



MedicalDirector®
BLUECHIP

Patient Claiming with MedicalDirector Blue Chip

Overview

This article describes the steps required to record, invoice, and submit Patient Claims. The following steps are covered:

1. Add Medicare details and a Practitioner Referral to the Patient Details window.
2. Create a Patient Claim Account.
3. Billing for Fully-Paid Patient Claim.
4. Billing for Part-Paid Patient Claim (gap only).
5. Receipting the Rebate Medicare Cheque.

Patient Claiming is an additional service provided by the practice for the patient; a patient is billed (and pays the bill), and the practice submits the claim to Medicare on the patient's behalf. This process saves the patient having to visit a Medicare Office to collect their rebate - the rebate is paid directly into the patient's bank account if details are lodged with Medicare. If not, a cheque is sent.

There are two Patient Claiming scenarios:

- **Fully-Paid:** The patient pays the invoice in full, and then the claim is submitted to Medicare. Medicare reimburses the patient via the bank details/account provided by the patient, or by cheque. [Covered in Step 3](#)
- **Part-Paid (patient pays the gap only):** The patient is invoiced in full. However, they only make a part-payment to the account (gap payment only). Later, the claim is submitted to Medicare, and Medicare reimburses via a cheque sent to the patient. However, in this instance the payee is the *practitioner*, not the patient – *the patient is required to forward the cheque to the Practice*. [Covered in Step 4](#)

If the cheque is not presented to the Practice within 21 days, the practice should contact the patient.

Medicare periodically conducts searches for cheques that have not been cashed. If after 90 days a cheque has still not been presented to the practice, Medicare will cancel the cheque and credit the Practitioner's account electronically.

Step 1: Patient Details

Overview

A Patient's Medicare card details and Doctor's Referral must be recorded within the Patient Details window, for verification purposes, and to assist with the Patient Claim to Medicare.

Procedure

1. Within MedicalDirector Blue Chip, open the patient's record. The **Patient Details** window appears. Locate the **Medicare** section. Enter the patient's **Medicare Card Number** and **Expiry Date**. This will automatically generate a **Ref** number - modify it if necessary.

2. Click **Verify with Medicare Australia...**
3. If the Patient's name as recorded in Blue Chip differs to that as recorded with Medicare, a prompt appears confirming the difference in name. If this occurs;
 - o Select **Yes** to update the information in MedicalDirector Blue Chip with that on the card.
 - o Select **No** to leave the name in MedicalDirector Blue Chip as-is. This prompt will display for each verification.

Otherwise; you will be prompted with a successful verification.



4. Click **OK**
5. Ensure the **Doctor's Referral** is recorded in the Patient's record.

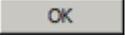
Step 2: Create a Patient Claim Account

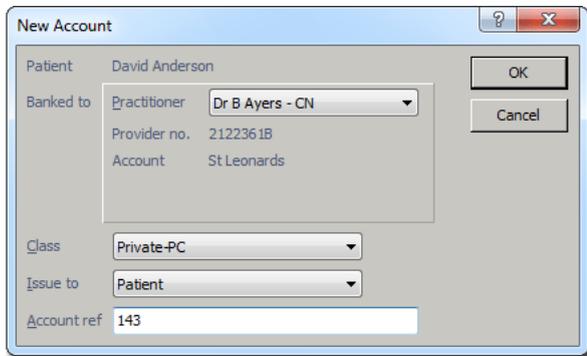
Overview

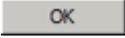
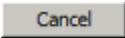
A Patient Claim account is required when you wish to bill a claim for a private patient. You use the Patient Claim account to issue invoices and to submit the claim to Medicare on behalf of the patient.

