# SUNIX Vision Medicare (Web Services)
# User Guide

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# Outline

This document contains instructions to set up SUNIX Vision with Medicare Web Services.

# Table of Contents

# Setup Provider

- The **optometrists** will need to have a [PRODA](#) **Individual account**
  - PRODA (Provider Digital Access)
    [How to register for an Individual account](#)
    At [Step 3 - Match existing services](#), link your PRODA individual account to the **Medicare Online service**

Go to Maintenance, Optometrist/Doctor's Details. For every optometrist in the practice, set up both the Servicing Provider No and Payee Provider No.
*(For multiple branch setup, each optometrist must have a different Optometrist code for each location so that each Optom Code will have the provider number for that location)*

# Changing Provider Numbers

The following procedure can be used when an optometrist needs to change provider numbers. It is recommended to leave some buffer time between using the old and new provider number.

## Before changing Provider Number

- Ensure that all claims that need to be submitted on the old provider number have been submitted.
- All reports for claims on the old provider should be downloaded
- For newly created items that should be submitted on the new provider number, these items can be created but must NOT be claimed yet. Ensure that items for the different provider numbers are not in the same batch.

## Change Provider Number

Go to Maintenance, Optometrist/Doctor's Details, select the optometrists and modify the pr
vider number.

## After changing Provider Number

- Claims for the new provider number can be submitted
- Reports for the new provider can be downloaded

## Troubleshooting

If you need to use medicare with the old provider number then you should contact SUNIX to work out the best solution to meet your exact requirements.

# Patient Verification

# Medicare Number validation

Please Click [V] Button to validate



( Option ) Enter Service Date



Result :



Code : 0 – No Problem Found



Code : Error Code
Text : RAW text return from Medicare



Result with update information
Code : Error Code
Text : RAW text return from Medicare
Update Medicare Number Button : Click to update Patient Medicare Number and Reference Number

# Veteran Number validation

Please Click [V] Button to validation



Result



Code : 0 – No Problem Found



Code : Error Code

Text  : RAW text return from Medicare



Result with update information

Code : Error Code

Text  : RAW text return from Medicare

Update Veteran Number Button : Click to update Patient Veteran Number

# Medicare Bulk Billing ( MC )

## Entering Medicare Bulk Billing

1. At the Patient Details screen, the patient must have the Medicare Number (including the Medicare Ref/Pos number next to it) and Date of Birth entered.

2. From the Consultation screen, you can create a Medicare Bill by clicking onto "Consult" at the top menu and then "Create Medicare Consultation Billing", or press Ctrl M.

3. *Alternatively, without going through the Consultation screen, go directly to the Billing screen to manually create a Bill and type in "M" for Medicare at the "By" column, and then the Item No.*

4. At Print, select "Medicare Online – Direct Bill Assignment Advice". This will default to one copy, for the patient.

## Enter claiming item additional information

The additional information applies to Medicare, Veteran and Patient Claim



In the billing screen
Press [Ctrl+F12] or [Extra Info] to open additional information page

## Additional Information Page ( billing )



Press [More Detail] to show all options in the billing.

Press [Detail] to show claim item additional information page

## Addition Information [Full Item]

Additional Information Page ( claim item )



Transaction ID is the ID for Medicare

Click button [More Detail] to show full menu


Item information [Full Item]

# Submitting Medicare Bulk Billing

1. In Bulk Billing/Payment under Financial, select Medicare

2. Check through the Transaction. If there is any error, go back to the Patient's Bill/Pay screen to fix it, and then go back to the Bulk Billings Transaction which will then re-calculate the totals.

3. Close Medicare Bulk Billing Period.

4. Make sure Internet is connected

5. Click onto "Medicare Online" and then "Submit Claims via Medicare Online".

6. Tick the optometrist(s) you want to send and click OK. (If there are more than 30 bills for an optometrist, Vision will automatically break up the bills into multiple claims).

7. A Medicare Online Send/Receive screen will come up. After the claims have transmitted successfully, the Transmission screen will disappear. (If any error messages come up, please contact SUNIX).

