



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.

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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 provider 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

Patient details - Gertrude Haynes (# 9993) Bal \$ 148.20

Title Ref No: **9993**

Given Name

Surname

Known As Sex

Date of Birth Age **68** Former Name

Property

Street

Suburb VIC

Home Phone Work Phone

E-Mail Fml Mobile SMS

Medicare No
 Medicare Number Check

Other No
 Veteran Number Check

Health Fund > Hobby

Ophthalmolgst Account Last Consult First Consult

Doctor (GP) Recall Next Recall Log Last Recall

Last Optom Correct Addr Next Recall Ltr Last Full Con

Inst IxFace
 Contact Pref
 Postal Addr
 To Do
 History
 Code
 Frame App
 Pat Photo
 External Ref
 Letter Insert
 Relation

Medicare Number validation

Please Click [V] Button to validate

Medicare No /

(Option) Enter Service Date

Medicare Verify

Service Date :

Result :

Online Medicare Verification

Medicare Status :
Code : 0
Text : Patient is eligible to claim for Medicare with details provided.

Code : 0 – No Problem Found

Online Medicare Verification

Medicare Status :
Code : 9650
Text : The card number and/or patient details submitted did not match Medicare checks. Please verify the details and resubmit with additional information if available.

Code : Error Code

Text : RAW text return from Medicare

Online Medicare Verification

Medicare Status :
Code : 9633
Text : A new Medicare card has been issued. Please confirm your records with the patient and if required update for any future claims.

MedicareCard Number : 6951-39335-1
Reference Number : 2
First Name : SAM

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

Other No

Result

Online Medicare Verification

Medicare Status : Code : 0
Text : Patient is known to DVA with details provided.

Veteran File Number : No Return Error.
Veteran Entitlement : PTEC

Code : 0 – No Problem Found

Online Medicare Verification

Medicare Status : Code : 9650
Text : The Veteran File Number and/or patient details submitted did not match Veteran checks. Please verify the details and resubmit with additional information if available.

Code : Error Code

Text : RAW text return from Medicare

Online Medicare Verification

Medicare Status : Code : 8005
Text : Patient Verification has been completed however patient details were not an exact match. Please check Veteran File Number and name before claiming.

Veteran File Number : NX901487
Veteran Entitlement : PTEC
First Name : KERRIE
Family Name : ERNIE

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

Billing details - Gertrude Haynes (# 9993)

Billing Date: 04/08/2021 A0001642 **Extra Info** Sale Type/Category: []

Order No: [] Service Date: / / Sale By: []

Provider: SF Status: Entered Link this Discount/Rebate to Bill: []

By	Qty	Prod Code	Item No	Health Fund Description	Tax %	Amount \$
M	1		23	Patient Opening Balance CONSULTATION AT CONSULTING ROOMS		148.20 33.24

Patient Charges \$ 0.00 Last Payment F7 Payment on this Bill 0.00
 GST On Charges \$ 0.00 New Payment F8 Patient Closing Balance \$ 148.20
 Medicare Billing \$ 33.24
 Other Bulk Billing \$ 0.00 Reverse Bill Patient Claim Patient Overall Balance on 25/08/2021 330.95

In the billing screen

Press [Ctrl+F12] or [Extra Info] to open additional information page

Additional Information Page (claim item)

Bulk Billing Batch No [Close]

Time Duration: 15 Min / UNIT **More Detail**

Time of Service: (24H)

Service Text:

Medicare Bulk Bill:

Not Normal Aftercare:

Veterans Claim:

Optical Script:

Transaction ID: SUN0000

Transaction ID is the ID for Medicare
 Click button [More Detail] to show full menu

Item information [Full Item]

Bulk Billing Batch No [Close]

Time Duration: 15 Min / UNIT **Less Detail**

Time of Service: (24H)

Service Text:

Medicare Bulk Bill:

Not Normal Aftercare:

Veterans Claim:

Optical Script:

Transaction ID: SUN0000

Medicare Bulk Bill

LSP Number:

Restrictive Override Code:

Accession DateTime:

Collection DateTime:

Indicate Rule 3:

S483 Requirements:

Field Quantity:

In Hospital:

Veterans Claim

Admission Date: DD/MM/YYYY

Discharge Date: DD/MM/YYYY

Second Device:

Account Reference No:

Additional Information

Equipment ID:

Self Deemed Code:

SCPID:

No Of Patients Seen:

Duplicate Service Override (Not Duplicate)

Multiple Procedure Override (No Multiple)

