

ECLIPSE (Fund) invoicing

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Create an invoice for an inpatient covered by a health fund, charge for any gap, then submit a claim.

Considerations:

- A **Patient Verification** for online claims should be performed before ECLIPSE billing.
- The **Payer** can be **the Patient** or **a Health fund**. We recommend the Health Fund, so the fund appears as the payer on reports.
- BUPA ADF does not have an ELIPSE channel. Invoices must be sent externally to the organisation.
- To bill for both a surgeon and an assistant, create two invoices. To learn more, see **Assist Doctor Billing**.

To bill a patient and submit a fund claim:

1. Go to Zedmed's **Reception** tab.
2. If there is no booking in the **Appointment Grid**, select the **Bill** menu from the **Patient Record**.

If there is a booking, use the **Appointment Grid** or Office **Waiting Room** to right-click the patient and select **Bill**.

The **New Invoice** screen will open.

3. Review these fields:
 - a. **Payer** - select the **Health Fund** (or the **Patient**).
 - b. **Branch** - the Branch the user is signed into displays by default and is selectable if billing from the Patient Record. The invoice will display the doctor's provider number and the selected branch's letterhead.
 - c. **Doctor** - ensure the treating doctor is selected.
 - d. **Referral Dr** - has the relevant referral selected.

4. Add the service items to the invoice.

If the **Doctor Assigned Billing Codes** field has item/s added by the practitioner, select **Add All** to add the codes.

To add **manually**, enter the **item code** into the **Item#** field, press **Tab** to populate the fields then select the **Add** button.

New Invoice

Invoice Patient: Bridgid Bates, File C19, DOB 8/07/1990 (35), DVA, HCC#, Safety, Pens. Status: None

Payer: Medibank Private (Add/Edit Payer)

Branch: Albany Road Clinic

Doctor: Davis, Phillip (A)

Request/Referral Dr: Dr Vivian Mortier, To: PD, Starts: 22/09/2025, Mths: 12, Notes: [dropdown]

Payer Debts: Patient Due: 0.00, Family Due: 0.00, Credit: 0.00

Fund Details: Fund: Medibank Private, # 123456781, Fund Fee Type: P4

Refund/Gap Calculation: Fund ☐ Medicare ☒

Invoice Style: Print Gap ☒ Corporate ☐

Services:

Date	Item#	Description	Fee	Tax	Unit Value	Qty	Amount	Notes	Estim.	Refund	Gap
22/09/2025	105	Professional attendance by a special	IF4	FRE	130.00	1	130.00			42.30	87.70

Buttons: Assist Fee, **Properties**, Add, Change, Delete

Doctor Assigned Billing Codes: 105 (Add All)

Billing Instructions: [dropdown]

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

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

5. Select **Properties**:

- Select the **Hospital/Site** the patient attended and, if applicable, tick **Is the patient admitted in the hospital**.
- If the site is configured as a Hospital, this box should be ticked by default.
- Review relevant settings such as **Patients seen** and **Indication flags**.
- If the item is radiology or pathology, the **LSPN** and **Specimen Collection Point** fields may be automatically populated.

Properties

Invoice properties (for DVA only)

Condition treated relates to a condition for a White Card holder ☐ Details: [text box]

Service Properties

General Options

Time Of Service: 10:15, Time Duration (mins): [text box]

Patients seen: 1, Distance KM: [text box]

Hospital/Site: Testing Consultation Suite (Is the patient admitted in the hospital (tick = Yes)? ☒)

Resource: <None>, Analysis Group: <None>

Diagnostic Imaging

LSPN: [text box], Equipment Id: [text box], Field Qty: [text box]

Pathology

Rule3 Exempt ☐, Specimen Collection: [text box]

Not Rule3 Exempt ☐, Collection Date/Time: [text box] [Delete]

S4b3 Exempted ☐, Accession Date/Time: [text box] [Delete]

Not S4b3 Exempted ☐

Indication flags

Normal After Care ☐ Multiple Procedure ☐ Duplicate Service ☐ Second Device ☐ Self Deemed ☐

Not Normal After Care ☐ Not Multiple Procedure ☐ Not Duplicate Service ☐ Not Second Device ☐ Not Self Deemed ☐

Substituted Service ☐

Dental

Num. of Teeth: [text box], Tooth No.: [text box], Jaw: [text box]

Optical

Optical Script: [text box]

Buttons: OK, Cancel, Help

- Select **OK** to return to the **New Invoice** screen.
- #### 6. Action **Gap** fee if applicable.