8. Then you click onto "Medicare Online" again, and the "Download Medicare Online Reports" button to see if there is any report(s) for the claim that you sent one or more days ago.

# Processing Report

### Direct Bill Processing Report B00296 - A0003@ - LCSF

| Servicing Provider | 2436761X | Transaction ID : SUN00000829B45600440483D |
|---|---|---|
| Benefit Claim $ | 59.20 | |
| Benefit Assign $ | 29.60 | |

| SId | Patient-Name | Medicare-No | IRN | Item Number | Date of Service | Benefit Claim $ | Benefit Assign $ | Card Flag | Code | Explaination |
|---|---|---|---|---|---|---|---|---|---|---|
| 0001 | Haynes, Gertrude | 3950747581 | 1 | 10916 | / / | 29.60 | 29.60 | | | |
| 0002 | Haynes, Gertrude | 3950747581 | 1 | 10918 | / / | 29.60 | 0.00 | | 179 | Benefit not payable - associated service already paid |
| | | | | | Total $ | 59.20 | 29.60 | | | |

Processing report shows that your claim is successful
Claim Reference Number: SUN00000829B45600440483D

First item 10916     , which is successful, it has $29.6 benefit
Second item 10918    , which is rejected ,    it has reject explan code 179

ACTION :
Transfer Item 2 to current period to a new period.,
Adjusting rejected claims and Re-Submit.

# Payment Report

### Medicare Bulk Bill Payment Report

| Payment Date: | 05/08/2021 |
|---|---|
| Run Number: | 637 |
| Deposit Amount $ | 296.90 |
| Bank details: | 062914.*****6552 |
| | DR FARRELL |

| Bulk Billing No: | Pay Prov No: | Claim Id : | Claim Date: | Claim Benefit Paid $ |
|---|---|---|---|---|
| B00294 | 2436751Y | A0001@ | 04/08/2021 | 29.60 |
| Transaction ID : SUN000006D4159915B224736 | | | | |
| B00296 | 2436751Y | A0003@ | 04/08/2021 | 29.60 |
| Transaction ID : SUN00000829B45600440483D | | | | |
| B00297 | 2436751Y | A0004@ | 04/08/2021 | 29.60 |
| Transaction ID : SUN000006CA1A5A4E87E4DAC | | | | |
| B00298 | 2436751Y | A0005@ | 04/08/2021 | 117.30 |
| Transaction ID : SUN00000A6517650D1564EB3 | | | | |
| B00299 | 2436751Y | A0006@ | 04/08/2021 | 90.80 |
| Transaction ID : SUN00000E58AACD7D0784F4F | | | | |

Payment report shows that your claim Transaction Id : SUN00000829B45600440483D, benefit is $29.6

it shows 5 payments
Run Number : 637
Bank detail : Dr Farrell , BSB 062914, Bank Account Number : xxxxxxx - 6552

# Veteran Affairs Bills ( DVA )

## Entering Veteran Affairs Bills

1. At the Patient Details screen, the patient must have the Veterans Affairs Number at the second box of the Other No (e.g. VX123456 - make sure there is no space in front or in between), and the Date of Birth entered.

2. **Consultation**:

   From the Consultation screen, you can create a Veterans Bill by clicking onto "Consult" at the top menu and then "Create Veterans Consultation Billing", or press Ctrl D.

   *Alternatively, without going through the Consultation screen, you can go directly to the Billing screen to manually create a Bill, type in "V" for Veterans at the "By" column, then Item No.*

   If you need to claim for the distance travelled, go to Maintenance – Item No to create an item for "KM" for "Kilometres travelled"



   Then in the Billing screen, after the consultation line, enter By = V and Item No = KM, then a Claiming Distance screen will come up where you need to enter the KM travelled:

**Dispensing**:

Create the Veterans Affairs Bulk Billing as VJ. If you need to enter the reason for this claim, click onto the "Extra Info" button at the Billing screen:



At the Bulk Billing Batch No screen, click onto the Detail button. Then at the "Veterans Claim" section, right-click onto the "Optical Script" box to bring up the list of reason to select:

3. At Print, select "Medicare Online – Direct Bill Assignment Advice". You will need to print one for the patient to sign, but you do not need to keep the paper copy.