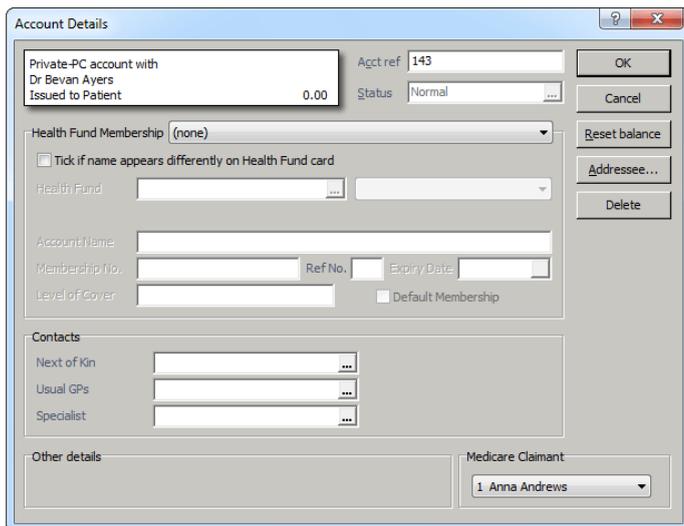
Procedure

1. Within the **Patient Details** window, select the **Accounts** margin menu, and locate an existing **Patient Claim** account.
 - o If one exists, double-click it to open it. Proceed to Step 3.
 - o If one does not exist, create a new account by clicking the **Create New Account** button. Proceed to Step 2.

2. The **New Account** window appears. Select the required Practitioner, Class as 'Patient Claim', and then click 



3. The **Account Details** window appears. Ensure the correct **Practitioner** and **Class (Patient Claim)** has been selected, and click . **Note:** If either the Practitioner or Class has been selected incorrectly, click  to display the New Account window again for correct selection.



4. The new Patient Claim account is added to the list of accounts in the Patient's Record. **Double click** or click  to open the account.

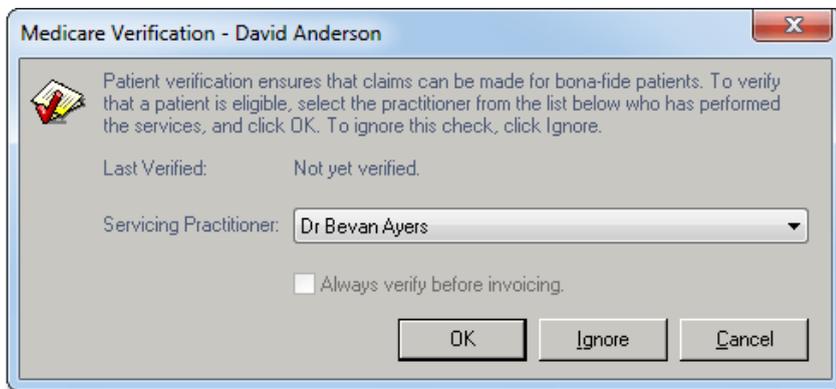
Step 3: Billing for Fully-Paid Patient Claims

Overview

A Fully-Paid Patient Claim is one in which the Patient is invoiced the full amount, and pays in full. Then the Practice provides the service of submitting the claim to Medicare on the Patient's behalf.

Procedure

1. Within the patient's record, select the **Accounts** margin menu, and then locate and double-click the account you wish to bill to. Click **New Invoice** to begin issuing a new invoice.
2. The **Medicare Verification** prompt appears.
 - o Click **OK** if required to verify.
 - o Click **Ignore** if already verified.



3. Select the Service Type if required. There will only be multiple service types if you have pre-configured in setup.

Practitioner: Dr Bevan Ayers - Crows Nest

MD Billing: (None) Service Type: Specialist

Date	Item	Fee	Item Description
25/11/2014	104	75.60	Initial Consultation
25/11/2014			

4. Enter the appropriate **Service Date** and **Item Number** as desired. A Service Item's fee will appear automatically. Ensure the fee is correct.
5. Tab to the **Service Text** field, and then **double-click** the field to reveal the **...** button. Click this to add text for Medicare if required, and then click **OK**.

Repeat steps 4-5 if additional Service Items are required on the invoice.

6. Because the patient is paying this account, click **Add Receipt**.
7. When prompted, select the associated **Referral**, and click **Select**.
8. You will be prompted to enter the date-of-issue for the invoice. The default is the current date, click **OK**.

- The **New Receipt** window appears. Select the **Payment Method Type** (Cash, Cheque, Direct Debit, EFTPOS Manual or EFTPOS Auto (TYRO), Bank/Card Type, and enter the full payment **Amount** from the Patient.