- If no Gap Fee, proceed to step 7.

- If Gap Fee, complete these steps, then proceed to step 7.
 - a. Select the **Quick Pay** button on the bottom right to open Quick Pay (screenshot below).
 - b. Select **Gap**.
 - c. Select a **payment method**.
 - d. Select **Add**.

Quick Pay

C19 Bridgid Bates

Payer: Medibank Private Due: Patient 0.00 Family Deferred Patient 0.00 Family Credits 0.00

Current Invoice(s): ☐ Value 130.00 ☐ Discounted value 130.00 ☒ Gap 87.70

Payments Table:

Format	Name	Bank	Branch	Number	Banklist	Amount
EFT					BK2	87.70

1. Cash 2. Cheque 3. MC Cheque Tyro Eftpos ePayment Add Change

4. Card 5. Eftpos 6. Direct Deposit 7. Credits Tyro EasyClaim

Payment Total: 0.00

☐ Family Due & Invoice ☐ Patient Due & Invoice ☒ Invoice(s) Only

Amount Due: 130.00

Balance: 130.00

Buttons: Eclipse MA Online Suppress Combo Inv. Send to Patient Print Cancel

Buttons: Family ECLIPSE MA Online Bulk Bill Combo Inv. Print Send to Patient Suppress Quick Pay Cancel Help

7. Select the **ECLIPSE** button at the bottom of the screen.

Option: Select **Suppress** to review and submit the claims at the end of the day.

8. Select **Yes** to the pop-up advising the invoice will be saved.

The **Eclipse** screen will open for review.

9. Review and update the Eclipse Screen:

- a. Add the Hospital **Admission/Discharge** date/s - admission date is mandatory.
- b. Under **Other**, make a selection for **Financial Consent** - this is mandatory.
- c. Check that the **Claim Type** is either **IMC Agreements** or **IMC Schemes**.
 - The **Claim Type** will default to the setting in the **Doctor Fund Schemes** table.
 - If the incorrect type is selected, correct it as shown in the Specialist section of the **Eclipse guide** before submitting.
 - If it is transmitted as a patient claim, the practitioner's cheque will go to the patient to bring in.
- d. Review the options under **Other** if the practitioner has **Disclosed Financial Interest** or if the claim is the subject of a **Compensation** claim (this will default depending on whether it's an **Agreement** or **Scheme**).

Eclipse

Payer: Medibank Value: 130.00 Fund: MPL

Claim Type: ☐ IMC Agreements ☒ IMC Schemes ☐ IMC Patient Claims ☐ IMC Private Hospital ☐ IMC Public Hospital

Hospital: Admission: 19/09/2025 Discharge:

Other: Financial Consent: In Writing

Disclosed Financial Interest: ☒ Compensation Claim: ☐ Accident Ind: ☐

Sender Contact Details: This is optional in case of clarification about claim details be required.

Sender Contact: Dr Phillip Davis Phone: 0392843300

Buttons: Ok Cancel

10. Select **Ok** to submit the claim.

You will get a response advising if the claim was successfully queued for sending. Each claim is sent individually.

If an error occurs, use Patient Record > **Acc Enquiry** to make any necessary changes to the invoice.

11. Select **Print** or **Continue** (to close the dialog).

Print will print the claim details, including any remittance advice for the patient.

Because this is for hospital billing, ECLIPSE will send the invoice to Medicare, where it needs to be approved before going to the health fund.