# Submitting Veterans claims



1. In Bulk Billing/Payment under Financial, select 'Veteran – Consult or Veteran – Jobs'

2. Check through the Transactions. If there are any errors, go back to the Patient's Bill/Pay screen to fix it, and then go back to the Bulk Billings Transaction which will re-calculate the totals.

3. Close the Bulk Billing Period.

4. Make sure the Internet is on. Click onto "Online Claim", then "Submit Claims via Medicare Online".

5. Tick the optometrist(s) you want to send and click OK. (If there are more than 30 bills for an optometrist, Vision will automatically break up the bills into multiple claims).

6. A Medicare Online Send/Receive screen will come up. After the claims have transmitted successfully, the Transmission screen will disappear. (If any error messages come up, please contact SUNIX).

7. A day or two after sending the claim(s), you can click onto "Medicare Online", then "Download Online Reports" button to see if there are any reports coming back.

# Processing Report

### Department of Veteran Affairs Processing Report   B00286 - V0001@ - SF

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Servicing Provider | 2436751Y | | Transaction ID : SUN000004FF16AA837514C45 | | | | | | |
| Benefit Claim $ | 109.95 | | | | | | | | |
| Benefit Assign $ | 37.00 | | | | | | | | |

| Acc Ref | Vid | Sid | Patient-Name | Veteran File No | Item Number | Date of Service | Charge Amount $ | Benefit Assign $ | Card Flag | Explan Code | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 01 | 0001 | Jerry, Svetlana | SX900636 | 10916 | 03/08/2021 | 36.65 | 37.00 | | | |
| | 01 | 0002 | Jerry, Svetlana | SX900636 | 10916 | 03/08/2021 | 36.65 | 0.00 | | 162 | Service has been previously paid |
| | 01 | 0003 | Jerry, Svetlana | SX900636 | 10916 | 03/08/2021 | 36.65 | 0.00 | | 162 | Service has been previously paid |
| | | | | | | Total $ | 109.95 | 37.00 | | | |

Processing report shows that your claim is successful
Claim Reference Number: SUN000004FF16AA837514C45

First item 10916        , which is successful, it has $37 benefit
Second item 10916     , which is rejected ,    it has reject explan code 162
Third item 10916      , which is rejected ,    it has reject explan code 162

ACTION :
Please transfer Item 2 and Item 3 to a new period,
Adjusting rejected claims and Re-Submit.

# Payment Report

## Veterans Affairs Payment Report

| | |
|---|---|
| **Payment Date:** | 03/08/2021 |
| **Bulk Billing No:** | B00286 |
| **Run Number:** | 275 |
| **Deposit Amount $** | 156.00 |
| **Bank details:** | 062914.*****6552 |
| | DR FARRELL |

| Claim Id : | Claim Date: | Charge Amt $ | Claim Benefit Paid $ |
|---|---|---|---|
| V0001@ | 03/08/2021 | 109.95 | 37.00 |
| Transaction ID : SUN000004FF16AA837514C45 | | | |
| V0007@ | 13/07/2021 | 185.80 | 119.00 |
| Transaction ID : SUN0000058A51CDE06234CB5 | | | |

Payment report shows that your claim Transaction Id : SUN000004FF16AA837514C45, benefit is $37

it shows 2 payments
Run Number : 275
Bank detail : Dr Farrell , BSB 062914, Bank Account Number : xxxxxxx - 6552

