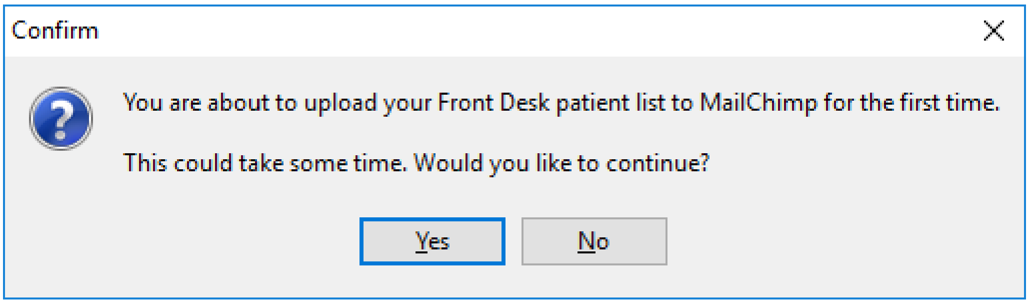
By default, archived patients will be excluded from the MailChimp sync, but if you want to include them, untick **Exclude Archived Patients**. Select your list, and click **Upload**.



MAILCHIMP INTEGRATION

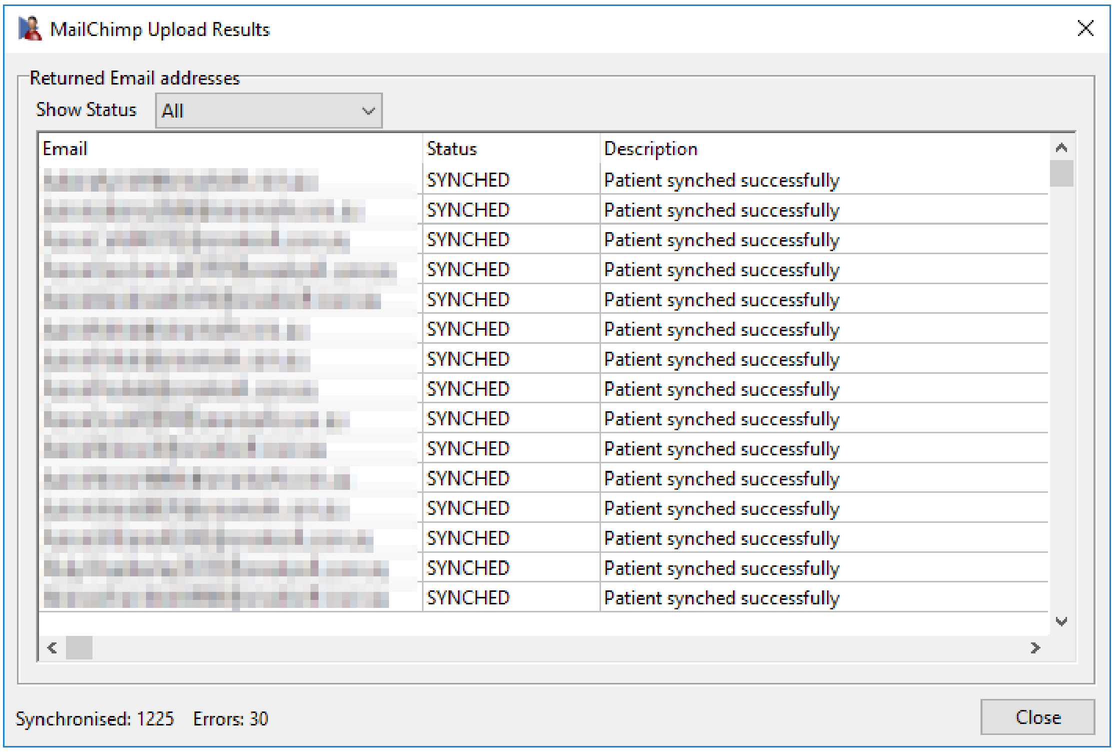
Enable MailChimp Integration and Upload your Client List

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.

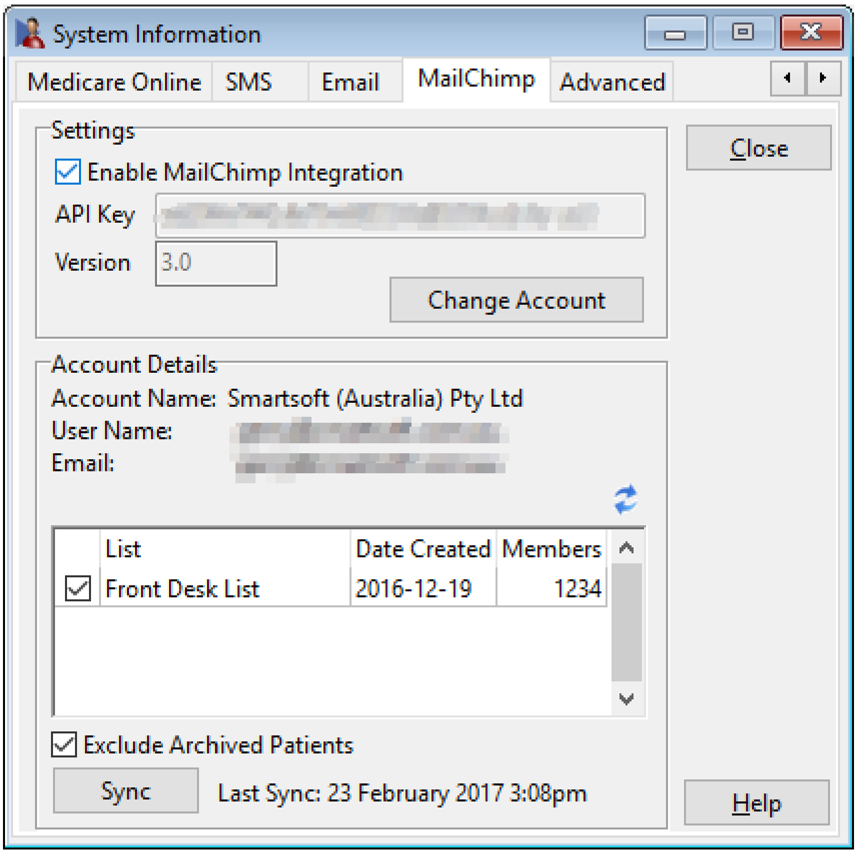
Once complete, the results of the sync will be displayed. This lists successful additions, along with any errors that have occurred. Click **Close**.



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.

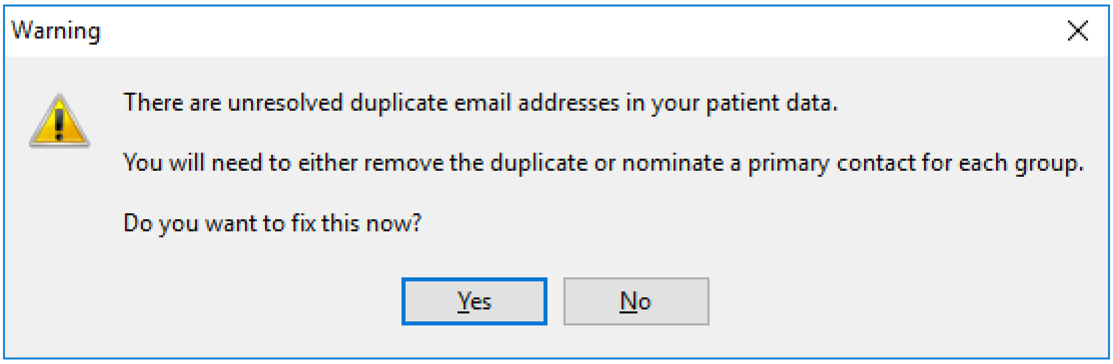


Resolving Duplicate Email Addresses

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.

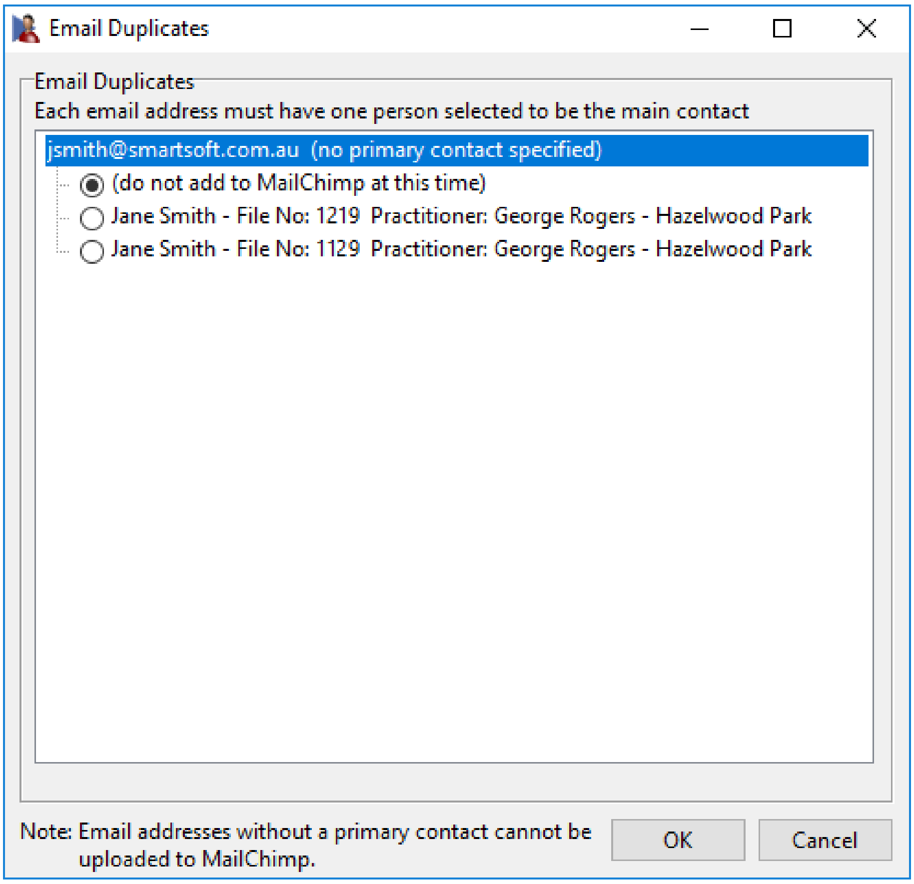
The primary contact will be the one whose details are included in the MailChimp sync. These are the details that will be included in any MailChimp campaigns, should you choose to personalise them by using list fields / merge tags. For example, if you have several members of a family in your client list, 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.

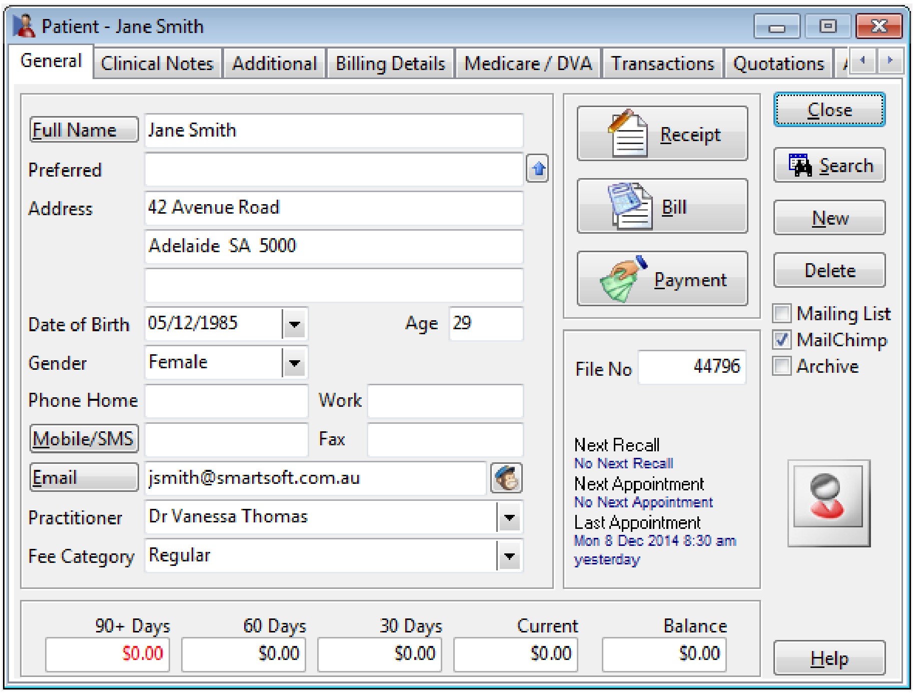


You will be presented with a list of any patients with duplicate email addresses. For each one you can choose to do nothing (in which case they will not be uploaded to MailChimp), or select a primary contact.

Resolving Duplicate Email Addresses



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.



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.

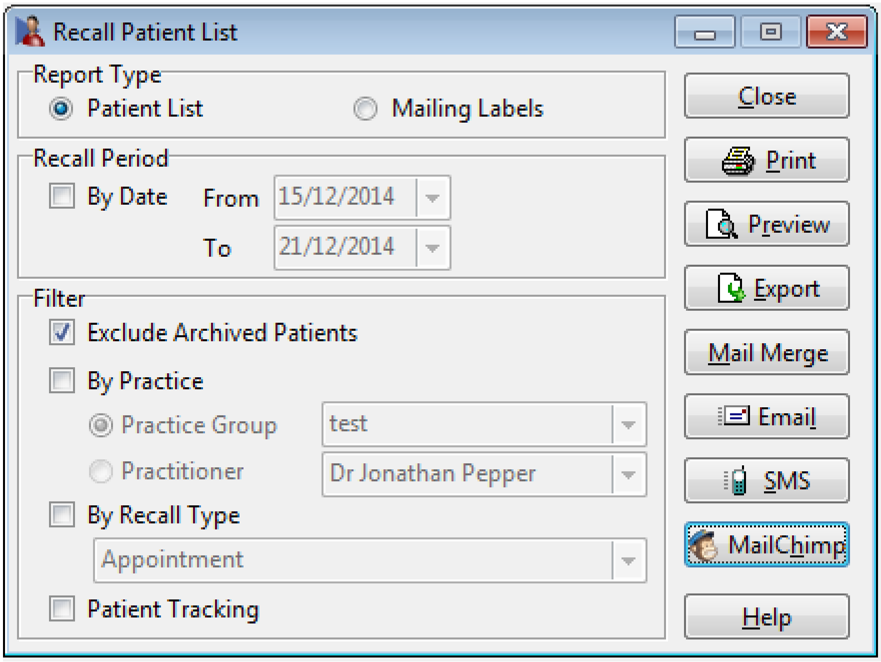
Patients will be automatically unsubscribed from your list if they are deleted from Front Desk. They will also be unsubscribed if you archive them, and you have chosen to **Exclude Archived Patients**.