New receipt						receipt	
Payment method							
Type	Name	Bank/Card	Branch/Details	Amount	Eftpos Status		
EFTPOS Manual	David Anderson	VISA		139.15	N/A		
				Total Received	139.15		
Allocations							
Pract	Patient	Service Date	Item	Total Fee	Discount	Owing	Allocate
BA	Anderson, David PPC	25/11/2014	104	75.60	<input type="checkbox"/>	75.60	<input checked="" type="checkbox"/> 75.60
BA	Anderson, David PPC	25/11/2014	53056	63.55	<input type="checkbox"/>	63.55	<input checked="" type="checkbox"/> 63.55

- Allocate the payment amount to the invoice by ticking the check box against each amount owed in the **Allocate** column.

- Click

- You will be prompted to enter the date-of-issue for the receipt. The default is the current date, click

****Important: If your Practice does not use a TYRO Terminal, bypass the next Step and proceed to Step 14****

- If the Practice has a **TYRO** terminal, and has selected a receipt Payment Method of 'EFTPOS Auto', the TYRO terminal (Patient Easyclaim) window will appear. Have the patient swipe their card, select the appropriate account, type and enter their PIN. The online payment process commences and TYRO will print a receipt for the patient.



- The Print Report window will appear. It is recommended to ask the patient **“Would you like me to submit the claim to Medicare on your behalf?”**

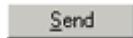
- If **Yes**: Patient does not require copy. Click the **File** button to cancel printing.
- If **No**: Patient decides to claim with Medicare directly. Click the **Print** button to print an invoice/receipt.

- On the Invoice tab, click the Patient Claim button (located bottom-right). The **New Patient Claim** window will appear.

16. Select the required **Refund Method** of payment. The Refund Method selection options are as follows:

- **EFTPOS Card:** If the Patient’s payment is via a card connected to a Savings or Cheque account using a TYRO Terminal, the refund will be reimbursed to the account within 11 seconds.
- **Cheque:** If the Patient’s payment is via a card connected to a Credit Account (Visa, MasterCard) using a TYRO Terminal, or any card via a Merchant Bank Terminal, Cash or Cheque, the claim will be submitted to Medicare. If the Patient has bank details logged with Medicare, the cheque will be overridden, and reimbursement will be made to the provided account. If the Patient has *not* logged bank details with Medicare, Medicare will reimburse via cheque sent to the Patient.
- **EFT (Bank Account Details required):** It is recommended not to use this Refund Method.

17. Select the check box for the Claimant Declaration and click



- The Patient Claim Results window appears. Click . This will transmit the claim to Medicare, where the Patient’s banking details are checked.

Date	Inv No	Item	Description	Amount	Benefit	Error Code	Error Level
25/11/2014	41	104	Initial Consultation	150.00	72.75	0	Acceptable

- If **EFTPOS Card** was selected, and the Patient’s payment was from a Savings or Cheque Account through the TYRO Terminal, the TYRO terminal (Patient Easyclaim) window will re-appear. Have the Patient re-swipe their card, selecting the appropriate account type, and entering their PIN. The online reimburse payment process commences. The Patient will be prompted to accept the claim on the terminal, and then TYRO will print a receipt for the patient. A **Lodgment Advise** prompt will appear to print report if required.

On the Invoice tab, notice that the invoice now has a **Claim ID**, confirming submission. The claim has also been flagged in the Medicare Australia module as a **Finalised Receipt Claim** (hidden as a processed claim).

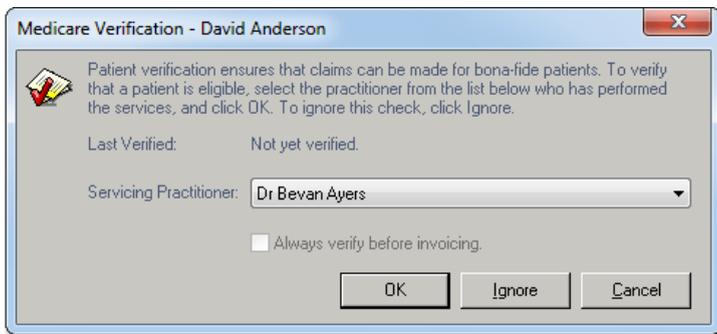
Step 4: Billing for Part-Paid Patient Claims