# Medicare Bulk Billing / Veteran Affairs Billing Online Payment
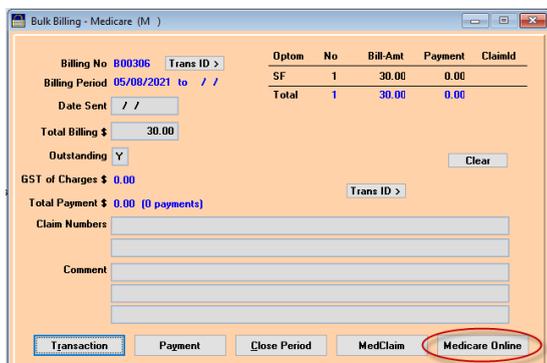


A few more days later, you can click onto "Medicare Online", then "Download Medicare Online Reports" button to see if there is any Payment Report coming back. When a Payment Report is received:

**When the Payment Amount is the same as the Claim Amount**

Vision will automatically create a Bulk Billing Payment record for you. If the original Claim amount was different to the Payment amount, but you have already adjusted the claims to be the same according to the "Cash method" <u>before</u> you receive the Payment report, Vision will also automatically create a Bulk Billing Payment record for you.

**When the Payment Amount is different to the Claim Amount**

● **Cash Method**

You should try to download reports everyday, not once a week. That way, you will receive the Processing report before the Payment report, so it will give you enough time to adjust the claims before you receive the Payment report. But if you did not get a chance to adjust the claims before you receive the Payment report and your Claim amount is still different to the Payment amount, Vision will not automatically create a Payment record for you. Afterwards, if you adjust the claims according to the Cash method, you can then click onto the "Medicare Online button", "List of Medicare Online Claims" to "Create Payment Record".

● **Manual Method**

If the original Claim amount was different to the Payment amount, and you adjusted the claims according to the "Accrual method", then you need to manually create a payment record by clicking "Payment", "New Payment" and tick the ones that are paid and save.

If, for any reason, the Claim amount will not be the same as the Payment amount (e.g. a patient is simply not eligible at all), you also need to manually create a payment record by clicking "Payment", "New Payment" and tick the ones that are paid and save.

# Adjusting rejected claims and Re-Submit

After receiving the Processing Report, you need to check if any claims get rejected. If a patient already had a 10900 in less than 2 years, unlike the manual method, Medicare Online will not automatically pay 10907, but instead, it will just reject it. It is up to the practitioner to adjust the item No (if applicable) and re-submit:

**Cash Method** *(if you are on Cash basis for your Income Tax and GST)*

a. Under the Financial menu, click onto Bulk Billing/Payment - Medicare.
b. Go back to the Billing Period where the patient's rejected claim is.
c. Click onto the Transaction button to bring up the list of claims for that period.
d. Highlight the patient, click onto the "Modify Item-No" button to change the item number and save.
e. With the same patient still highlighted on the list, click onto the "Transfer Selected Entry to Current Period" button. Then click onto Yes to confirm the transfer. This modified claim will then be transferred to the current period where you can submit it together with all the new ones as usual.
f. Repeat the above procedures for all the rejected claims. When finished, the claims that are left in that period should be exactly the same as the ones that are going to get paid in full.

**Accrual Method** *(if you are on Accrual basis for your Income Tax and GST)*

a. Under Financial, click onto Bulk Billing/Payment – Medicare. Click on Prev until you find the period that the payment is for. Write down on a piece of paper what the Billing No is, e.g. B00123.
b. Go to find the patient and the bill
c. Reverse the bill with the rejected item
d. Then create a **NEW** Billing record with the new replacement items. The bill date should be today, the service date should be the date of the original service.
e. That way, the new item remains in the current period ready to be sent. And in the old period's Transaction (not List of Medicare Online Claims), you will see two items that cancel off each other:

| Date | Item No | Amount $ |
|---|---|---|
| Old date | 10910 | 50.00 |
| Today | 10910 | - 50.00 |

# Patient Claim ( PCI )

## Entering Patient Claim

In the billing screen.



