

Provide copy of Claim Form

Version: 1.00 | Last Modified on 20/02/2026 10:44 am AEDT

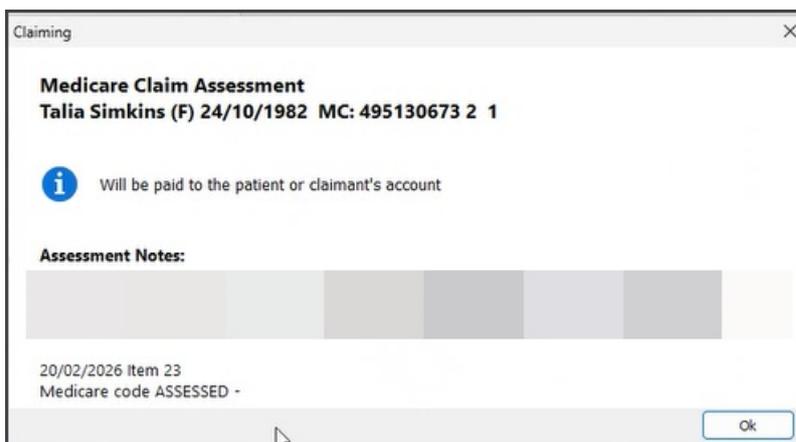
If a patient is the payer and there is a Medicare rebate, you can print out the Medicare Form for the patient so they can see how much they will receive back. If they are not at the clinic, you can send them a copy of the claim form using email or Secure Send.

To print the Claim Form

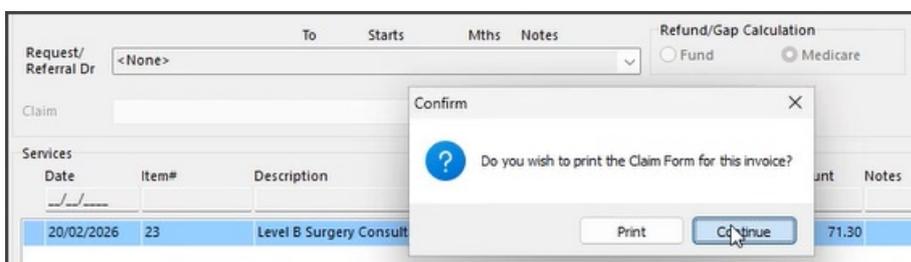
This scenario is common when the patient pays a bill processed in Zedmed using QuickPay, with a claim submitted (for a rebate) using MA Online, which will pay the rebate the next day.

Once the claim has been submitted via MA Online, Medicare's claim assessment will display.

1. Select **Ok** to the claim assessment.



2. Respond **Print** when prompted.



If you select Continue instead of Print, you can instead send the claim as explained below.

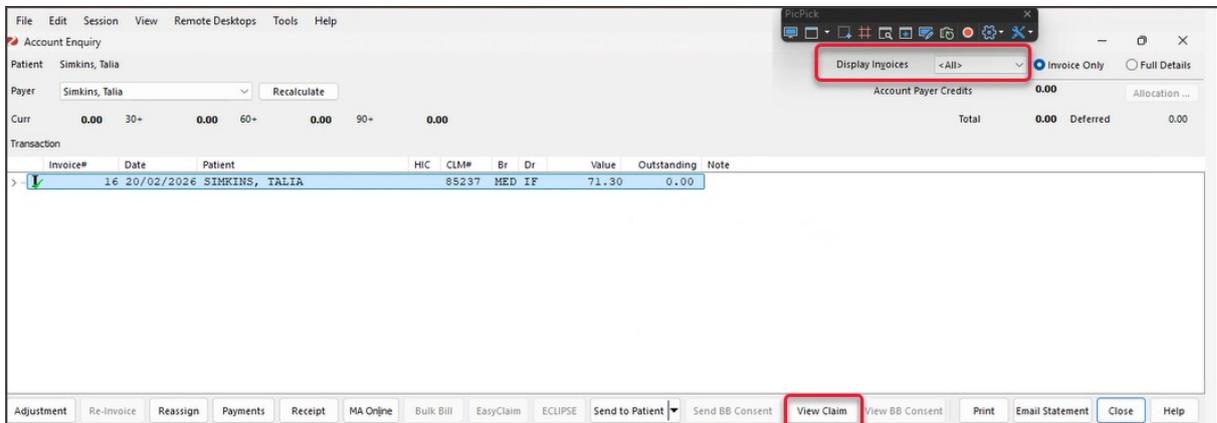
To send the Claim Form

You can send the patient a copy of the Medicare Claim Form via email (requires SMTP setup in Zedmed) or via Secure Send (requires add-on). Most Zedmed Cloud users would need to use Secure Send.

To send the Claim Form:

1. Go to the patient's **Account Enquiry** screen.
2. Change **Display Invoices** to **All**.
3. Select the invoice.
4. Select the **View Claim** button at the bottom of the screen.