MAILCHIMP INTEGRATION

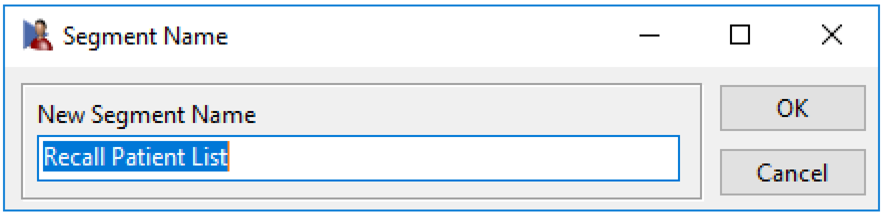
Segments

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**.

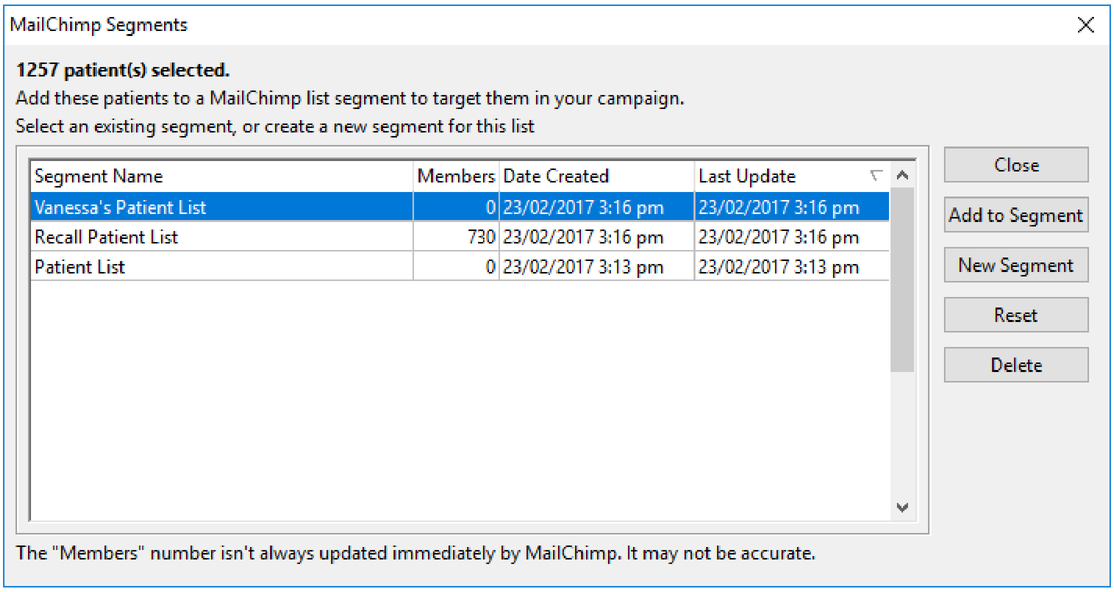


If your list contains no segments you will be prompted to enter a **New Segment Name**.

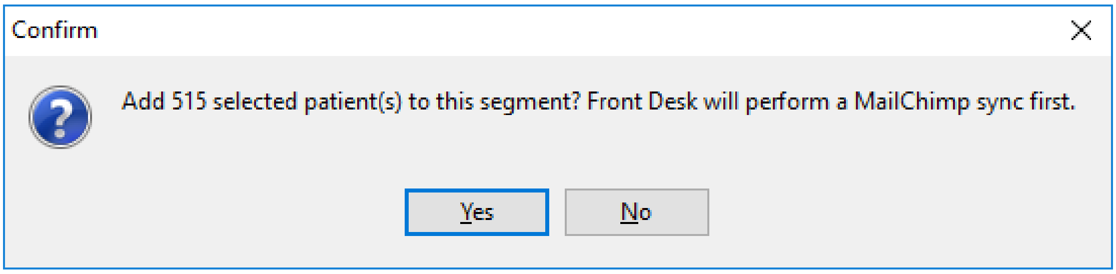


The **MailChimp Segments** window will be displayed. This contains all of your segments. The number of selected patients is displayed at the top.

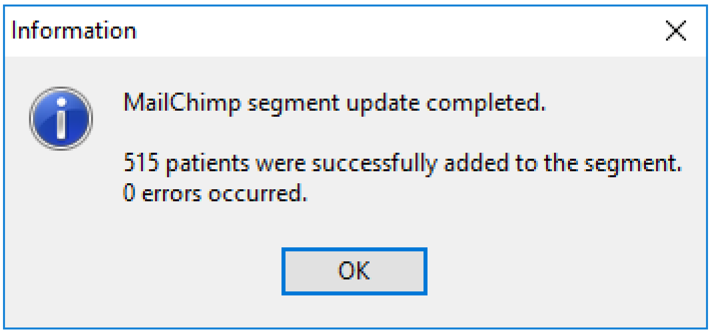
Segments



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.



When complete, Front Desk will display the following message.

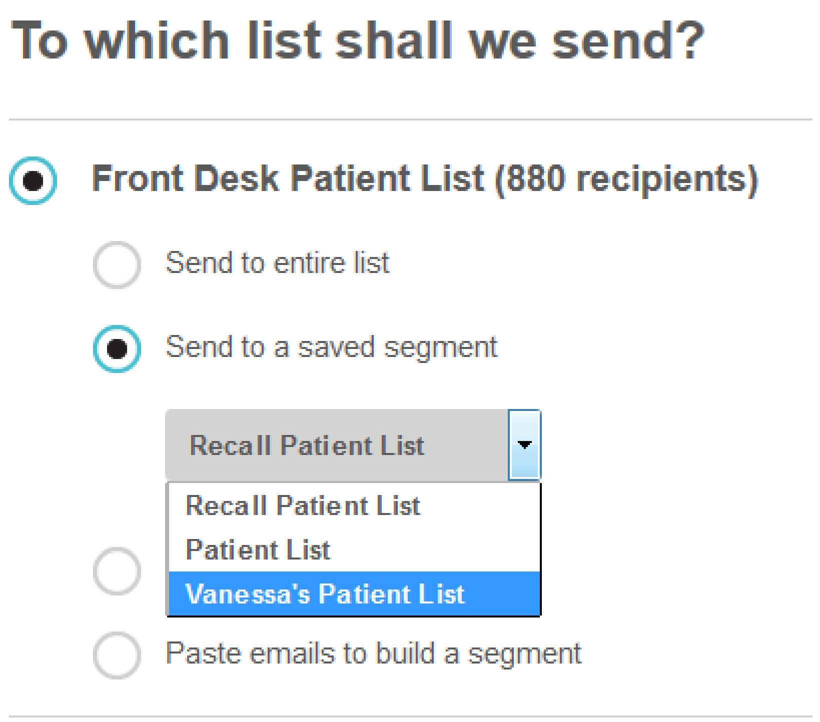


If any errors occurred, which could happen if trying to add a patient who has been unsubscribed from your list, Front Desk will display a summary of the failed email addresses.

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.



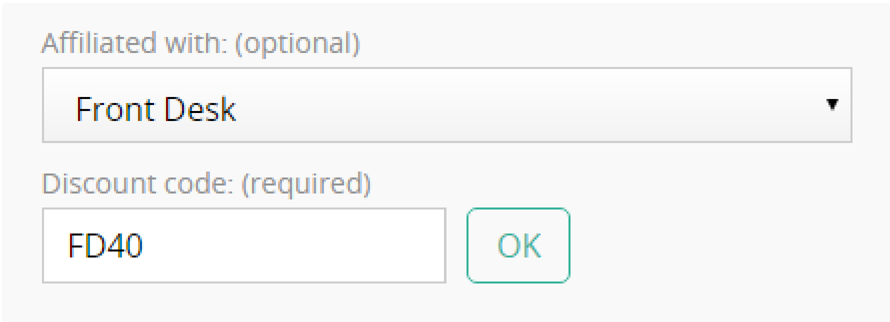
Creating a Physitrack account

To use Physitrack integration you must create an account at www.physitrack.com.

As a Front Desk user, a discount is also available on new Physitrack subscriptions.

To apply the discount first create a Physitrack account, then when you reach the **Payment Information** screen:

1) Select Front Desk from the **'Affiliated with'** drop-down.
2) Enter the code '**FD40**'.
3) Click **OK**.



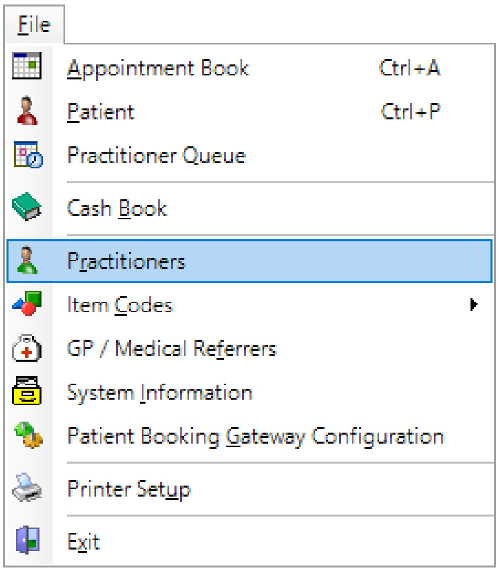
PHYSITRACK INTEGRATION

Enabling Physitrack for your practitioners

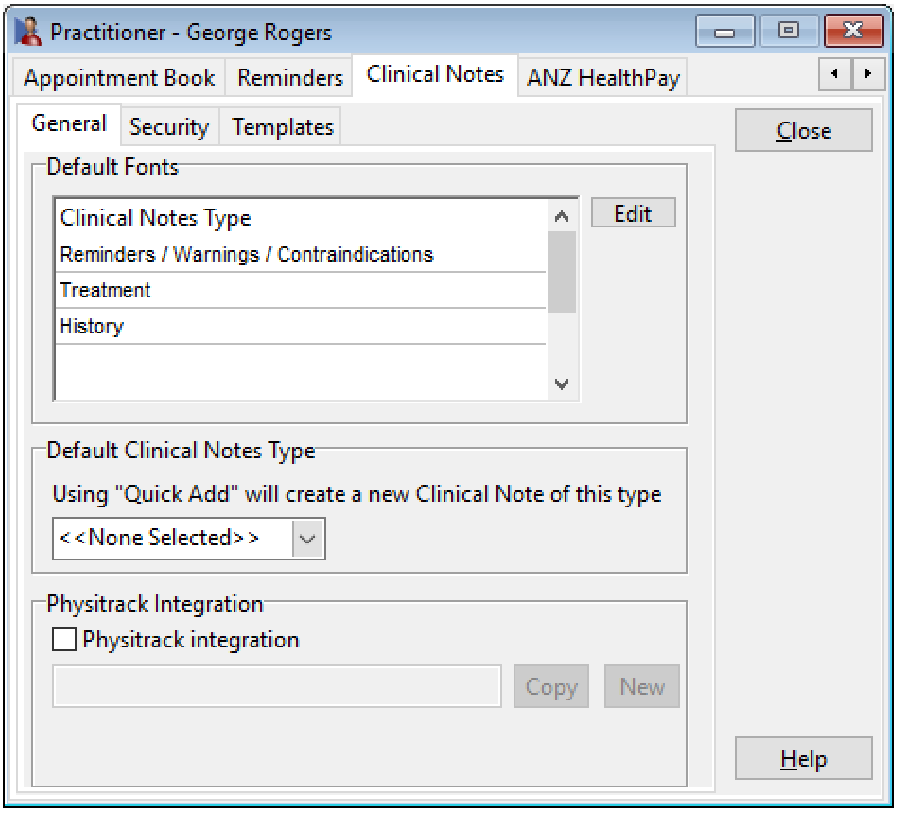
Front Desk 2021 allows practitioners to integrate Physitrack exercise programs directly into their Clinical Notes.

Follow the instructions below to setup the integration in Front Desk.

1) Open the **Practitioner** window from **File** > **Practitioners**.



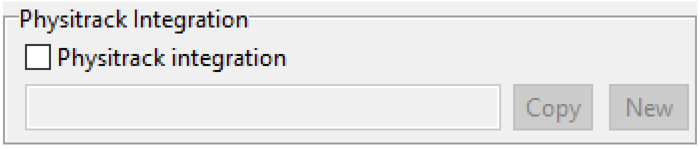
2) Double-click the practitioner you wish to configure for Physitrack, then navigate to the **Clinical Notes** tab.



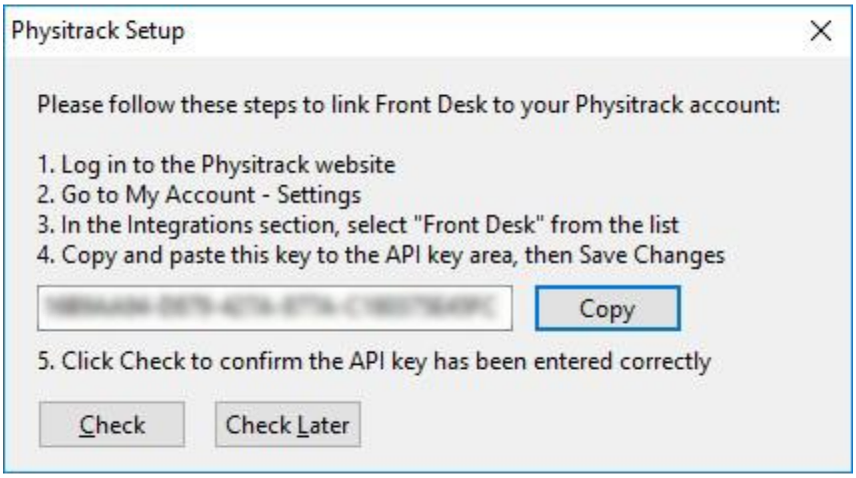
PHYSITRACK INTEGRATION

Enabling Physitrack for your practitioners

3) Click the **Physitrack integration** option.