There has a button in the billing screen



Chick button [ Patient Claim ], to start Patient Claim process

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The button enable validation check



If Medicare Module enable and the bill contents patient pay consultation item , button enable



If Medicare Module enable, or does not content patient pay consultation item , button disable

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# Submit Patient Claim



- Select Claim Item



It will auto tick all unsent items, you also can un-tick the non-claimable items

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Result : Submit Claim result

There is 5 different type of result , [Blank], Successful, Acceptable, Unacceptable, Deleted

Initial Value


This is initial type , which has not submit claim

Successful Result


This is successful claim, which provide a Statement of Claim and Benefit Payment Report


This is acceptable claim, which is acceptable by Medicare,
and provide a Lodgement Advice Report

Unsuccessful Result


This is deleted claim by Same Day Delete Function , which provide Same Day Report

Medicare Claim Rejected

File Path : c:\sx\v9\forms\wpcionline.sct
User Error Message : {
 "claimAssessment": {
  "medicalEvent": [
   {
    "service": [
     {
      "error": {
       "code": 9628,
       "text": "Referral or request required."
      },
      "id": "0001",
      "assessmentCode": "UNACCEPTABLE_ERROR",
      "chargeAmount": "11315",
      "itemNumber": "304"
     }
    ],
    "eventDate": "2021-08-20",
    "id": "01"
   }
  ],
  "claimId": "SUN0000023082021085721"
 },
 "status": "MEDICARE_REJECTED"
}
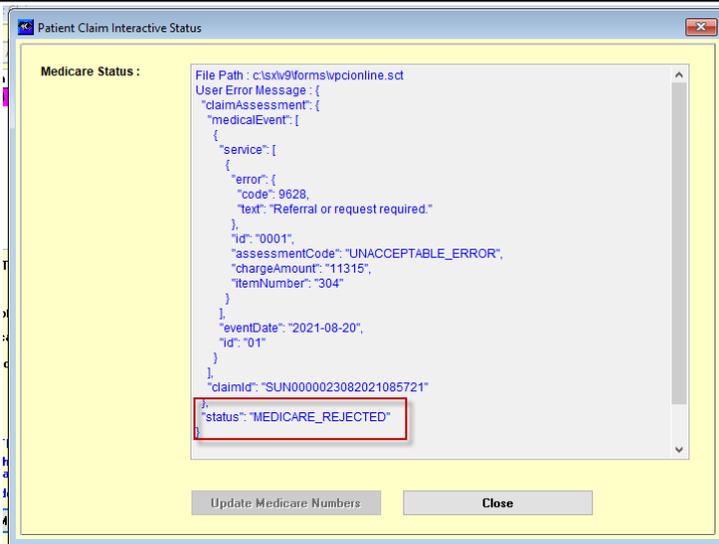
This is the error message from medicare.

## Claimant Data



You can fill any claimant detail in the form

or you can pick up the related patient detail by the button [ Select Related Patient ]

1) Select Patient in the table



2) Click button [Select] to confirm selected patient

3) Selected patient data will apply to Patient Claim From

4) Use this 3 button to select Claimant Address ( By default is using patient address )

| Button | Description |
|---|---|
| **Use Patient** | Copy the patient setting address |
| **Use Related Patient** | Popup a related Patient , select patient and copy |
| **Clear** | Clear up Claimant Address |

- Payment Data



**BANK DETAIL**

Add / Edit    Clear

This is option data,

   If you fill this data, it will to add / update Bank Detail to Medicare

   If you keep it blank, it will not submit any Bank Detail to Medicare

You can tick button [Add] to add bank detail

You can tick button [Clear] to clear bank detail

**BANK DETAIL**

Add / Edit    Clear

Tick Button [Add/Edit] > Fill BSB Number , Account Number , Account Name



**Add Bank Detail**

BSB Number :        062902

Account Number :    1234567

Account Name :      Gerrtude Haynes

OK        Cancel

Tick Button [OK] to Confirm

**BANK DETAIL**

Add / Edit    Clear

BSB Number :        062902
Account Number :    1234567
Account Name :      Gerrtude Haynes

Tick Button [Clear] to Clear up the Bank Detail

**BANK DETAIL**

Add / Edit    Clear

BSB Number :        062902
Account Number : 1234567
Account Name :    Gerrtude Haynes

