

# Bulk Bill & DVA invoicing

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Create an invoice for a patient covered by Medicare (bulk bill) or DVA.

## Considerations

For this workflow, either the **DVA** or **Medicare** must be set as the patient's payer.

For Medicare claiming, if a patient is 14 or under, the parent needs to be added as an account payer. For patients 15 and above, if the patient is linked to the parent's Medicare card the parent will get the rebate.

For a Medicare claim to be approved, a patient's details must match their Medicare card, specifically:

- The surname must be an exact match to the family name on the Medicare card.
- The first name must be an exact match to the Medicare card.
- The initial is optional but, if it's entered in the **Initial** field in **Patient Details**, it must be the same as the Medicare card.
- The Medicare number must include the Individual Reference Number (IRN).

## Create an invoice

To create and send a DVA or bulk bill (Medicare) invoice:

1. Go to Zedmed's **Reception** tab.
2. Select **Patients** or **Waiting Room** then locate the patient and open their record.

Billing is usually initiated from the Waiting Room (after the consultation) by right-clicking the patient and selecting Bill.

If you are billing from the Patient Record, **Open the Patient Record** and select **Bill** from the top menu

3. Check that the **Payers** field shows **Medicare** or **DVA**.
4. Select **Patient Verification**.

The Patient Verification dialog will open.

5. Select **OK** and a check will run and advise if the patient is eligible for Medicare or DVA claims.

To learn more, see our [Easyclaim eligibility article](#).

The screenshot shows a patient details form for Talia Simkins. The 'Bill' tab is active. A 'Patient Verification' dialog box is displayed in the foreground, containing the following information:

**Patient Verification**  
**Talia Simkins (F) 24/10/1982 MC: 495130673 1 1**

- Patient is eligible to claim for Medicare with details provided.
- A concessional entitlement has not been found for this patient. [9685]

Buttons: Update Details, **OK**

The background form shows the following details:

- Personal:** Family Name: Simkins, Given Name: Talia, Date of Birth: 24/10/1982, Age: 39, Gender: F, Address: 77 Shall Cir, ALEXANDRA 4740.
- Practice:** File #: C49, Usual Branch: Branch 1 (C49), First In: 31/01/2022, Last In: 03/02/2022.
- Payers:** Medicare (MC) \$72.60.

6. Add the service items to the invoice.

To add items for invoices raised from the **Waiting Room**, select **Add All** to add the code/s in the **Doctor Assigned Billing Codes** box.

To add items **manually**, enter the service's **item code** into the **Item#** field, then press **Tab** to populate the other fields.

There is no estimated refund or gap as no payment is being taken.

7. Select **Add** to move each item to the display area.

- o To modify a service, select it and select **Change**. This will place the service into the editable fields.
- o To delete a service, select it and select **Change**, then select **Delete**.
- o To print the invoice, select **Print**.

8. Select the **Bulk Bill** or **DVA** button at the bottom of the screen to submit the claim.

New Invoice

Invoice  
 Patient: Talia Simkins, DVA, HCC#, Safety, Pens. Status: None  
 File: C49, DOB: 24/10/1982 (39)

Payer: Medicare (dropdown), Add/Edit Payer  
 Applicable Fee Type: MC

Doctor: Fuller, Igor (dropdown)

Request/Referral Dr: <None>

Claim: [dropdown]

Services

Date	Item#	Description	Fee	Tax	Unit Value	Qty	Amount	Notes	Estim. Refund	Gap
08/02/2022	23	Level B Surgery Consultation	MC	FRE	0.00	1	0.00		0.00	0.00

Claiming Dialog:

**BulkBill Claim Assessment**  
 Talia Simkins (F) 24/10/1982 MC: 495130673 1 1

✔ Claim queued for sending

**Assessment Notes:**  
 8/02/2022 Item 23

Buttons: Defer, Family, ECLIPSE, MA Online, **Bulk Bill**, Combo Inv., Print, Email, Suppress, Quick Pay, Cancel, Help

9. Select **Ok** on the assessment dialog.

The print dialog will open.

10. Select **Print** or **Continue**.

- **Print** will print out the claim details, including any remittance advice for the patient.
- **Continue** will close the prompt.

Confirm

Do you wish to print the Claim Form for this invoice?

Buttons: Print, Continue

### Considerations

- Each claim is sent individually. There is no batching required, but the invoices are still paid in a bulk.
- If there is an error, use **Acc Enquiry** in the Patient Record to make any changes to the invoice and completed the workflow.
- To learn more see the **Process Claims** and **Process Payments** articles.