This will prompt further instructions to follow on the Physitrack website.

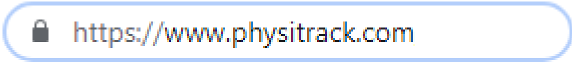


Please leave this window open until you have completed the steps 4-10 below.

Physitrack Integration

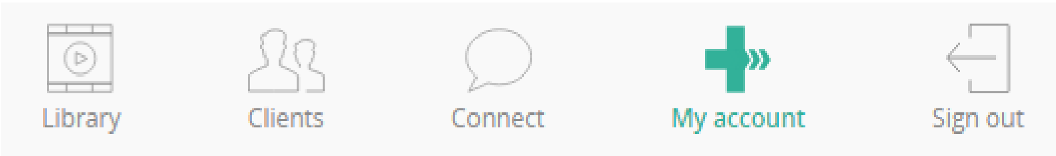
Configuring integration on the Physitrack website

4) Open a web browser and navigate to the Physitrack website.



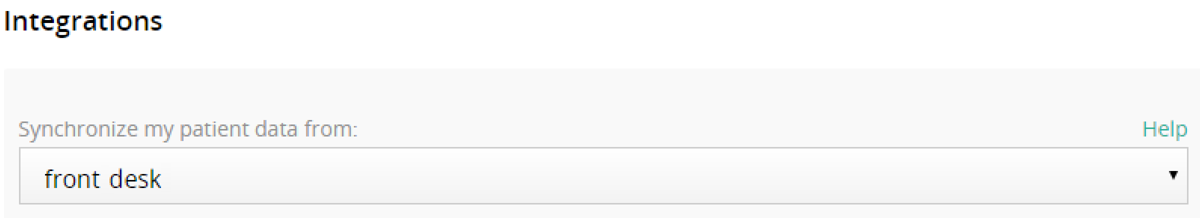
5) **Login** to your account.

6) At the bottom of the screen, click the **My Account** button.



7) At the top of the screen, click the **Settings** tab.

8) In the **Integrations** section select **Front Desk** from the drop-down list.



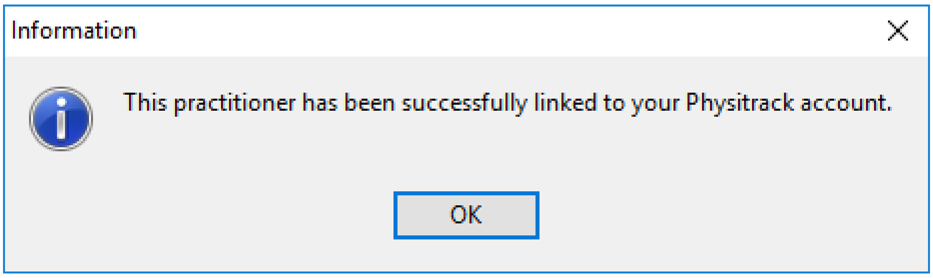
9) Paste the **API Key** generated from the Front Desk **Practitioner File,** then click **Save changes**.

Configuring integration on the Physitrack website

10) Return to Front Desk and the open **Physitrack Setup** window.

    Click the **Check** button.

    This will verify your successful integration with Physitrack for this practitioner.



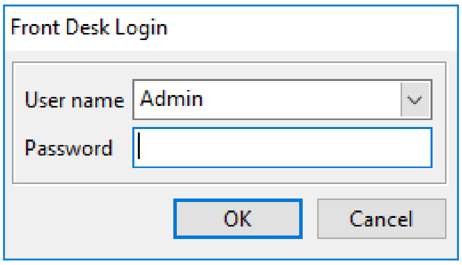
Congratulations, this practitioner is now configured for Physitrack integration.

Creating user logins for Physitrack integration

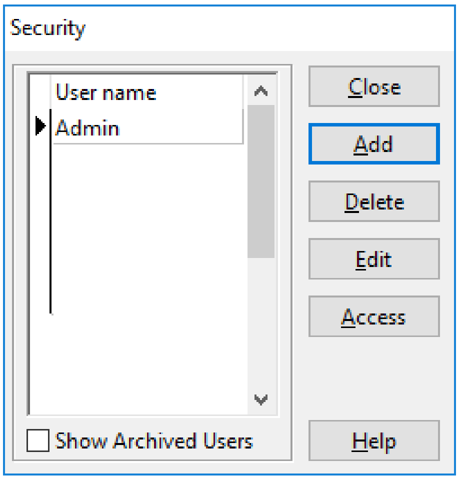
As Physitrack integration is configured and used on a per-practitioner basis, it is important that each practitioner has their own Front Desk **User Login**.

Additional user logins can be created by the 'Admin' user by following the steps below.

1) Login to Front Desk as the **Admin** user.

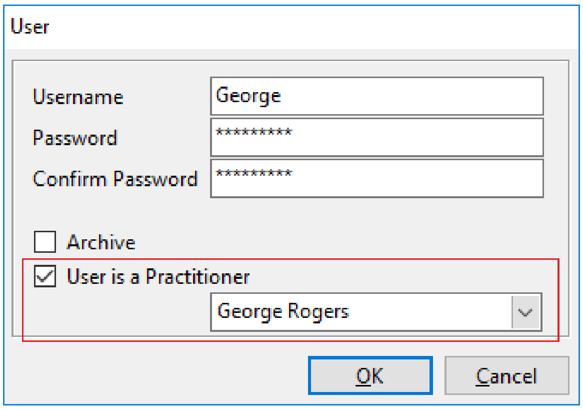


2) Go to the **System** menu and select **Security**.



3) Click **Add** to create a new user, entering an appropriate **Username** and **Password**.

4) For Physitrack integration, please ensure the **User is a Practitioner** option has been enabled and the login linked to the correct practitioner.

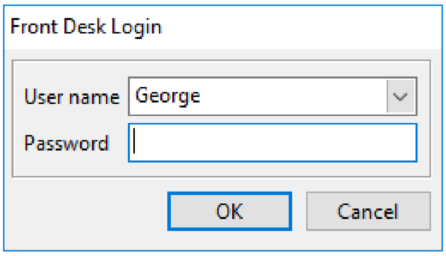


Using Physitrack with Front Desk

With the user login configured you are now ready to begin using Physitrack integration.

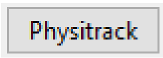
Please note Smartsoft cannot provide specific advice or assistance in the use of the Physitrack website or the creation of exercise programs and templates.

1) Login to Front Desk as the appropriate user.



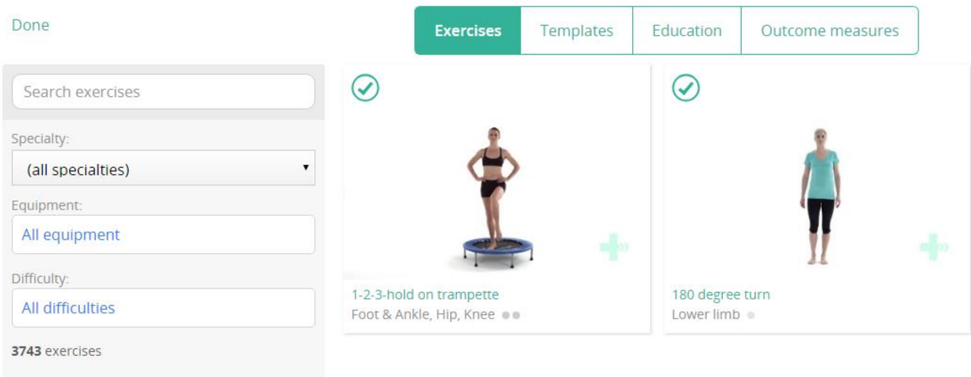
2) Open a **Patient File** and navigate to the **Clinical Notes** tab.

   If the practitioner and user has been configured correctly a **Physitrack** button will be available in the bottom-right of the window.



3) Click the **Physitrack** button, which will immediately open the Physitrack website and this patient's file. If required a new Physitrack file will be created automatically for the patient.

4) Click **Assign new program** to begin adding **Exercises** or **Templates**.

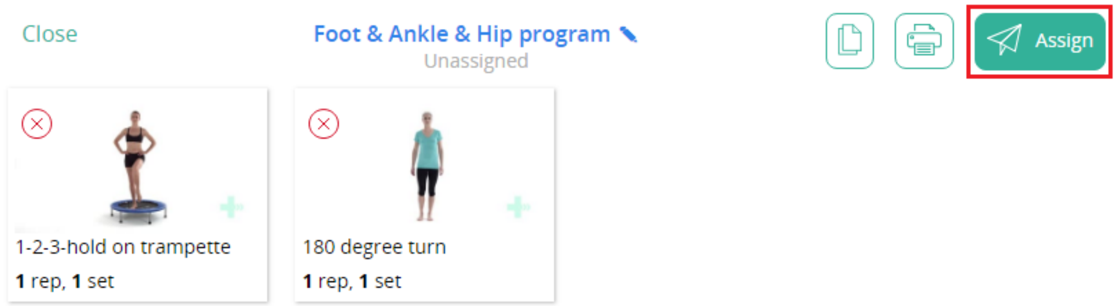


5) With your exercises or templates selected, click the **Edit Program** button in the top right of the screen.

   This will then summarise the exercise program created.

Using Physitrack with Front Desk

6) Click the **Assign** button to assign this program to the patient.



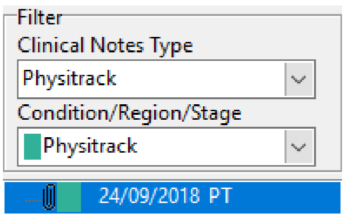
7) The next window allows you to confirm the client details.

   Click **Assign program**.

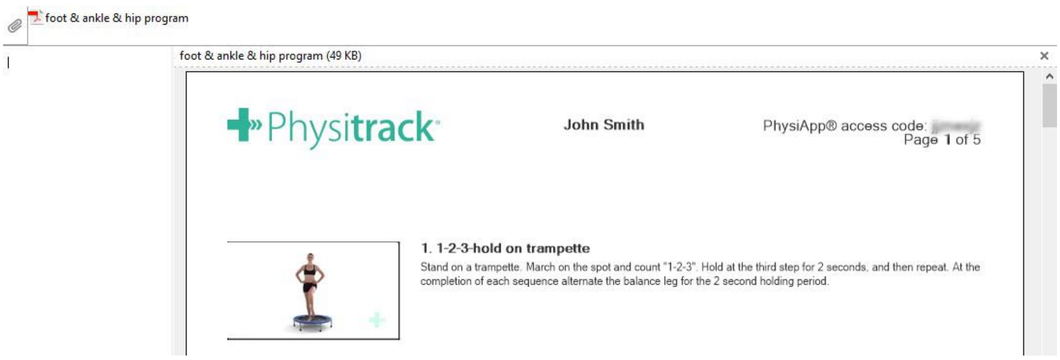
8) On the **Client program settings** window, click **Close** or **Close Client** to finalise the process.

9) The assigned exercise program should then appear as a Clinical Note in the Front Desk patient file. This process may take a few minutes.

   For easy filtering these notes are automatically assigned with the **Note Type** and **Condition/Region/Stage** of 'Physitrack'.



The assigned exercise program is automatically *attached* to this note, which will display automatically on opening.



Congratulations, you have successfully used Physitrack integration.

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 v19.0.4 or higher** on your machines in order to communicate with the iOS / Android application.

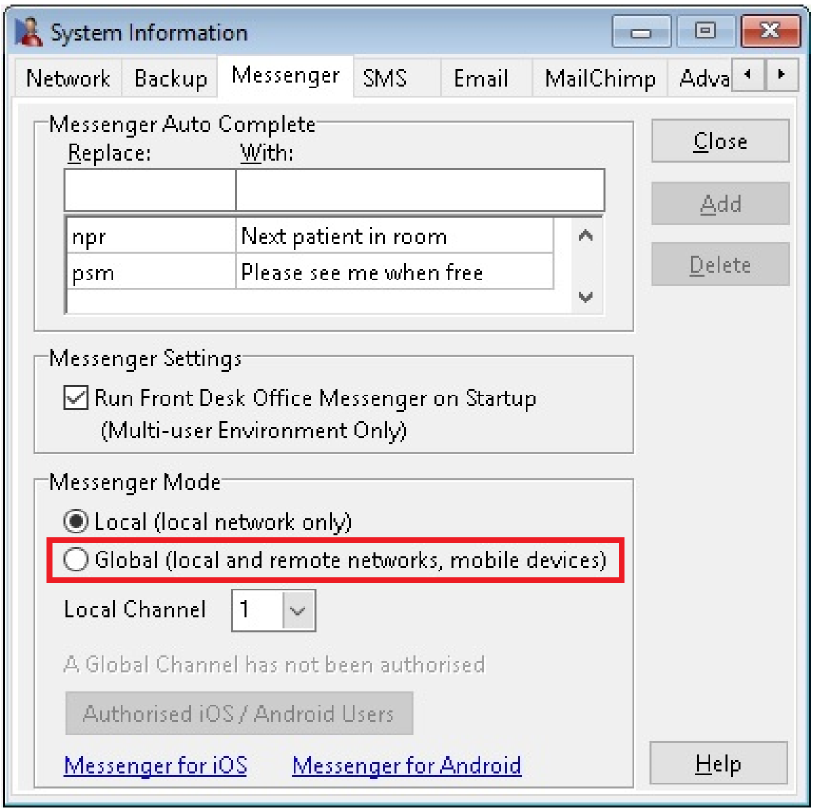
To check the version Front Desk you have installed, go to **Help ► About Front Desk**.