TO

**BANK DETAIL**

Add / Edit    Clear

- Declare Box



Two Declaration need you to confirm
1) Claimant has authorised &  All information contained in this claim is true
2) To be accepted when claim has errors return

( Option )
When you leave it blank [   ] accepted and send the claims with error



System pop up message to double check your choice
 [Yes] to accept – Accepted and send the claims with error
 [No] to skip –     Doesn't  accept the claims ( this claims will be dropped  )

* All claims' data received by Medicare, they do validation check, and 3 different results will be returned

(1) MEDICARE_ASSESSED      the program will show report "Statement of Claim and Benefit Payment"

(2) MEDICARE_PENDED        if you had [✓] Accepted and send the claims or
                                 [Yes] Accepted and send the claims, your claims will continues process
                           If you hadn't [   ] Accepted and send the claims and
                                 [No] Accepted and send the claims, your claims will be dropped
                           Then the program will show report "Lodgement Advice"

(3)MEDICARE_REJECTED       This is error form Medicare, the program will not save the result and report,
                           and you need to double check your claims data, after modify, you can resubmit again

# Patient Claim Report

## Statement of Claim and Benefit Payment

**STATEMENT OF CLAIM & BENEFIT PAYMENT**
Electronic Claim assessed by Services Australia

| | |
|---|---|
| Location ID : | SUN00000 |
| Servicing Location : | P O Box 424, St Ives NSW 2075 |
| Billing Number : | A0001589 |
| Patient Name : | Eva Davis  ( F ) |
| Medicare Number : | 2295-91974-5 ( 1 ) |
| Date of Birth : | 02/05/1979 |

Claim Reference : SUN0000023072021161402
Date of Lodgement : 23/07/2021  16:14:00

**Claimant Detail**

| | |
|---|---|
| Name : | EVA DAVIS |
| MC Number : | 2295-91974-5 ( 1 ) |
| Date of Birth : | 02/05/1979 |

This claim has been : **ASSESSED**

**THIS FORM CANNOT BE USED TO MAKE A CLAIM FOR MEDICARE PAYMENTS.**
**THIS CLAIM HAS ALREADY BEEN SUBMITTED TO MEDICARE ON YOUR BEHALF.**

Service Provider :   2436751Y
Name:   SALMAN FARRELL

| DATE OF SERVICE | ITEM NO. | DESCRIPTION OF SERVICE | FEE | PATIENT CONTRIB | RSN CODE | BENEFIT |
|---|---|---|---|---|---|---|
| 23/07/2021 | 10916 | Initial Short Consultation < 16 mins | | | 517 | 33.55 |

*MRS(517) MPSN THRESHOLD REACHED - 80% INCREASE*

| | | | | | | |
|---|---|---|---|---|---|---|
| | | TOTAL : | 0.00 | 34.50 | | 33.55 |

**PAYMENT DETAIL**
**This account is fully paid**
The Medicare benefit will be paid
  - To the account as displayed below or
  - If your bank account details are stored with Medicare your payment will be made by EFT, if not, your Medicare benefit will not be paid. Once you have provided Medicare with your bank account details,
    your payment will be released.
If required, correspondence regarding this claim will be directed to the: ABOVE ADDRESS/ADDRESS HELD BY MEDICARE.
This includes, if applicable, any Pay Doctor via Claimant (PDVC) cheques for the service provider. It is the responsibility of the claimant
to forward the PDVC cheque to the service provider.

I authorise the payment of my benefits for this claim to be paid directly into the following bank or financial institution account:

**Payment Detail**

| | |
|---|---|
| BSB No. : | 801003 |
| Account Number : | 12345 |
| Account Name : | Eva Davis |