Date of Service: DD/MM/YYYY

* Field must be entered

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

Slid	Patient-Name	Medicare-No	IRN	Item Number	Date of Service	Benefit Claim \$	Benefit Assign \$	Card Flag	Code	Explanation
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 explain 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 : xxxxxx - 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”

The screenshot shows a window titled "Billing Item No" with the following fields:

Paid By	V
Item No	KM
Description	Kilometer Travelled
Tax %	
Amount - Inc Tax \$	1.00
Quantity	1
Report grouping	CONSULT
Supp Category Code	

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:

Billing details - Peter Evans (#12)

Billing Date : 01/08/2016 A0000105 Sale Type/Category

Order No : Service Date : / / Sale By

Provider : FS Status : Entered Link this Discount/Rebate to Bill

By	Qty	Prod Code	Item No	Health Fund Description	Tax %	Amount \$
V	1		10910	Patient Opening Balance		0.00
V	1		KM	Comprehensive initial consultation(patient is less than 65 Kilometer Travelled		71.00 1.00

Input Claiming Distance (KM)

Claiming Treavellid (KM) : 20

Service Text :

OK Cancel

Patient Charge \$ 0.00 Last Payment F / Payment on this Bill 0.00

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:

Billing details - Mark Smith (#25)

Billing Date : 01/01/2016 A0000103 **Extra Info** Sale Type/Category

Order No : Service Date : / / Sale By

Provider : FS Status : Entered Link this Discount/Rebate to Bill

By	Qty	Prod Code	Item No	Health Fund Description	Tax %	A
VJ	1		OP01	Patient Opening Balance VA Rebate for SV Stock Lens - near		

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:

Bulk Billing Batch No

Time Duration: 0 15 Min / UNIT

Time of Service: (24H)

Service Text:

Medicare Bulk Bill: Not Normal Aftercare

Veterans Claim: Optical Script

Single Voucher

** Single Voucher for Multiple Services

Additional Information

Service Type: 0

Referring Detail

Period Code: Period Months (1-99)

Override Type:

Provider Number: Issue Date: / /

Provider Name:

* Field must be entered

Select the Optical Script

Optical Script Description
[BLANK]
BR Broken
LS Lost
RC Significant Refraction change

Select Cancel

- 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

Bulk Billing - Veteran - Consultation (V)

Billing No **800333**

Billing Period **23/08/2021** to **/ /**

Date Sent

Total Billing \$

Outstanding Y

GST of Charges \$ **0.00**

Total Payment \$ **0.00** (0 payments)

Optom	No	Bill-Amt	Payment	ClaimId
SF	1	26.30	0.00	
Total	1	26.30	0.00	

Claim Numbers

Comment

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	Slid	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 explain code 162
 Third item 10916 , which is rejected , it has reject explain 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

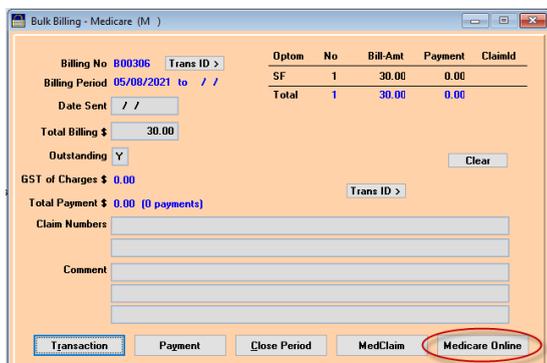
Payment Date: 03/08/2021
Bulk Billing No: B00286
Run Number: 275
Deposit Amount \$ 156.00
Bank details: 062914.****6552
 DR FARRELL

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



Optom	No	Bill-Amt	Payment	ClaimId
SF	1	30.00	0.00	
Total		30.00	0.00	

Billing No: 800306 Trans ID >
 Billing Period: 05/08/2021 to / /
 Date Sent: / /
 Total Billing \$: 30.00
 Outstanding: Y Clear
 GST of Charges \$: 0.00 Trans ID >
 Total Payment \$: 0.00 (0 payments)
 Claim Numbers: [Text Area]
 Comment: [Text Area]

Transaction Payment Close Period MedClaim **Medicare Online**

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” before 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.