If needed, Front Desk upgrades can be downloaded by logging into your account at: www.smartsoft.com.au/support

Enabling the Global Messenger

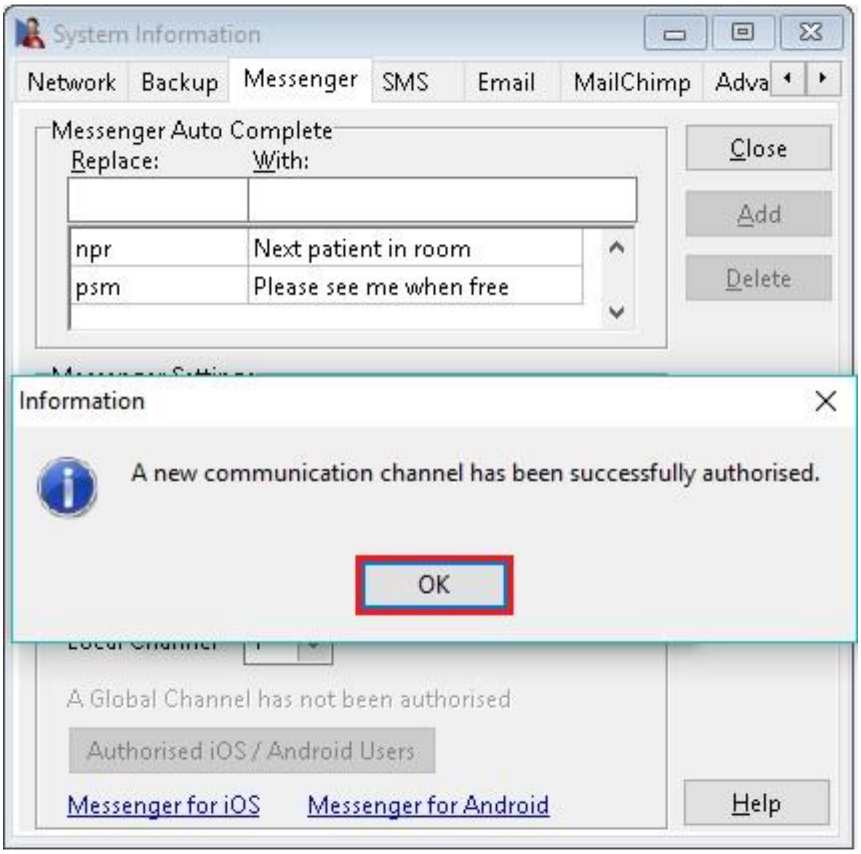
Open Front Desk and select the **Messenger** tab from within **System Information**.

Select the **Global** option to be automatically assigned a channel.



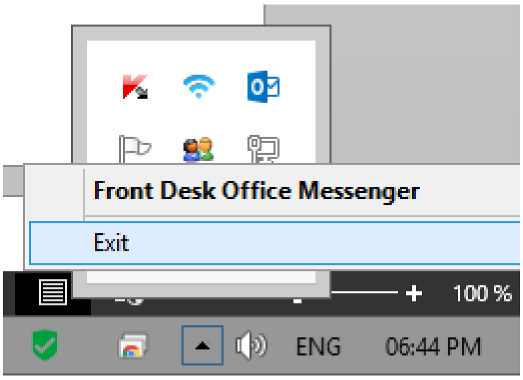
Setup Guide

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.

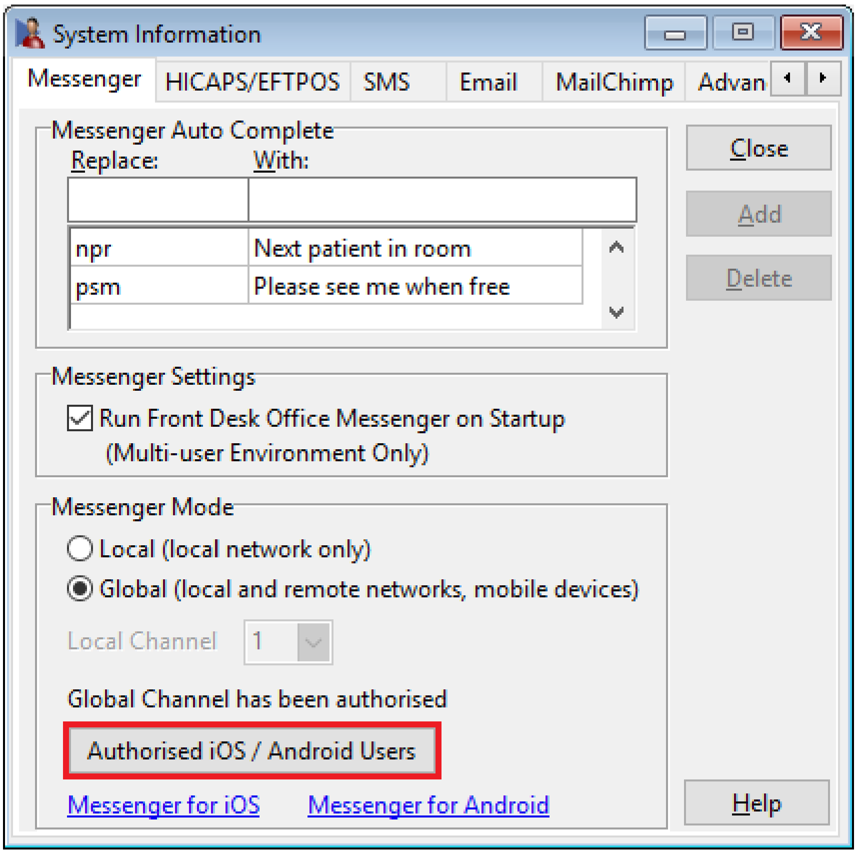


Front Desk Messenger for iOS / Android

Setup Guide

Adding Authorised iOS / Android Users

From the **Messenger** tab of System Information, select the **Authorised iOS / Android Users** button.

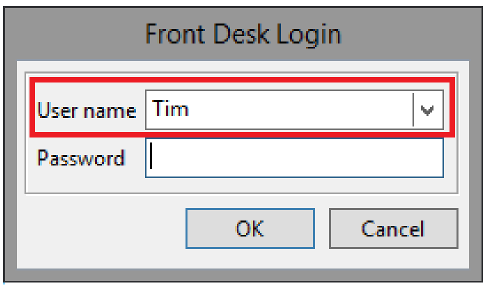


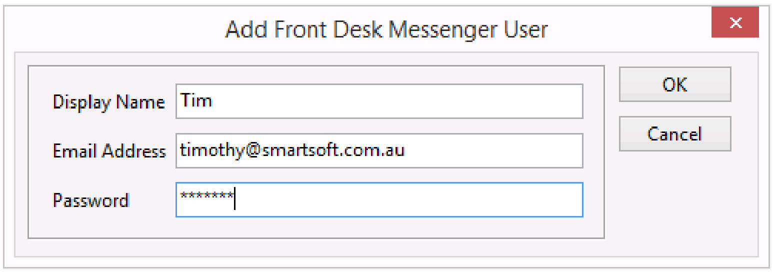
Click **Add User** to create a set of login details for each mobile app user. These details will be used to sign into the iOS / Android app.

<u>Important:</u>

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.





FRONT DESK MESSENGER FOR IOS / ANDROID

Installing the iOS / Android App

<u>iOS devices</u>

On your iPhone or iPad, open the App Store and search for Front Desk Messenger.

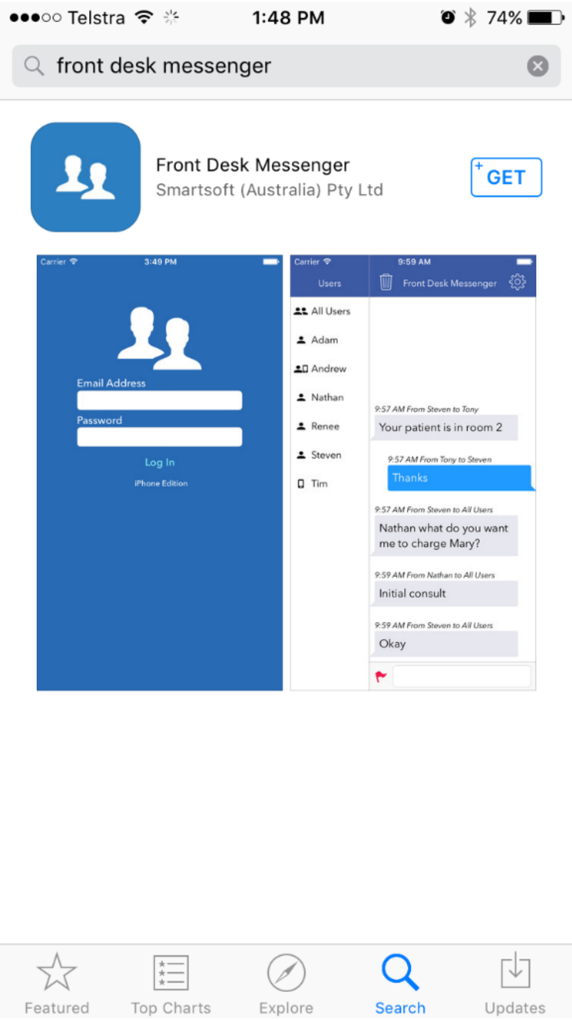
Select **Get** to download and install.

<u>Android devices</u>

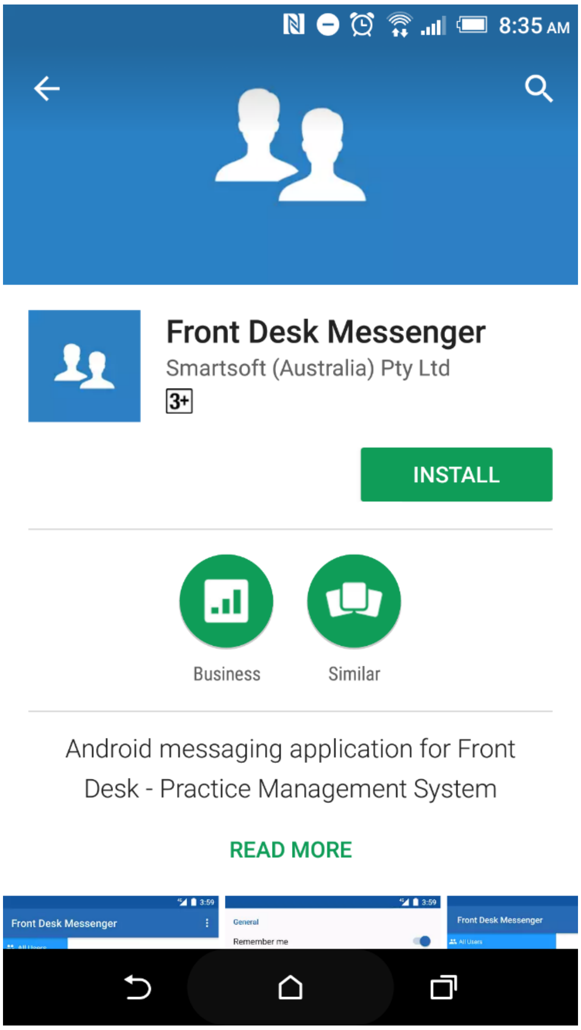
On your Android mobile or tablet, open the Google Play Store and search for Front Desk Messenger.

Open the Front Desk Messenger within the store and click **Install**.

iOS App Store



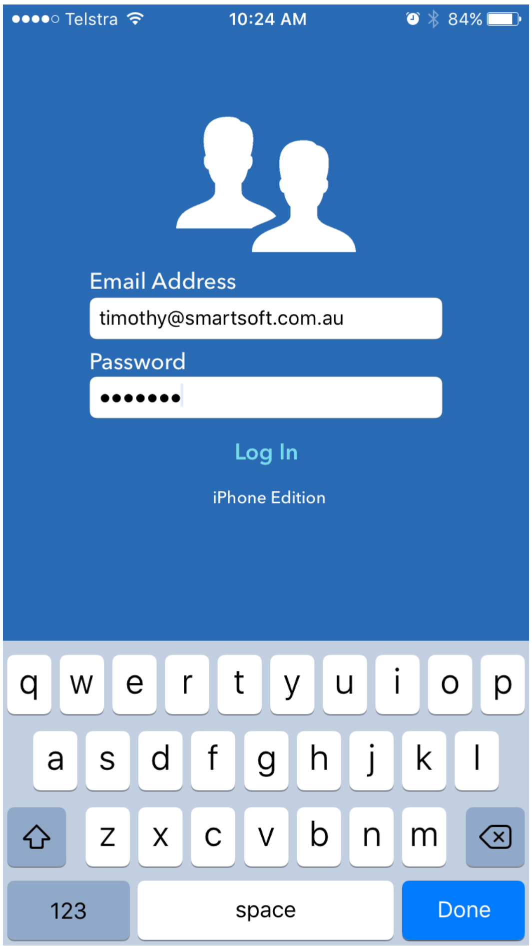
Google Play

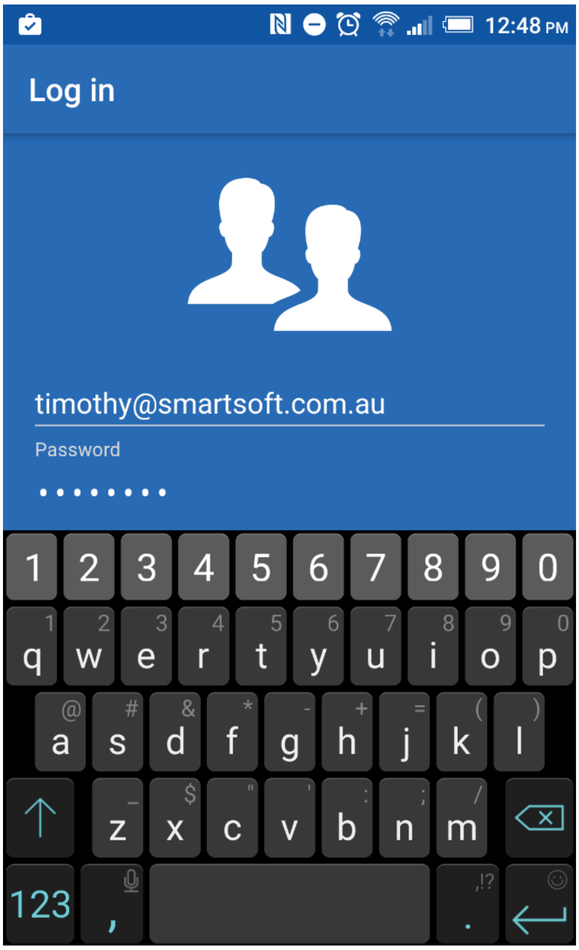


Using the Front Desk Messenger on iOS / Android

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.