**Claimant Declaration**
I have paid for or am liable to pay the expenses for these services and these services are not excluded under the *Health Insurance Act 1973*   (i.e. are not for the purpose of life insurance, superannuation or
provident account schemes, admission to a friendly society, health screening, mass immunisation or connected with employment) and/or *Dental Benefits Act 2008*.   To the best of my knowledge and belief all
the information disclosed in the lodging of this claim is true and accurate. I authorise the medical practice to electronically transmit my claim for Medicare benefits to Services Australia on my behalf. I also
authorise Services Australia to contact the referring provider or the provider of the services if clarification of details on the account and/or receipt is required for assessment or auditing purposes.
For this claim, I have consented to this practice sending to and receiving from Services Australia, the following information for verification:
  • The patient's enrolment information including the patient's Medicare card and issue number;
  • The patient's first name and Individual Reference Number;
  • The claimant's postcode information provided it matches my records; and
  • The benefit amount for each service in this claim.
**Privacy Notice:**
Your personal information is protected by law, including the   *Privacy Act 1988* and is collected by Services Australia for the assessment and administration of payments and services. This information is
required to process your application or claim.
Your information may be used by the agency or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.
You can get more information about the way in which Services Australia will manage your personal information, including our privacy policy at servicesaustralia.gov.au/privacy  or by requesting a copy from
the agency.

It shows that your claim is successful
Claim Reference Number:
SUN0000023072021161402
E.g.
item 10916           , which is successful.
Total benefit is $33.55
Claimant Name: Eva Davis
Number: 2295-91974-5 (1)
BSB: 801003
Account Number: 12345

Account Name: Eva Davis

## Lodgement Advice

**LODGEMENT ADVICE**

Electronic Claim for assessment by the Department of Human Services
Please retain for Taxation Purposes

Claim Reference : SUN0000025082015121852

| | |
|---|---|
| Location ID : | SUN00000 |
| Servicing Location : | LV3, 77 Parramatta RD, Silverwater, NSW 2200 |
| Billing Number : | A0000227 |
| Patient Name : | Kaley GERTIE ( F ) |
| Medicare Number : | 6950-10771-1 ( 4 ) |
| Date of Birth : | 10/12/1991 |

Date of Lodgement : 25/08/2015 12:18:52

**Claimant Detail**

| | |
|---|---|
| Name : | Armond GERTIE |
| MC Number : | 6950-10771-1 ( 1 ) |
| Date of Birth : | 30/03/1948 |

This claim has been : REFERRED TO Department of Human Services /STORED FOR LATER TRANSMISSION

| | | | |
|---|---|---|---|
| Service Provider : | 2414181Y | Payee Provider: | 2414171A |
| Name: | Marian KAROLINA | Name: | Nerolie RANDALL |

| DATE OF SERVICE | ITEM NO. | DESCRIPTION OF SERVICE | FEE | PATIENT CONTRIB |
|---|---|---|---|---|
| 25/08/2015 | 10910 | Comprehensive initial consultation(patient is less than 65) | 66.80 | 66.80 |

ACCEPTABLE    -- the claim can be accepted and will be referred to a Medicare staff operator.
                      -- The claim needs to be referred to a Medicare assessor.(9601)

**PAYMENT DETAIL**

TOTAL :    66.80    66.80

This account is fully paid
The Medicare Benefit will be paid
  - to the account as displayed below or
  - if your bank account details are stored with Medicare Australia your payment will be made by EFT, if not, a cheque will be issued.
**The EFT statement** will be directed to the: ADDRESS HELD BY DEPARTMENT OF HUMAN SERVICE

I authorise the payment of my benefits for this claim to be paid directly into the following bank or financial institution account:

**Payment Detail**

| | |
|---|---|
| BSB No. : | 062902 |
| Account Number : | 152034591 |
| Account Name : | Armond GERTIE |

It shows that your claim is acceptable
Claim Reference Number :
SUN0000025082015121852
E.g.
item 10910        , which is accepted ,
reason : the claim can be a accepted and will be referred
to a Medicare staff operator