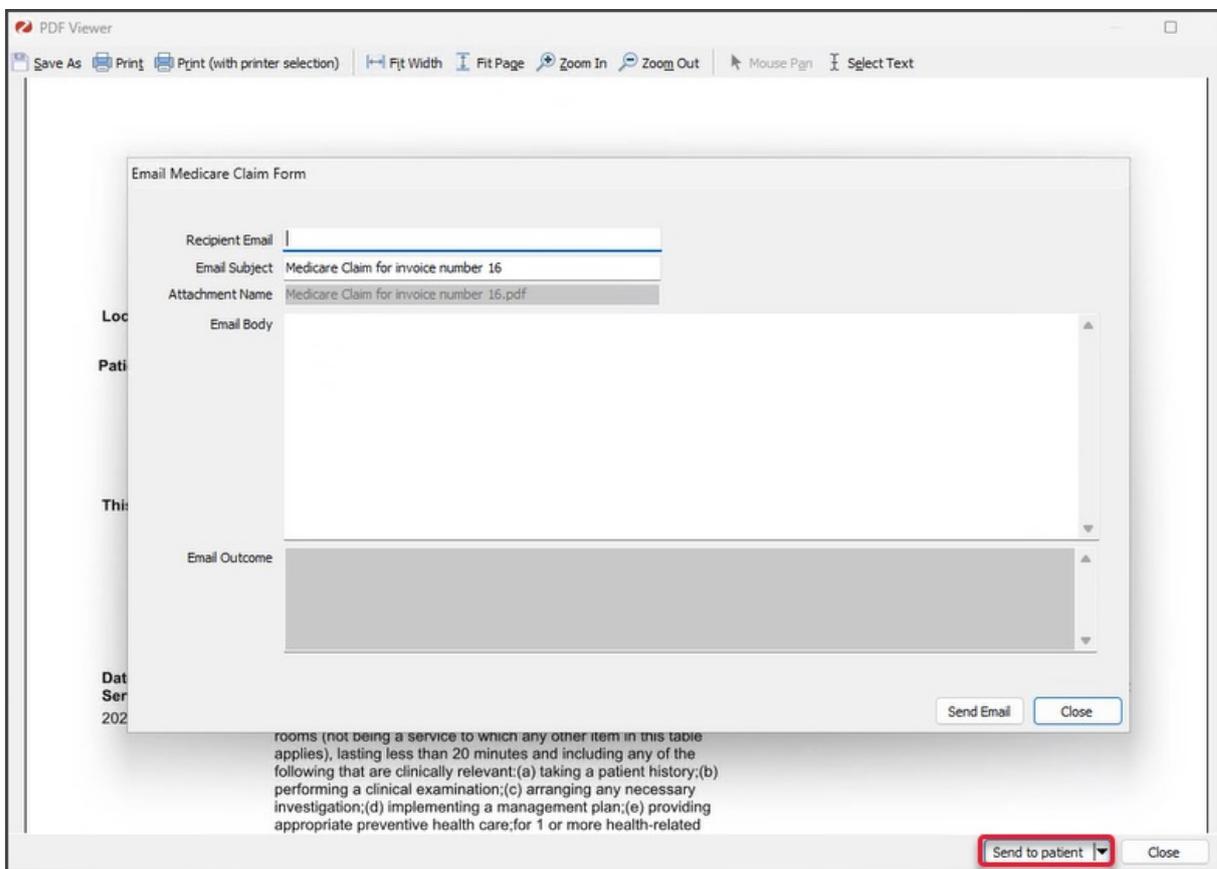
This button is active only for invoices with a **claim number**.



The Claim form will open in a PDF viewer with a **Send to Patient** button at the bottom.

5. Use the drop-down options under **Send to Patient** to select either:
 - o **Email as an attachment**
 - o or **Secure Send**

Option 1: Email as attachment



Option 2: Secure Send.

PDF Viewer

Save As Print Print (with printer selection) Fit Width Fit Page Zoom In Zoom Out Mouse Page Select Text

STATEMENT OF CLAIM & BENEFIT PAYMENT

Electronic Claim assessed by Services Australia

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

Send Invoice

This will send a download link for the selected file to Patient/Payer via Email and/or SMS. The download will prompt for a one-time password on the respective email/mobile no.

Location ID: SAP02482

Patient Details

Patient: Simkins, Talia

Payer: Simkins, Talia

Notifications to be sent

Recipient Email: zedmedtesting+TSimkins@gmail.com

Recipient Mobile

Pin not required (Less secure)

Send Cancel

This claim has been: Referred

Payee Provider:
Payee Provider No: ACRF: 223640
LSPN:

Date of Service **Item No** **Description of Service** **Fee** **Patient Contribution Amount** **RSN Code** **Benefit**

2026-02-20	23	professional attendance by a general practitioner at consulting rooms (not being a service to which any other item in this table applies), lasting less than 20 minutes and including any of the following that are clinically relevant:(a) taking a patient history;(b) performing a clinical examination;(c) arranging any necessary investigation;(d) implementing a management plan;(e) providing appropriate preventive health care;for 1 or more health-related	71.30	71.30		43.90
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Date of Referral/Request: Period of Referral:

Send to patient Close

6. Select **Close** once you have sent the Claim Form.