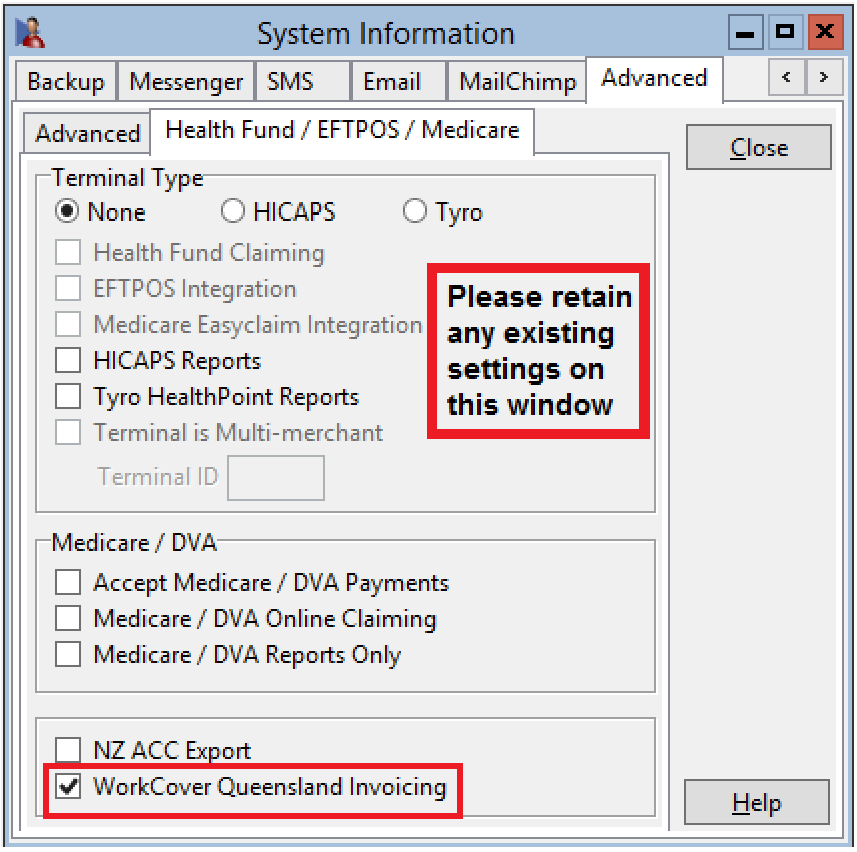
A WorkCover account is required to use this feature. To request an account please send an email with your practice details to providers.providers@workcoverqld.com.au (include reference to 'B2B' in the subject line) to obtain a B2B username/password which you can then add into *Front Desk 2021*.

WorkCover Queensland Invoicing

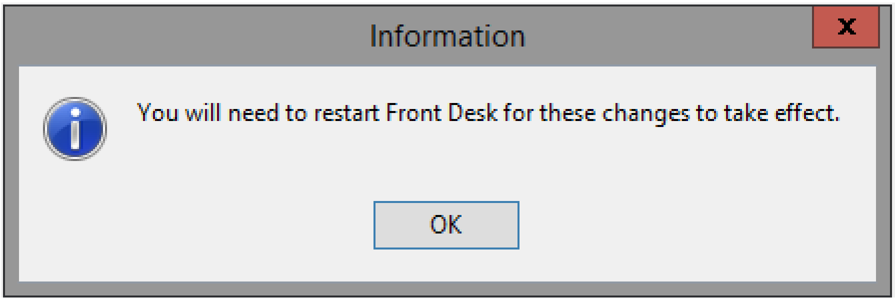
Configuration

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**. <u>Leave any existing settings unchanged</u>.



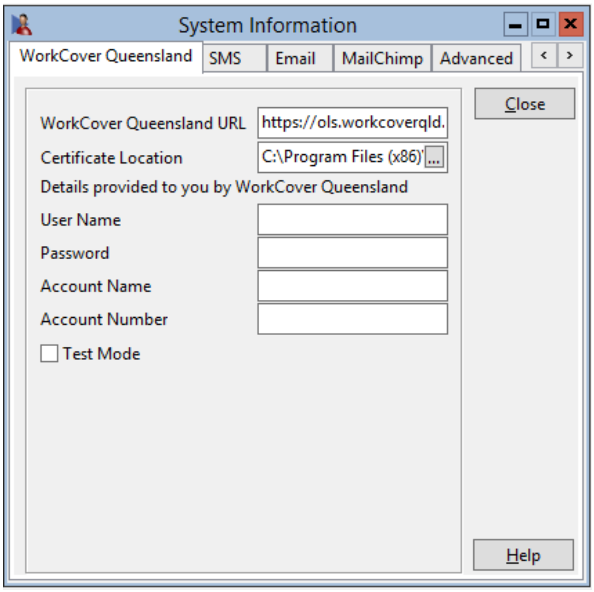
After making this change, you will be asked to restart *Front Desk 2021*.



After a restart, there will be a new **WorkCover Queensland tab** in **System Information**.

WorkCover Queensland Invoicing

Configuration

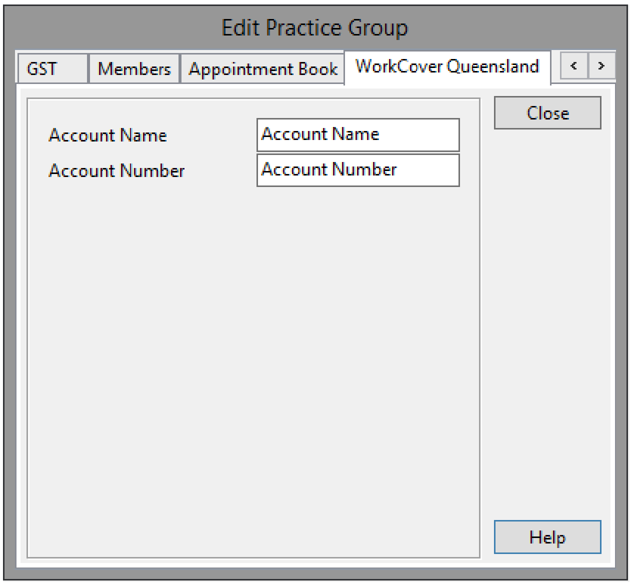


On this page you can enter your User Name, Password, Account Name, and Account Number, **all of which will be provided to you by WorkCover Queensland upon request**.

<u>This initial setup process will need to be replicated on all machines running *Front Desk 2021* that are required to send WorkCover Queensland invoices.</u>

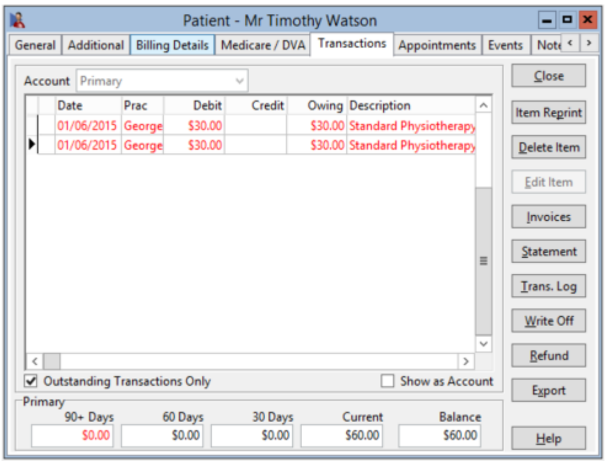
Practice Groups with a custom Australian Business Number

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:

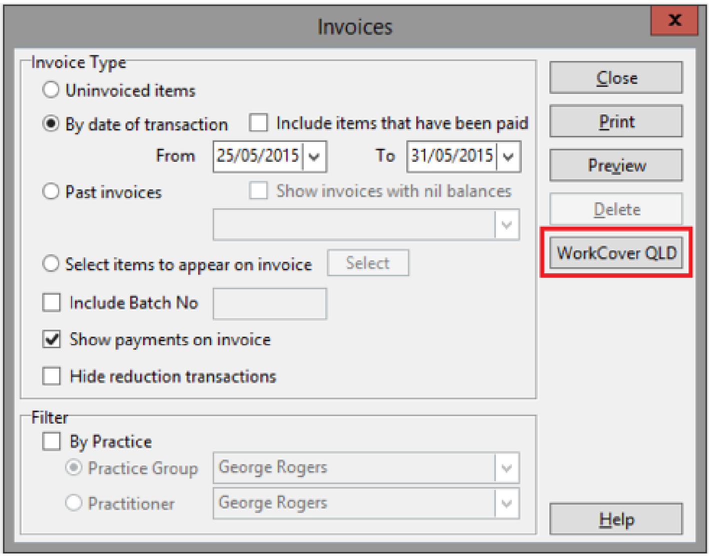


Transmitting Invoices to WorkCover Queensland

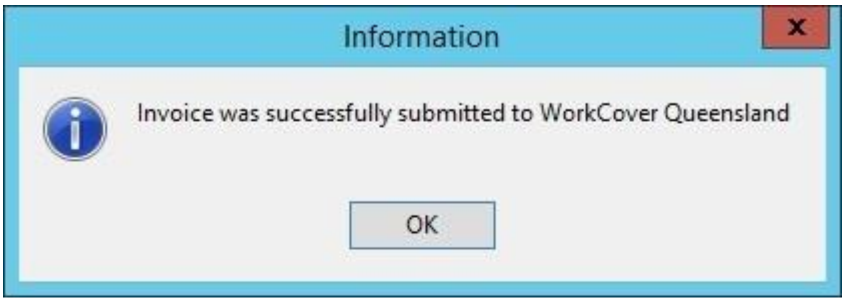
Invoices are generated and transmitted to WorkCover Queensland via the patient's **Transactions** tab. Click **Invoices** to display the **Invoices** window.



Select your **Invoice Type**, and click the **WorkCover QLD** button.



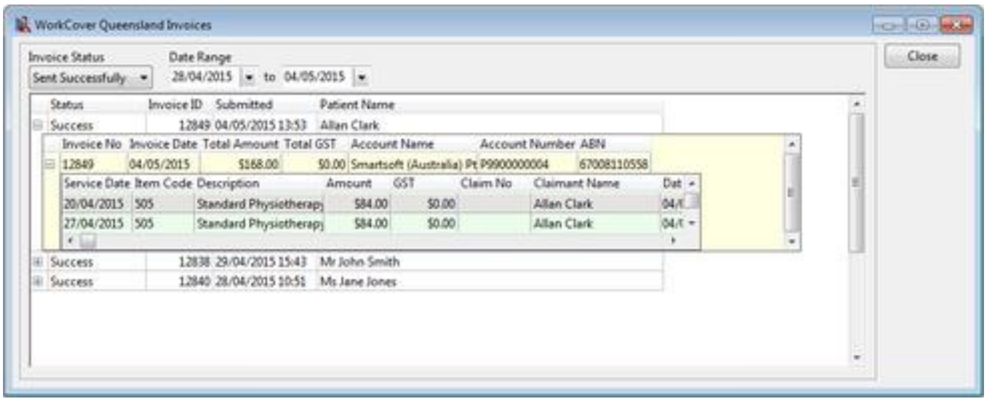
If successful, you will see the following message.



If the invoice submission fails, an error message will be displayed to the user.

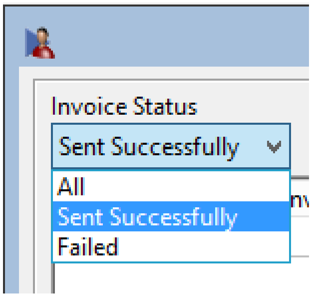
Viewing WorkCover Queensland Invoices

To view details of past invoices, select **WorkCover Queensland Invoices** from the **System** menu.



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.



XERO INTEGRATION

Background

Xero integration allows users to upload Front Desk transactional data to one or more Xero organisations, with three types of integration available: **Daily Summary**, **Detailed** and **Detailed – Single Contact**.

Before using this integration, please note that Xero does not provide any means to reverse an upload made to their system. It is essential that you test your integration using a Xero trial before uploading data to your live (production) Xero organisation. Xero can provide users with a free 30-day trial organisation, which is ideal for this purpose.

Though Smartsoft has provided deep integration with Xero, handling multiple businesses to one or more Xero organisations, including payment breakdowns suitable for real-world reconciliation, there may be situations that require manual adjustments in Xero.

Although we consider the Xero integration to be an industry-best implementation, we provide the integration 'as-is' and users need to assess for themselves whether the integration is suitable for their professional use. Smartsoft does offer paid consulting services for assisted Xero implementation; however, we expect most users will be able to manage their integration and incur no additional costs.

The first steps will be to create a free trial Xero organisation, generate your Xero integration keys, and configure Xero to allow integration with Front Desk. If you are new to Xero, it is essential to work with your accountant or bookkeeper to configure your Xero accounts in a way that suits your accounting and taxation needs. These accounts will then be set in Front Desk to determine where invoices and payments are uploaded within Xero.

Importantly, you will need to decide on your integration mode, which cannot be easily changed in the future. If your accounting for taxation purposes is on a ‘cash-basis’, the **Daily Summary** mode is recommended. If your accounting is based on an ‘accrual’ method, the **Detailed** or **Detailed - Single Contact** modes of integration can be used with the **Detailed - Single Contact** generally recommended. More information about the integration types can be found in this document.

Please note that once an upload from Front Desk to Xero is performed for a date range, you cannot re-sync that period. It is therefore essential that only finalised accounting periods are synced from Front Desk to Xero. Typically, this would be periods from one or more months prior.

Please familiarise yourself with this guide and the **Frequently Asked Questions** before proceeding.

Important Information

Important:

This guide has been written for the Xero integration of the Front Desk – Practice Management System.

To integrate with Xero, you will need:

- Front Desk **v19.0.0** or above.
- The following files, generated from the Smartsoft website (described in Step 3 of this document):
  ss_certificate.cer
  ss_privatekey.pfx
- Your **private key password**, also generated from the Smartsoft website.
- Your Xero account information.

We strongly recommend all users begin with a free trial of Xero, which can be used to verify your setup is correct before uploading on a live account.

Smartsoft Pty Ltd is not responsible for any unwanted changes to your Xero account.

Step 1 - Create a trial Xero organisation

Please begin by creating a free trial organisation in Xero, which can be used to verify your setup. Xero does not allow data to be moved, edited or deleted in bulk if mistakes are made.