Billing details - Gertrude Haynes (# 9993)

Billing Date : 20/08/2021 A0001694 Extra Info Sale Type/Category

Order No : Service Date : / / Sale By

Provider : SF Status : Entered Link this Discount/Rebate to Bill

By	Qty	Prod Code	Item No	Health Fund Description	Tax %	Amount \$
P	1		10916	Patient Opening Balance Initial Short Consultation < 16 mins		183.00 34.80

Patient Charges \$ 34.80 Last Payment F7 Payment on this Bill 0.00
 GST On Charges \$ 0.00 New Payment F8 Patient Closing Balance \$ 217.80
 Medicare Billing \$ 0.00
 Other Bulk Billing \$ 0.00 Reverse Bill **Patient Claim** Patient Overall Balance on 20/08/2021 217.80

There has a button in the billing screen

Patient Claim

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

The button enable validation check

Patient Claim

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

Patient Claim

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

Submit Patient Claim

- Select Claim Item

Send	Item No	Description	Amount	Amt Paid	Ben Paid	Lodge Date	Claim Status	F ^
<input checked="" type="checkbox"/>	10916	Initial Short Consultation < 16 mins	34.80	0.00	0.00	NEVER SUBMIT		

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

Result : Submit Claim result

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

Initial Value

Claim Status

This is initial type , which has not submit claim

Successful Result

Claim Status
MEDICARE_ASSESSED

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

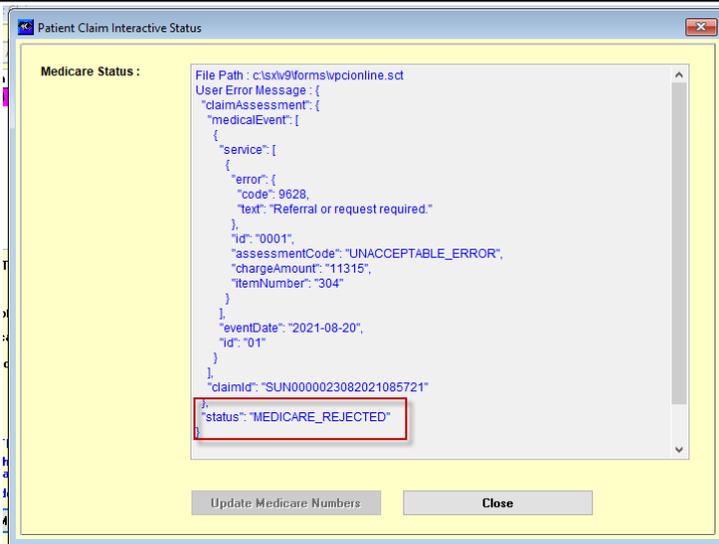
Claim Status
MEDICARE_PENDED

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

Unsuccessful Result

Claim Status
SAME DATE DELETED

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



This is the error message from medicare.

Claimant Data

CLAIMANT DETAIL Select Related Patient

Name : GERTRUDE Haynes

Date of Birth : 25/08/1952

Medicare ID : 3950747581 1

Claimant Address : 11 Cynthia St Phone :

DECLARATION

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

Select the claimant address

Relation	Title	Given name	Surname	Birthday
Father		Svetlana G	Jerry	24/03/1952
Mother		Harriett-Jane	Weatherby-Wilkinson	15/08/2009

- 2) Click button [Select] to confirm selected patient

- 3) Selected patient data will apply to Patient Claim From

CLAIMANT DETAIL Select Related Patient

Name : Svetlana G Jerry

Date of Birth : 24/03/1952

Medicare ID :

Claimant Address : 57 Frank St

Ettrick

SA 5253

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

Use Patient
Use Related Patient
Clear

Copy the patient setting address

Popup a related Patient , select patient and copy

Clear up Claimant Address

- Payment Data

BANK DETAIL

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

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

Add Bank Detail

BSB Number : 062902

Account Number : 1234567

Account Name : Gerrtude Haynes

Tick Button [OK] to Confirm

BANK DETAIL

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

Tick Button [Clear] to Clear up the Bank Detail

BANK DETAIL

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

BANK DETAIL

TO

• 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	PATIENT FEE	CONTRIB	RSN CODE	BENEFIT
23/07/2021	10916	Initial Short Consultation < 16 mins			517	33.55
MRS(517) MFSN 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 your payment will be released.
 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, 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 1979 (i.e. are not for the purpose of life insurance, superannuation or provident account schemes, admission to a friendly society, health screenings, mass remanipulation 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 entering 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

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

Claim Reference : SUN0000025082015121852
 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
 Name : Marian KAROLINA
 Payee Provider : 2414171A
 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.(0001)

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

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 the Department of Human Services on my behalf. I also authorise the Department of Human Services 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 medical practice sending to, and receiving from the Department of Human Services, 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 Note:

Your personal information is protected by law, including the Privacy Act 1988, and is collected by the Australian Government Department of Human Services 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 department 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 the Department of Human Services will manage your personal information, including our privacy policy at humanservices.gov.au/privacy/ or by requesting a copy from the department. Patient names and addresses may be disclosed to financial institutions when the claim is paid. Information about medical/dental expenses for people under the age of 18 may also be disclosed to adults on the same Medicare card, through taxation statements.