Overview

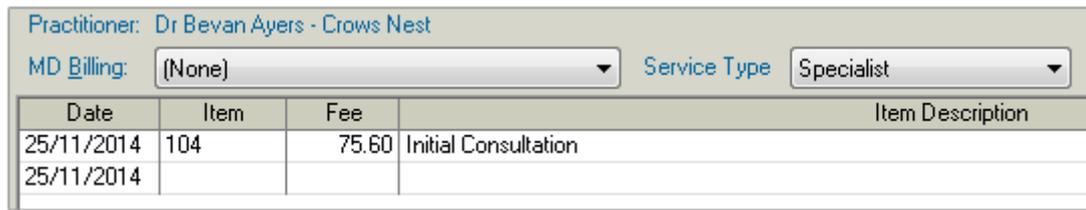
A Patient Claim account is required for billing claims for the Private Patient. The Patient pays part of their account (gap only). Then the Practice provides the service of submitting the claim to Medicare on the Patient’s behalf.

Procedure

1. Within the patient’s record, select the **Accounts** margin menu, and then locate and double-click the account you wish to bill to. Click **New Invoice** to begin issuing a new invoice.
2. The **Medicare Verification** prompt appears.
 - Click **OK** if required to verify.
 - Click **Ignore** if already verified.



3. Select the Service Type if required. There will only be multiple service types if you have pre-configured in setup.



4. Enter the appropriate **Service Date** and **Item Number** as desired. A Service Item’s fee will appear automatically. Ensure the fee is correct.
5. Tab to the **Service Text** field, and then **double-click** the field to reveal the **...** button. Click this to add text for Medicare if required, and then click **OK**

Repeat steps 4-5 if additional Service Items are required on the invoice.

6. Because the patient is paying this account, click **Add Receipt**
7. When prompted, select the associated **Referral**, and click **OK**
8. You will be prompted to enter the date-of-issue for the invoice. The default is the current date, click **OK**

9. The **New Receipt** window appears. Select the **Payment Method Type** (Cash, Cheque, Direct Debit, EFTPOS Manual or EFTPOS Auto (TYRO), Bank/Card Type, and enter the **Gap Amount** *only* from the Patient.

Type	Name	Bank/Card	Branch/Details	Amount	Eftpos Status
EFTPOS Manual	Terry Evans	VISA		38.45	N/A

Total Received 38.45

Pract	Patient	Service Date	Item	Total Fee	Gap	Discount	Owing	Allocate
GE	Evans, Terry	PPC 21/11/2014	105	75.00	38.45	<input type="checkbox"/>	75.00	<input checked="" type="checkbox"/> 38.45

10. Allocate the invoice to the part payment amount by ticking into the **Owing** tick box in the Allocations area.

11. Click

12. You will be prompted to enter the date-of-issue for the receipt. The default is the current date, click

****Important: If your Practice does not use a TYRO Terminal, bypass the next Step and proceed to Step 15****

13. If the Practice has a **TYRO** terminal and has selected the Receipt Payment Method as EFTPOS Auto, the TYRO terminal (Patient Easyclaim) window will appear. Have the Patient swipe their card, select the appropriate account type and enter their PIN. The online payment process commences and TYRO will print a receipt for the patient.



14. The **Print Report** window will appear. It is recommended to ask the patient **“Would you like me to submit the claim to Medicare on your behalf?”**

- If **Yes**: Patient does not require copy. Click the **File** button to cancel printing.
- If **No**: Patient decides to claim with Medicare directly. Click the **Print** button to print an invoice/receipt.

15. On the Invoice tab, click the Patient Claim button (located at the bottom right). The **New Patient Claim** window will appear.

16. The default (and only) **Refund Method** available is **Cheque**, due to the Patient’s part payment; Medicare will reimburse by a cheque that is sent to the Patient, with the Payee the Practitioner. The Patient is required to forward the cheque to the Practice.

17. Select the check box for the **Claimant Declaration** and click

New Patient Claim for Mr David Anderson

Invoice/Payment Details:
 Invoice No.: 41 [View Invoice Items](#)
 Invoice Amount: \$139.15 Amount Paid By Patient: \$139.15 (Paid in Full)

Claimant: Mr David Anderson (Patient)

Refund Method:
 EFTPOS Card
 Cheque
 EFT (Bank Account Details required)

Address Details:
 Addressee: Mr David Anderson Use Medicare Address
 Address:
 Suburb/Town: VIC
 Phone (Bus.): Update Addressee Record

EFT Details: Use Medicare EFT Details
 Account Name:
 BSB:
 Account Number:

Claimant Declaration:
 The Claimant has read and agreed to the terms of the "Claimant Declaration"
[Print Claimant Declaration](#)

18. The Patient claim Results window appears. Click **Accept Claim**. This will transmit the claim to Medicare.

Medicare Australia - Patient Claim Results

Claim Details:

Claim ID:	PC00043	(BCP0000021112014152302)	Claim Total:	\$75.00
Claim Date:	21 Nov 2014	(Submitted: 21/11/2014 at 3:23 pm)	Patient Contribution:	\$38.45
Patient Name:	Mr Terry Evans		Benefit:	\$36.55
Patient Medicare No.:	2293 65939 3 1		Payment Type:	Cheque
Claimant Name:	Mr Terry Evans		Claim Error Code:	No Errors
Claimant Medicare No.:	2293 65939 3 1		Claim Error Level:	Acceptable

Claim Items:

Date	Inv No	Item	Description	Amount	Benefit	Error Code	Error Level
21/11/2014	204	105	Subsequent Consultation	75.00	36.55	0	Acceptable

Error Code/Description:
This item has been accepted with no recorded error.

Accept Claim **Cancel Claim**

19. A **Lodgment Advise** prompt will appear to print report if required.

Blue Chip

A Lodgement Advice must accompany this claim. Print this report now ?

Yes **No**

20. On the **Invoice** tab, the invoice indicates a **Claim ID** confirming submission and a rebate balance outstanding to the Practitioner.

Debtors Balance: **36.55** **Credits Balance:** **0.00** **Balance:** **36.55**

The claim has also generated into the **Medicare Australia** module with a **Successful** Status. The Patient Claim appears on the current date range window waiting for Medicare Rebate Cheque.

Claim Selection:

From Date: 7/11/2014 To Date: 21/11/2014 Claim Type: All

Exclude Finalised Claims

Payee Rooms:

- Dr Bevan Ayers - Crows Nest (212236 1B)
- Dr Bevan Ayers - St Vincents (212236 1B)
- Dr Gisele Emmett - Crows Nest (2413621Y)
- Dr Raymond Terrace - Cosmetics (2054781W)
- Dr Raymond Terrace - Radiation Oncology (2054781W)

Refresh

Date	Claim ID	Claim Type	Room	Vouchers	Total	Status
21/11/2014	PC00043	Patient Claim	Dr Gisele Emmett - Crows Nest (2413621Y)	1	75.00	Successful
17/11/2014	IMC00038	Eclipse	Dr Bevan Ayers - Crows Nest (212236 1B)	1	40.40	Awaiting Submission

Step 5: Receipting a Rebate Medicare Cheque

Overview

When a Rebate Medicare Cheque from a Part Payment (gap only) Patient Claim Account is received, the cheque is to be receipted into the Patient Profile, Patient Claim Account. This will balance the Patient's account and generate the payment into the Practitioner's banking.

Procedure

1. Within the Patient Claim Account; access the **Receipt** tab and click **New Receipt** to issue the receipt.
2. The **New Receipt** window will appear. Select the **Payment Method Type** as **Cheque**, **Name** (Medicare Details), **Bank/Card Type**, and enter the **Amount** on the cheque.

The screenshot shows the 'New receipt' window with the following data:

Type	Name	Bank/Card	Branch/Details	Amount	Eftpos Status
Cheque	Medicare Australia CHQ# 00007876567999	CBA		36.55	N/A

Total Received: 36.55

Pract	Patient	Service Date	Item	Total Fee	Gap	Discount	Owing	Allocate	
GE	Evans, Terry	PPC	21/11/2014	105	75.00	38.45	<input type="checkbox"/>	36.55	<input checked="" type="checkbox"/>

3. Allocate the owing amount to the rebate payment amount by ticking the **Allocate** check box in the Allocations area.
4. Click **Issue**
5. You will be prompted to enter the date-of-issue for the receipt. The default is the current date, click **OK**
6. A Confirmation prompt will appear. Click **Yes** to set the Medicare Status for the Patient Claim to **Finalised (Receipted)** claim in the Medicare Module. The claim will no longer appear.

Confirm

This receipt contains items that have been submitted to Medicare Australia in Patient Claims. Do you want set the status of the associated Patient Claims to "Finalised (Receipted)" ?

Yes No Cancel

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