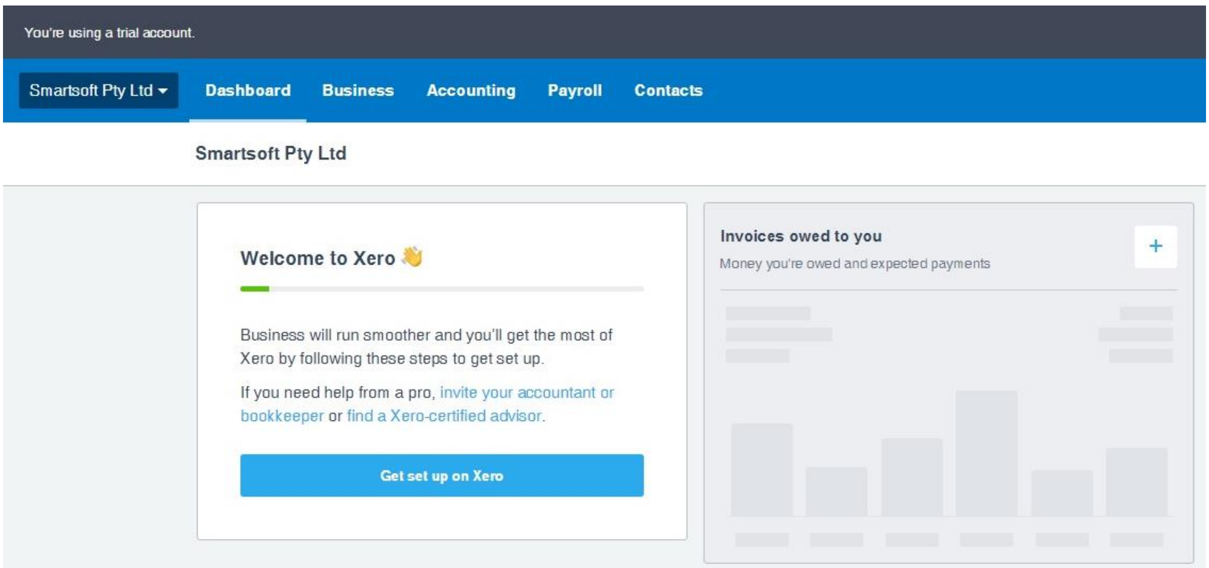
1) Navigate to https://www.xero.com/signup

2) Enter your details and click **Get Started**.

3) Follow the Xero sign-up process to **verify your email**, **create a password** and **activate your account**.

4) Enter your **Organization** details, then click **Start Trial**.

   On completion, you will be directed to your Xero dashboard. Your organisation name should be displayed in the top left of the screen.

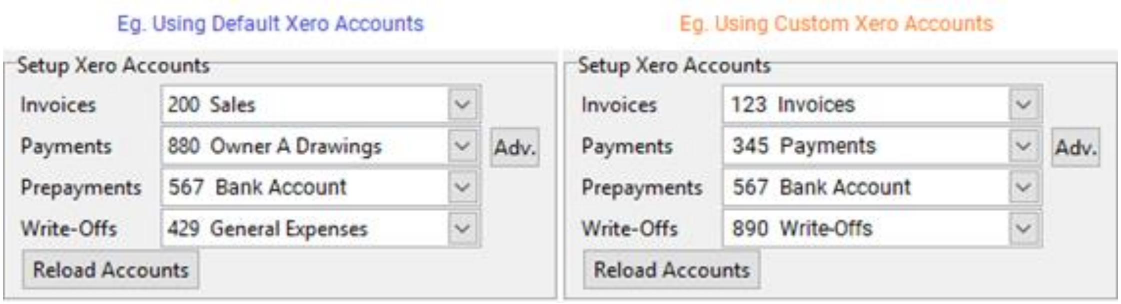


Once you have confirmed your Xero setup using a trial organisation, you can then link to your live account and replicate the setup.

Step 2 - Creating Xero Accounts

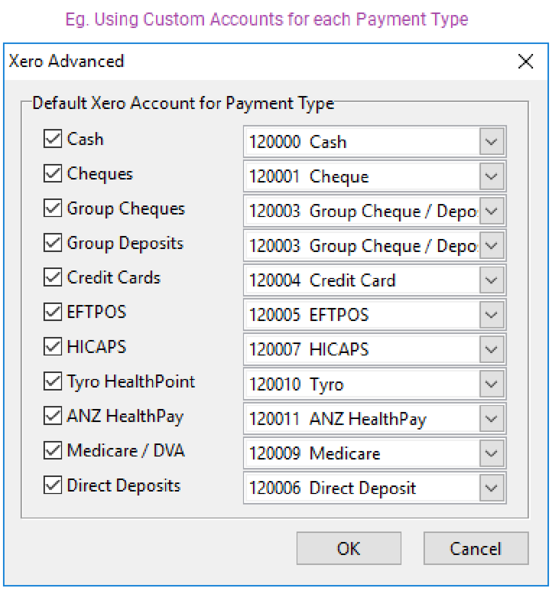
Accounts are an important part of the Xero system and fundamental to the integration with Front Desk. When syncing to Xero, we need to know where Front Desk should upload **Invoices**, **Payments Prepayments** and **Write-Offs**.

Users can upload to the default accounts in Xero **OR** create their own custom accounts.

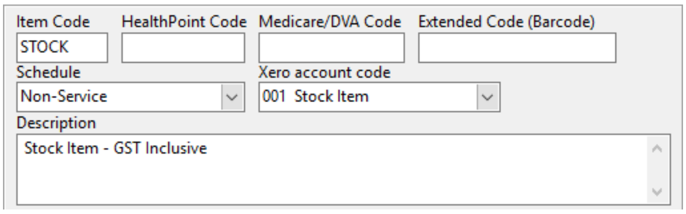


A basic setup will have an account for **Invoices**, **Payments**, **Prepayments** and **Write-Offs**.

Alternatively, users can map an account to each **payment method**:



or assign specific item codes to Xero accounts:

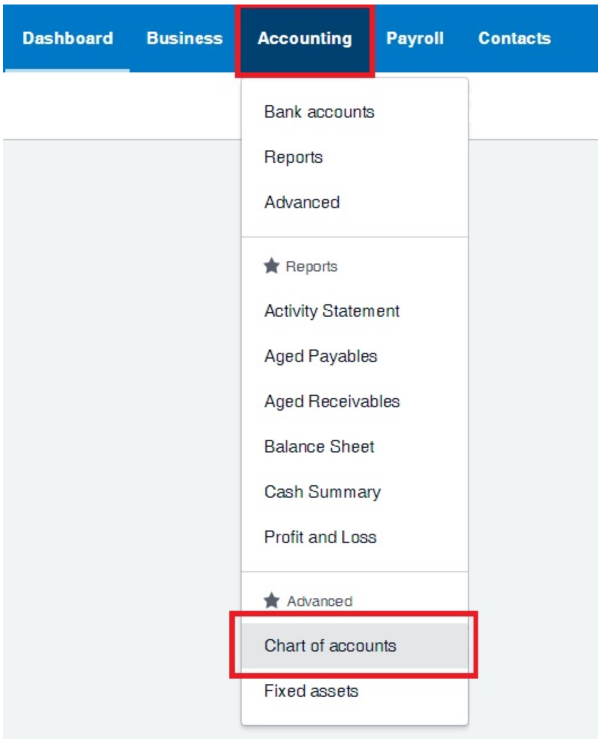


Please refer to your accountant or bookkeeper to determine which Xero configuration best meets your needs.

Step 2 - Creating Xero Accounts

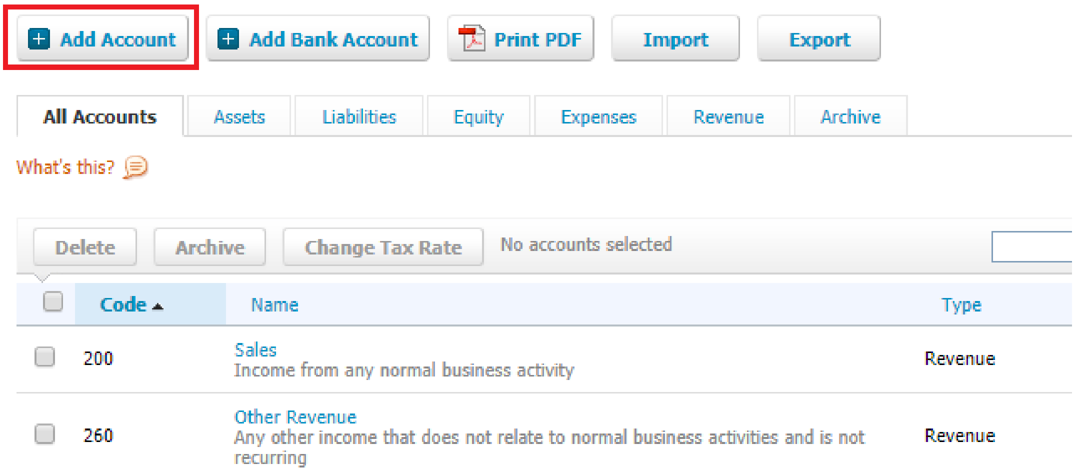
Adding Accounts:

1) From the Xero menu, click **Accounting** and select **Chart of accounts**.



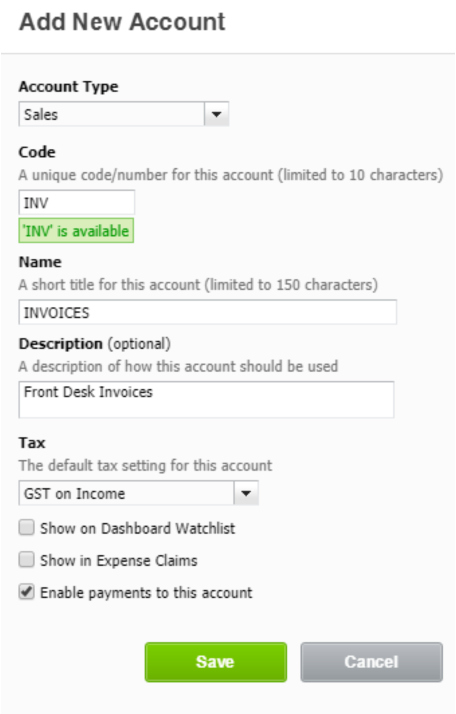
The **Chart of accounts** is used by Xero to categorise transactions, such as those we will be uploading from Front Desk.

2) Click the **Add Account** button.



3) Enter details appropriate to the account, then click **Save**.

Step 2 - Creating Xero Accounts

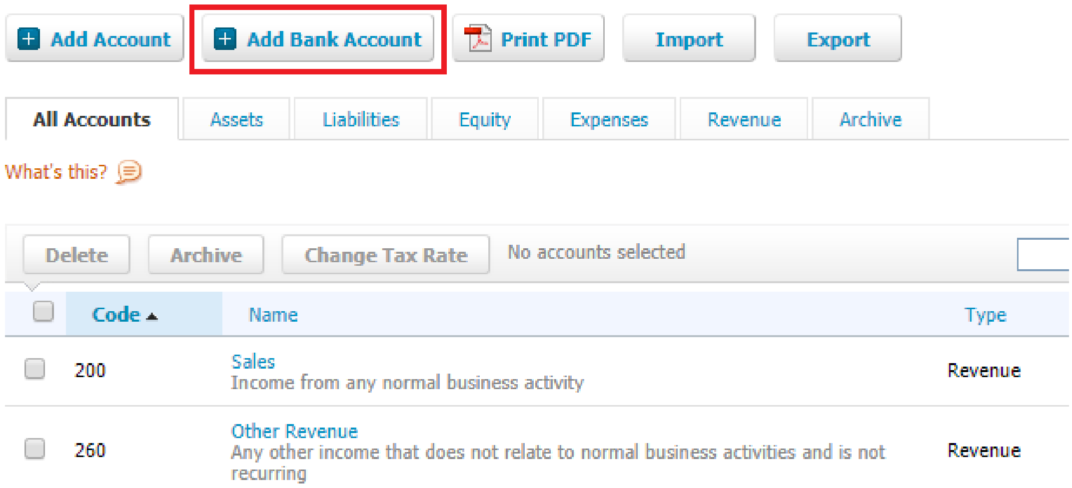


4) Repeat as needed to create additional accounts.

Adding a Bank Account:

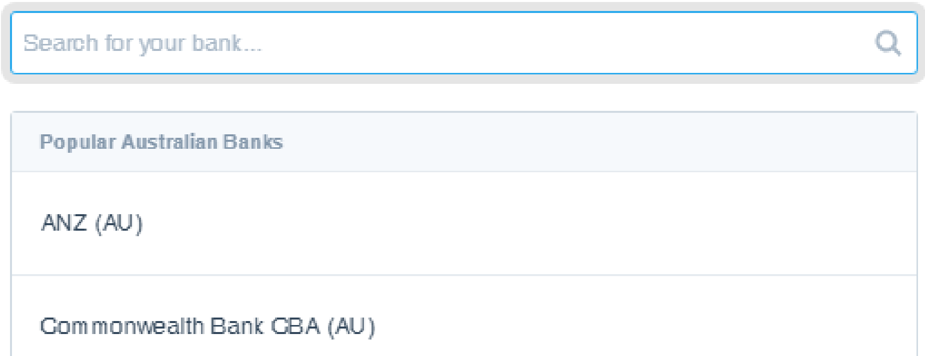
A **bank account** must be added in Xero to upload Unallocated Credits (Prepayments). We recommend the use of bank accounts for all **Payment** uploads, as this allows Xero reconciliation features to be used.

1) Click the **Add Bank Account** button.

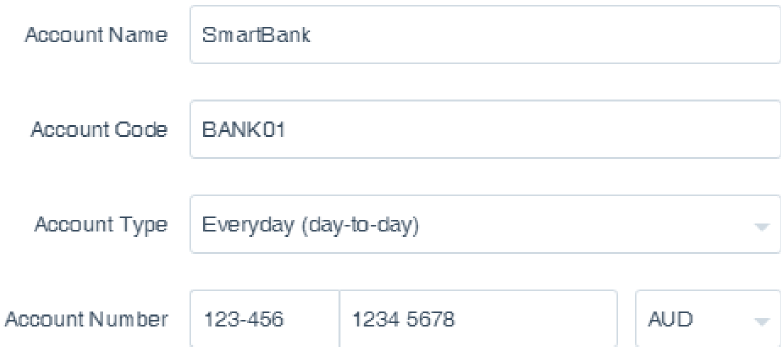


Step 2 - Creating Xero Accounts

2) Select your **Bank**.