It shows that your claim is acceptable

Claim Reference Number :
 SUN0000025082015121852

E.g.
 item 10910 , which is accepted ,
 reason : the claim can be 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

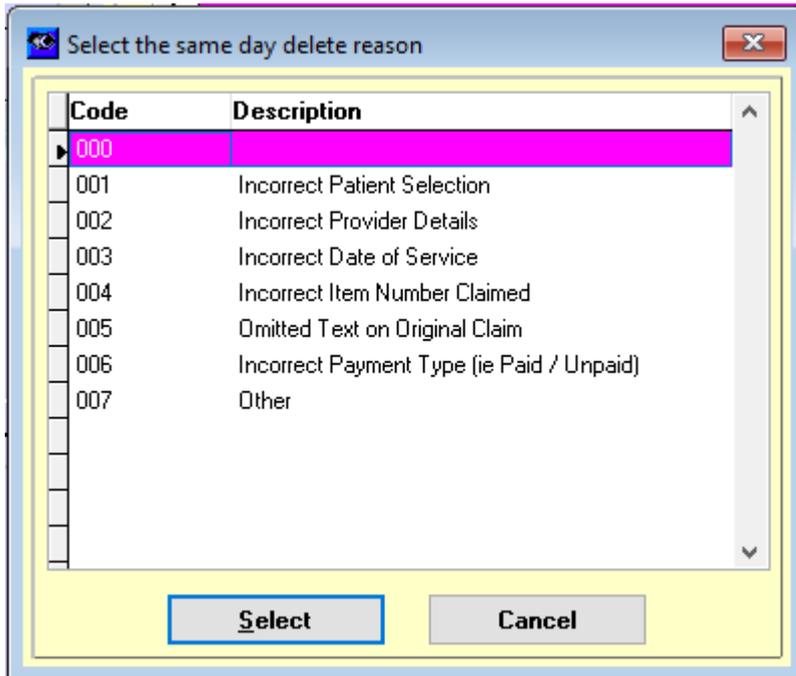
Same Day Delete

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



- 2) Select delete reason



- 3) Report

Same Day Delete

Transaction ID : SUN000002D4EB41AA4D34F74
 Claim ID : SUN0000025082021140712
 Billing Number : A0001701
 Patient Name : Gertrude Haynes (M)
 Medicare Number : 3950-74758-1 (1)
 Date of Birth : 25/08/1952
 Delete Reason : 003
 Incorrect Date of Service
 Date of Claim : 25/08/2021 02:07:15
 Date of Delete : 25/08/2021 02:07:32
 Result : SAME DAY DELETE IS SUCCESSFULLY

DATE OF SERVICE	ITEM NO.	DESCRIPTION OF SERVICE	FEE
25/08/2021	10916	Initial Short Consultation < 16 mins	34.80

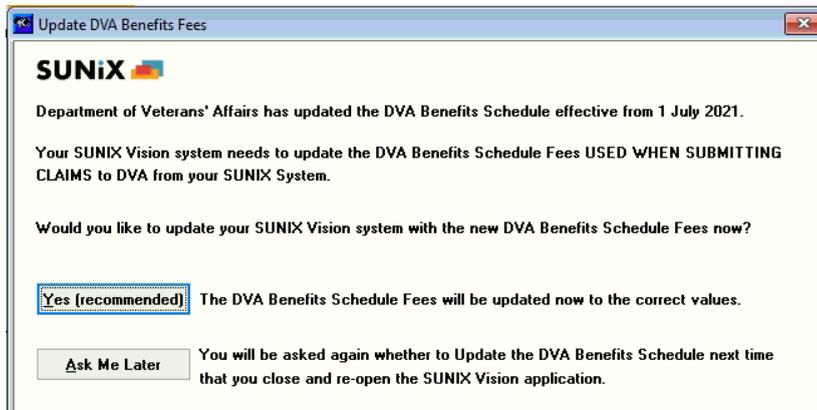
Same Day Delete Report

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