Claimant Name : Armond  GERTIE,
Medicare Number : 6950-1077-1 (1)
BSB No : 062902, Account Number :
152034591, Account Name : Armond Gertie
will send to Medicare
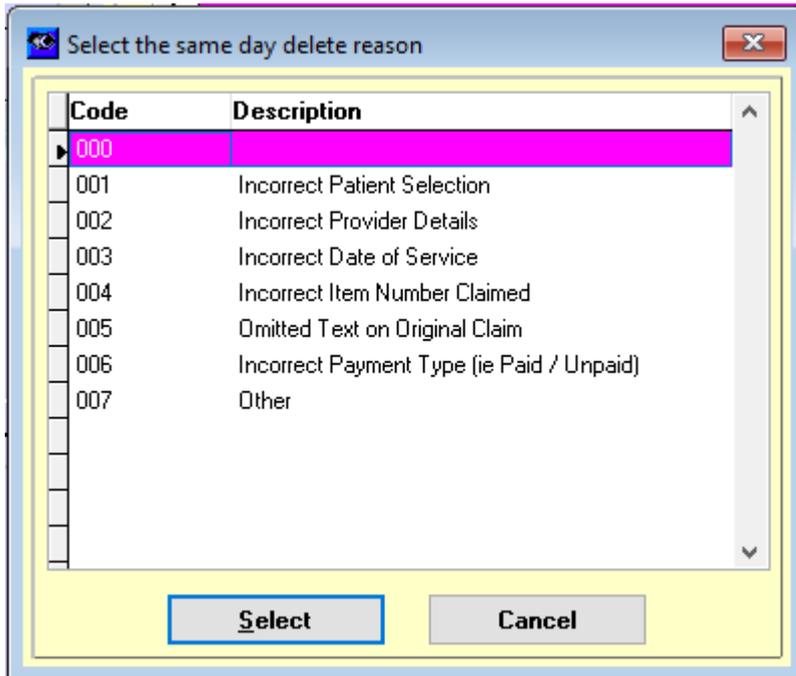
Total Claim Amount  is 66.80

# Same Day Delete

Where a patient claim that has been sent to Medicare has been found to contain incorrect information, it can be deleted on the day that it was transmitted.

**1)** Click Same Day Delete button

> **Same Day Delete**

**2)** Select delete reason



**3)** Report



Same Day Delete Report

It shows that your claim is deleted, what is the delete reason
and delete result
E.g.
Billing A0001701
Delete reason: the date of service is wrong
Result: Same day delete is successfully
It stores the date of claim and date of delete

# Fee Update

Please update to SUNIX Vision latest version, when new Medicare Benefits Fees / DVA Benefits Fees are available, SUNIX Vision will popup Update Medicare Benefits Fees / Update DVA Benefits Fees ,

please click [Yes (recommended)] to update
or click [Ask Me Later] to skip update
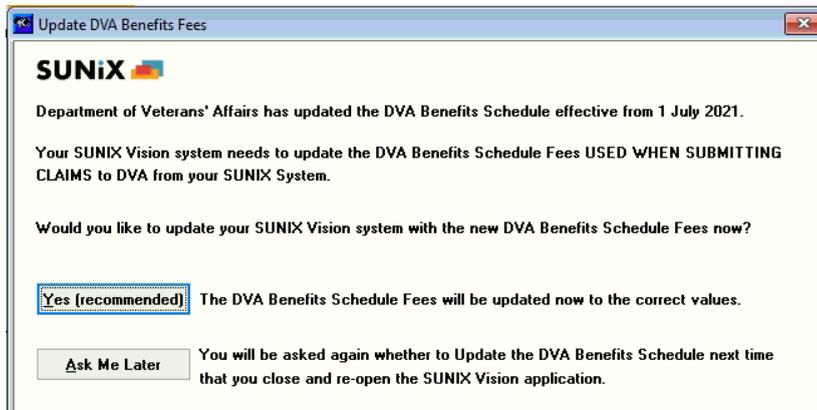




Click OK to finish the Fee update .

# Useful Links and Contacts

SUNIX
Support Line: 02 8719 8988
Email: support@sunixvision.com.au
SUNIX Vision Medicare (Web Services)

PRODA: Login
Info: Medicare Online for health professionals
Info PRODA (Provider Digital Access)
e-Business Service Centre 1800 700 199
Provider help line 132 150