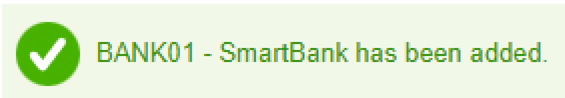


3) Enter your **Account Details**, ensuring that you enter an **Account Code**.



False details can be entered, if you do not want to link your actual bank account, but this may prevent you from using certain Xero features.

4) Click **Continue** to add your bank account.



Step 3 - Generating Xero Integration Keys

Before Front Desk can synchronise with Xero your account needs to be configured for integration. This requires Xero security ‘keys’ which can be generated and downloaded from our website:

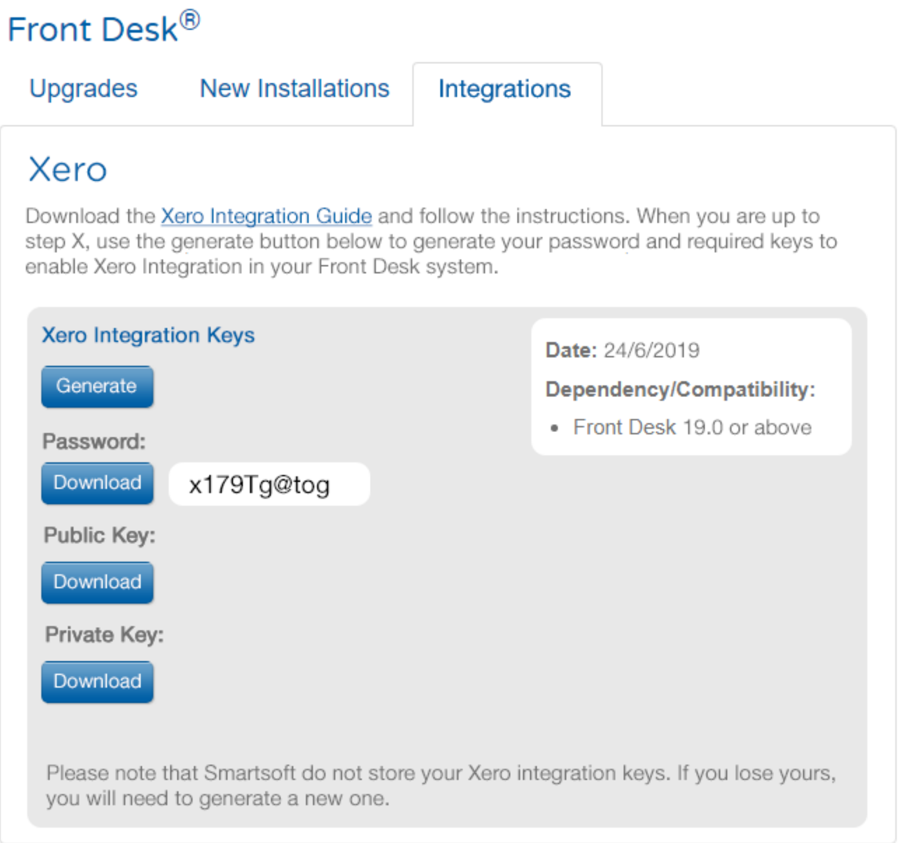
1) Navigate to https://smartsoft.com.au/support/upgrades

2) Log in using your Smartsoft website credentials.

3) Go to the **Integrations** tab and click **Generate**.

4) This will generate a **Public Key** and **Private Key** for you to download.

   Download these files to your **Front Desk 2000** directory.
   C:\Program Files (x86)\Front Desk 2000 or **C:\Program Files\Front Desk 2000**

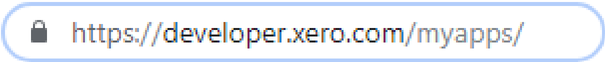


5) The **Password** should also be copied or downloaded, and will be required in **Step 4**.

Step 4 - Configuring Xero to allow integration

This involves registering Front Desk as an '**App**' on your Xero account and uploading the appropriate security certificates.

1) Navigate to https://developer.xero.com/myapps/.

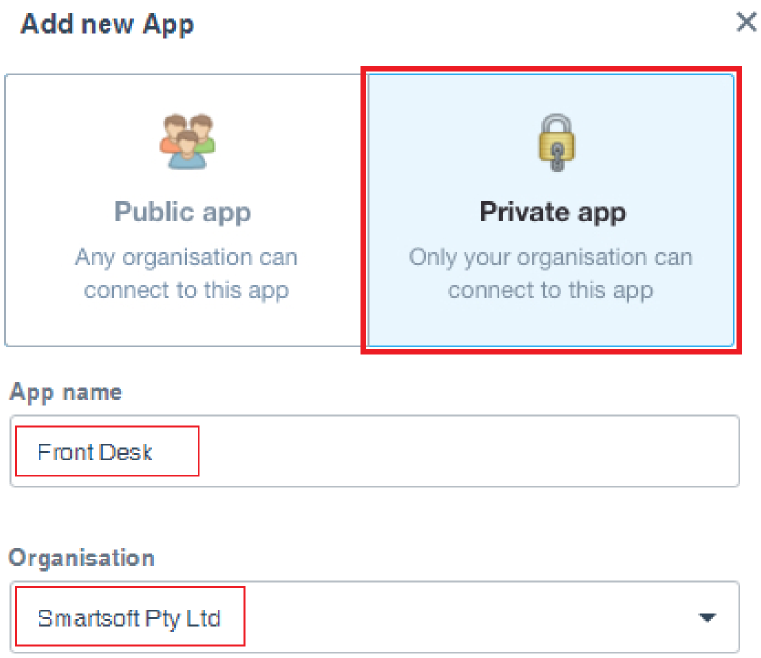


2) Click **New App**.

3) Select **Private app** and enter an **App name**.

4) Select the **Organisation** created for Xero in your initial sign-up.

   We recommend users begin with a trial organisation, before uploading any data into their live Xero organisation.

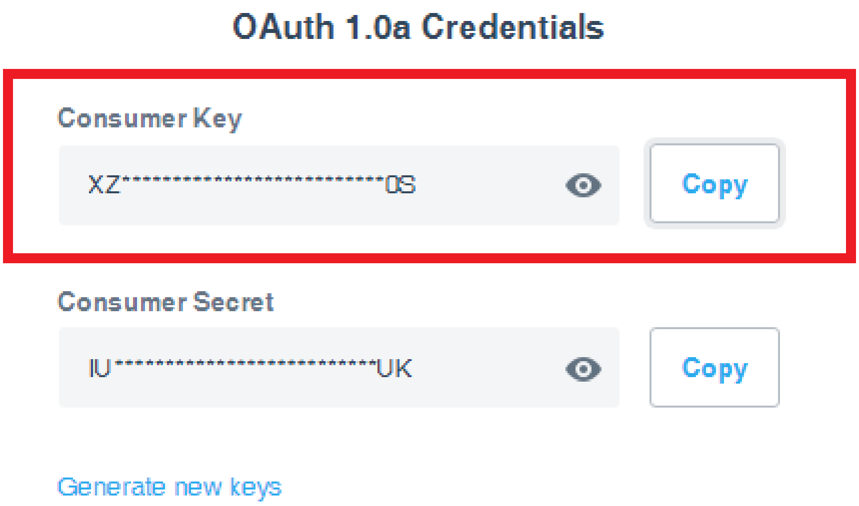


5) In the **Public Key** area, leave the selection on **Upload Certificate File**, then drag-and-drop the **ss_publickey.cer** file you downloaded into the designated area.

Step 4 - Configuring Xero to allow integration

6) Select **Enable Payroll API for this organisation** and then click **Create App**.

7) The following window will display a summary of your authorised 'App' and include your **Consumer Key.**



8) Click the **Copy** button to the right of Consumer Key.

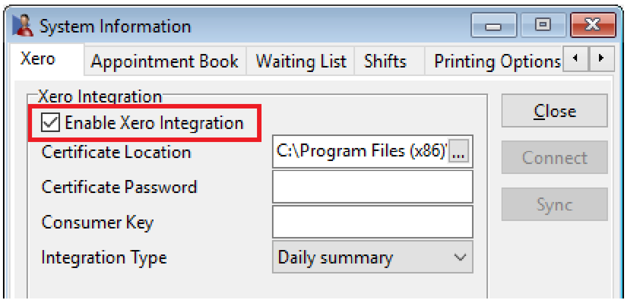
   This will be entered into Front Desk in the following steps. If you lose this key beforehand, please return to https://developer.xero.com/myapps/ to copy the consumer key again.

Step 5 - Enabling Xero integration in Front Desk

1) Open Front Desk and login as the **Admin** user.

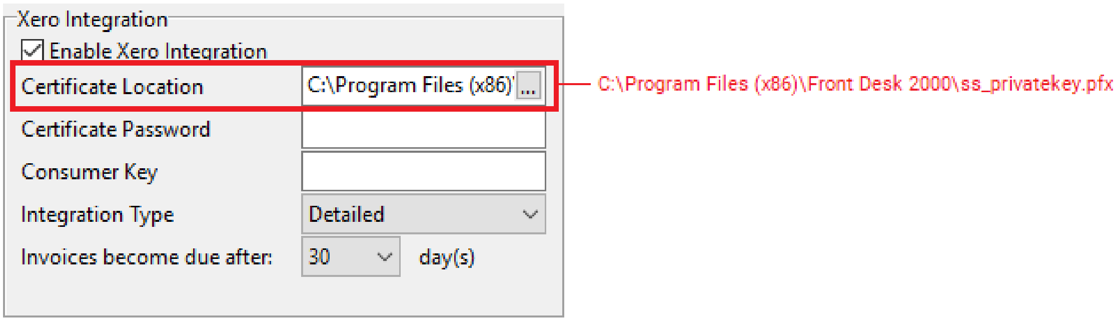
2) Open **System Information** and navigate to the **Xero** tab.

3) Click **Enable Xero Integration**.



4) Click **Browse** to select your **Certificate Location**.

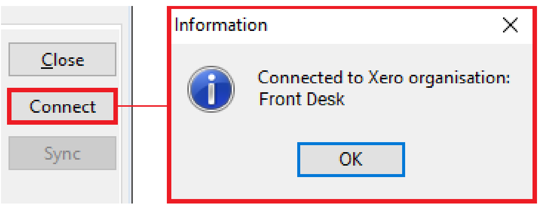
Select the **ss_privatekey.pfx** file you downloaded from the Smartsoft website**,** which should now be in your Front Desk install directory.



5) Enter the **Certificate Password** copied in **Step 3**.

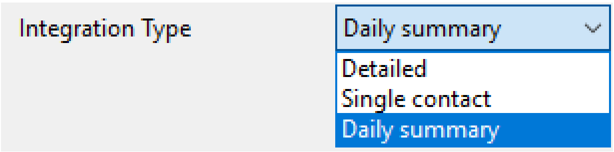
6) Enter the **Consumer Key,** as previously copied from the [Xero Developer Portal](). Refer to **Step 7** of the previous section – 'Configuring Xero to allow integration'.

7) Click the **Connect** button to link Front Desk to your Xero organisation.



Step 6 - Selecting an integration type

It is important that users select the appropriate integration type for their intended Xero usage. The integration type cannot be changed after syncing, and once data has been uploaded to a Xero organisation, it cannot be reversed.
Front Desk has three types of integration with Xero – **Detailed**, **Detailed - Single Contact** and **Daily Summary**.



Type 1: Detailed

This mode of integration will upload each Front Desk patient as a separate **Contact** in Xero**,** with all outstanding and future invoices/payments syncing to each contact.

Please note Xero recommends no more than 10,000 contacts per organisation.

Pros	Cons
• Individual invoices and payments are available in Xero.	• More contacts and invoices can be harder to manage in Xero.
• Outstanding invoices can be tracked in Xero and forwarded to the individual contact.	• Reconciling in Xero can be difficult, as payments are uploaded individually per patient.
• Uploads the most information between Front Desk and Xero.	• Not suitable for practices with higher numbers of patients.
• Suitable for accounting based on accrual.	• Not suitable for accounting on a cash-basis.

Type 2: Detailed - Single Contact (Recommended for accrual accounting users)

This mode of integration will upload all Front Desk transactions to a single 'Front Desk PMS' contact in Xero**,** with all outstanding and future invoices/payments syncing to the one contact.

Each transaction will be uploaded with information to identify the patient it belongs to.

Step 6 - Selecting an integration type

Pros	Cons
• Individual invoices and payments are available in Xero. • All invoices are associated with a single contact, for easier management. • Suitable for accounting based on accrual.	• Invoices cannot be forwarded to clients via Xero. • Reconciling in Xero can be difficult, as payments are uploaded individually per patient. • Not suitable for accounting on a cash-basis.

Type 3: Daily Summary (Highly recommended for most users)

This mode of integration will only upload a summary of payments received. It does not upload individual invoices and payment transactions but instead syncs the totals of each payment method for the day.

E.g. Your received payment totals in Front Desk for **Thursday 10-01-2021** are:

EFTPOS: **$850.00**   CASH: **$200.00**   CARD: **$500.00**

An invoice and payment will be raised in Xero for 10/01/19 for each payment type:

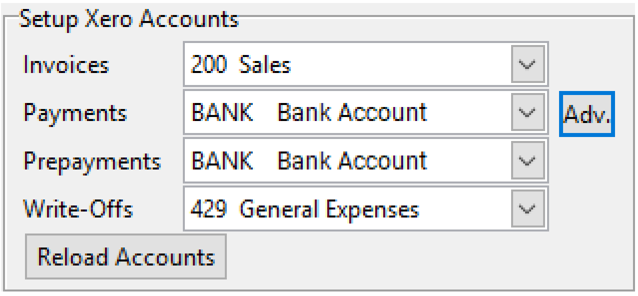
EFTPOS:	**CASH:**	**CREDIT CARD:**
Invoice: $850.00	Invoice: $200.00	Invoice: $500.00
Paid: $850.00	Paid: $200.00	Paid: $500.00

Pros	Cons
• Designed for balancing and reconciliation in Xero. • Invoices and payments are totalled per day per payment method. • Includes smart payment grouping for easy matching against bank statements. • Suitable for accounting on a cash-basis.	• Individual invoice and payment information is not uploaded to Xero. • Write-offs and credits are not uploaded to Xero. • Individual contact information is not uploaded to Xero. • Not suitable for accounting on a cash-basis.

Cheque, direct deposit and Medicare/DVA payments are uploaded as individual payments for improved bank reconciliation in Xero. Payments made via HICAPS, Tyro or ANZ HealthPay integration will upload based on the health fund consolidation settings.

Step 7 - Linking Front Desk to Xero accounts

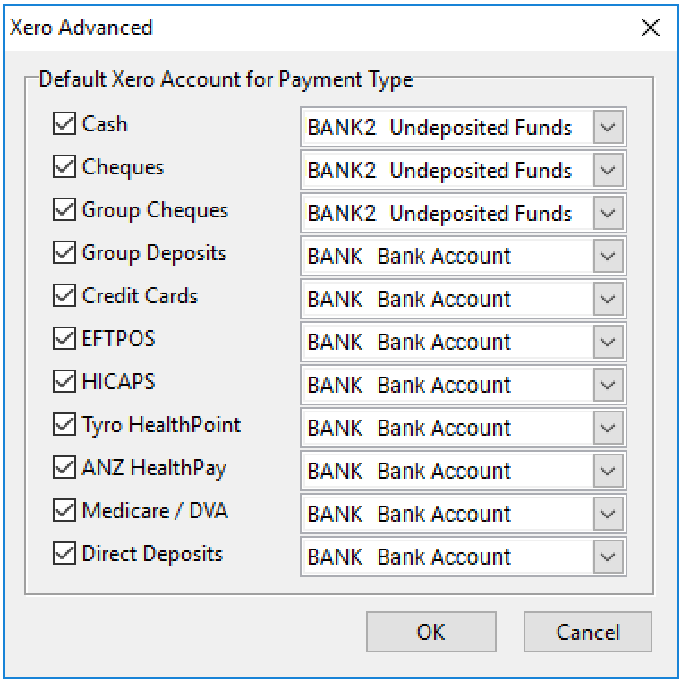
1) In the **Setup Xero Accounts** area, select the account you wish to use when syncing **Invoices**, **Payments**, **Prepayments** and **Write-Offs**.



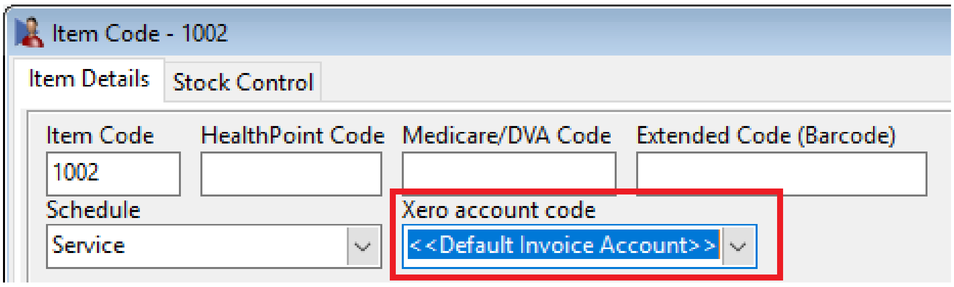
Linking **Payments** to a **Bank Account** is recommended if you wish to use Xero reconciliation features.

2) To nominate a Xero account for each **Payment Method**, click **Advanced** .

If using the **Daily Summary** mode of integration, click **Payment Methods**.



Individual **Item Codes** can also be configured with a Xero account.

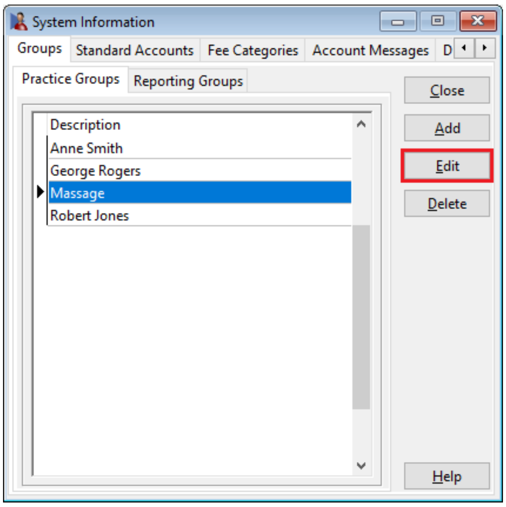


Step 8 - Syncing practice groups to Xero

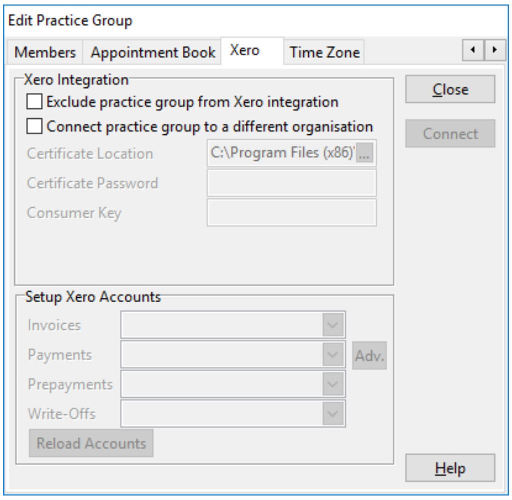
If required, Xero organisations can also be configured per Practice Group. In this case, one or more Practice Group(s) will be associated with a Xero organisation, with the potential to sync to different Xero organisations from one Front Desk database instance.

1) Open **System Information** and navigate to the **Groups** tab.

2) Select the practice group being configured for Xero and click **Edit**.



3) Open the **Xero** tab.



From here, users can:

Exclude practice group from Xero integration.
This will prevent invoices associated with this practice group from being uploaded to Xero.

Connect practice group to a different organisation.
This allows users to connect this practice group to a different Xero organisation. All invoices associated with this practice group will upload to the connected organisation.

Step 9 - Xero integration with multiple locations

If your business operates from multiple physical locations, please ensure you have enabled and configured **Multiple Locations** in Front Desk. This tracks the physical location where payments have been made, and may be required to reconcile payments in both Front Desk and Xero.

1) Login to Front Desk as the '**Admin**' user.

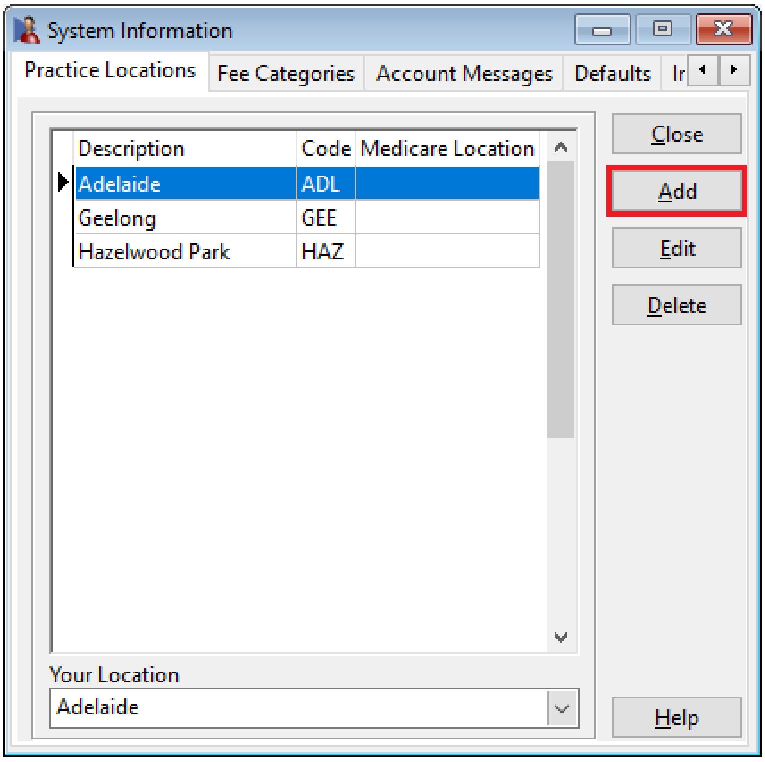
2) Open **System Information** and navigate to the **Advanced** tab.

3) Enable **Multiple Locations**.

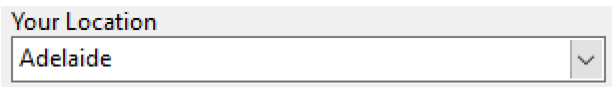
4) **Close** and **Save**, then restart Front Desk.

5) Re-open **System Information** and navigate to the **Practice Locations** tab.

6) Click **Add** to create your physical locations.



7) Set the physical location of each machine under **Your Location**.



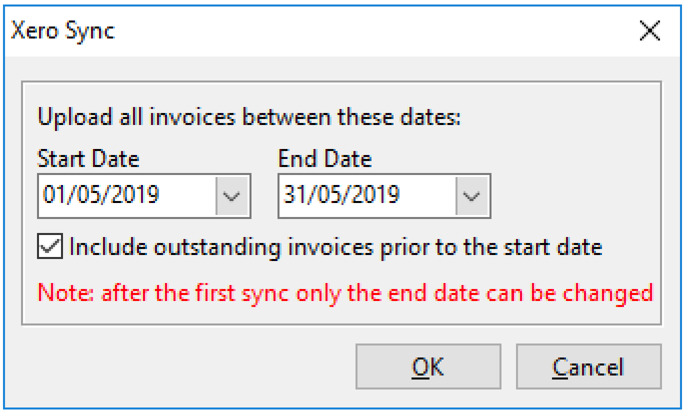
You are now ready to perform your first sync with Xero.

Step 10 - Syncing Front Desk with Xero

1) Open Front Desk and login as the '**Admin**' user.

2) Open **System Information** and navigate to the **Xero** tab.

3) Click **Sync**.



Each time you sync to Xero this **Xero Sync** window will appear.

4) Select the **Start Date** and **End Date** you wish to start syncing all invoices from.
Front Desk will upload all invoices to Xero between the selected dates, both paid and outstanding.

5) Select whether to **Include outstanding invoices prior to the start date**.
With this option enabled, Front Desk will also include outstanding invoices from before the start date.

6) Click **OK**.

Users can return to the **Xero** tab of **System Information** to sync again in the future. Future syncs will automatically update any existing invoices on your Xero account to reflect their changes in Front Desk (edits, deletions, payments, write-offs).

Congratulations, you have successfully used Xero integration.

Please note the integration between Front Desk and Xero is one-way; changes made manually in Xero will NOT be reflected in Front Desk.

Smartsoft cannot provide specific advice or assistance in general accounting or the use of the Xero, including general troubleshooting, payment reconciliation and reporting.

Frequently Asked Questions

I'm not familiar with Xero, how much support can Smartsoft provide?

The Xero integration functionality has been provided on a self-install, self-manage basis. For users that would like an assisted integration setup, Smartsoft can provide professional services to assist with the configuration, setup and use of the Xero integration for the Front Desk product. A link to these services can be found here. The creation and management of your Xero account, including all information uploaded from Front Desk, must be handled by the Front Desk user.

Do I really need to start with a trial organisation in Xero?

We strongly recommend beginning with a trial organisation in Xero. This will allow you to verify your account mapping between Front Desk and Xero, while also confirming the results match your expectations.
If you upload to the wrong account or are not satisfied with the resulting information in Xero, please note it cannot simply be reversed or deleted.

I am ready to sync to my trial organisation in Xero, where should I start?

We recommend you start by syncing a period from several months ago, then verify the results. You should confirm:

- **Invoices** and **Payments** are uploading to the correct accounts.
- Your accounts are balancing as expected for the period.
- If you are connecting to multiple Xero organisations via **Practice Groups**, confirm the split of invoices and payments is accurate.
- The setup of Xero meets the needs of your accountant or bookkeeper.

I'm ready to begin using a live Xero organisation, what should I do?

Prepare your 'live' Xero organisation following **Steps 1-3**, then open a support case on our website for assistance: https://www.smartsoft.com.au/support

Our support staff will help reset your Xero configuration in Front Desk so you can connect to a different organisation and complete **Steps 4-10**.

When should I sync to Xero, and for what date range?

We suggest users only sync **closed** or **verified** accounting periods, where no further changes will be made to your invoices.

It should also be noted that invoices cannot be consolidated or unconsolidated after being uploaded to Xero.

Frequently Asked Questions

Why aren't refunds uploaded to Xero?

Front Desk and Xero have fundamental differences in how 'refunds' are recorded and managed. As this would create inconsistencies, all refunds will need to be added to Xero as a manual adjustment.

Please refer to Xero support or your accountant for how these adjustments should be made.

My Xero balance isn't correct, what should I do?

Depending on your Xero setup there are several reasons your balance might seem inaccurate. For example, if you've split payments across multiple practitioners, and those practitioners are uploading to different Xero organisations, the balance may not reflect as you are expecting.

Another example is that you may bank an amount less than the income shown in Front Desk, due to your collected amount being short at the end of the day.

Smartsoft can only provide limited support in identifying discrepancies and comparing reports or balances. You will first need to locate which invoice is causing the discrepancy before we can assist.

Are there known limitations when integrating with Xero?

Our integration to Xero is highly advanced, but there are still some known limitations.

- After a write-off has been synced to Xero, it can only be removed by manually removing the credit note allocation in Xero and then voiding the credit note.
- Once an unallocated credit has been uploaded to Xero it can only be removed by manually deleting the credit allocation in Xero.
- Refunds are not uploaded to Xero.

Xero does not allow certain actions via integration, which is why they need to be completed manually.

I've made changes to a previously synced accounting period, what should I do?

In the **Detailed** and **Detailed - Single Contact** modes of integration, we are actively searching for changes to previously uploaded invoices with each sync. This means, if you edit an invoice in Front Desk and that invoice was previously uploaded to Xero, we will attempt to update that invoice in Xero to reflect your changes. This is also how we update outstanding invoices to include new payments. If you have added a *new* invoice to a previously synced period, this will be uploaded to Xero the next time you sync.

In **Daily Summary** mode, sync periods are final. Once a period has been uploaded to Xero it is locked and will not reflect any changes made in Front Desk.

In either case, we highly recommend only syncing **closed** and **verified** accounting periods.