

ANZ HealthPay™

Medicare Claiming Operating Guide

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1. Welcome

Welcome to ANZ HealthPay™, providing seamless payments and claiming for healthcare practitioners. ANZ HealthPay allows you to process Medicare claims, private health fund claims, and payments all through your EFTPOS terminal. This operating guide provides in-depth information to help process Medicare, patient and bulk bill claims.

This service can benefit General Practitioners, Specialists, Diagnostic and Pathology clinics through a reduction in the time and effort spent on completing Medicare claim forms and through payments usually being made within 24 hours, straight into your nominated bank account.

Patients also benefit from this service. Using Medicare Easyclaim they can now have their Medicare rebate deposited directly into their bank account.

This Medicare Easyclaim Merchant Operating Guide should be used in conjunction with your existing ANZ POS Turbo 2 or ANZ POS Mobile 2 Merchant Operating Guide.

Please take time to ensure you and your staff read this manual thoroughly.

1.1 MERCHANT AGREEMENT

Your ANZ Worldline Payment Solutions Merchant Agreement contains valuable information and important requirements relating to operating procedures. Instructions in this Merchant Operating Guide form part of the ANZ Worldline Payment Solutions Merchant Agreement and may be changed or replaced by us in accordance to the terms of the merchant agreement.

1.2 IMPORTANT CONTACT DETAILS FOR PRACTITIONERS

ANZ Worldline Payment Solutions' Medicare Easyclaim Merchant Support 1300 633 269**
(24 hours, 7 days a week)

- For instructions on how to process Medicare Easyclaim transactions
- To report technical problems with the Medicare Easyclaim service.

ANZ HealthPay Helpdesk 1800 790 207 **
(24 hours, 7 days a week)

- For EFTPOS hardware and technical difficulties or merchant account enquiries

Medicare Australia Provider Line 132 150*
(24 hours, 7 days a week)

- For Medical Practitioner claiming enquiries
- For other Medicare Australia system enquiries.

1.3 IMPORTANT CONTACT DETAILS FOR CLAIMANTS

Medicare Australia Consumer Line 132 011*
(24 hours, 7 days a week)

- For patient or claimant enquiries regarding claim assessment
- For other general Medicare Australia enquiries.

If a claimant has not received their Medicare rebate processed via Medicare Easyclaim, they should contact the financial institution that issued the EFTPOS card used in the transaction.

NOTE: * Call charges apply. 24 hour service.
** Call charges may apply from mobile phones or payphones only.

2. Claim Types

2.1 PATIENT CLAIMS

There are three types of patient claim:

- Paid
- Partially Paid
- Unpaid.

Any Medicare benefit payable in respect of a patient claim is payable to the claimant, who may or may not be the patient.

2.1.1 Paid Patient Claim

A Paid Patient claim is where a claimant has fully paid the Medical Practitioner.

For this patient claim type, where Medicare Australia assesses that a Medicare rebate is payable, the Medicare rebate will be paid to the claimant.

To process a Paid Patient claim, please refer to section 6.

2.1.2 Partially Paid Patient Claim

A Partially Paid Patient claim exists when a portion of an account of the Medical Practitioner has been paid.

Where Medicare Australia assesses that a rebate is payable, Medicare Australia will issue a statement and a Pay Doctor via Claimant (PDVC) cheque, which is mailed to the claimant's address that is recorded with Medicare Australia. Where no benefit is assessed as payable, only a statement will be forwarded to the claimant's address that is recorded with Medicare Australia.

The claimant is then responsible for forwarding the cheque, with any outstanding amount, to the Medical Practitioner.

To process a Partially Paid Patient claim, please refer to section 6.

2.1.3 Unpaid Patient Claim

An Unpaid Patient claim exists when a claimant has not paid a Medical Practitioner's account.

Where Medicare Australia assesses that a rebate is payable, Medicare Australia will issue a statement and a Pay Doctor via Claimant (PDVC) cheque, which is mailed to the claimant's Medicare address that is recorded with Medicare Australia. Where no benefit is assessed as payable, only a statement will be forwarded to the claimant's address that is recorded with Medicare Australia. The claimant is then responsible for forwarding the cheque, with any outstanding amount, to the Medical Practitioner.

To process an Unpaid Patient claim, please refer to section 6.

2.2 BULK BILL CLAIMS

A Bulk Bill Claim is a claim made by a Medical Practitioner who undertakes to accept the relevant Medicare rebate(s) as full payment for the service(s) provided by that Medical Practitioner to the patient and where the right to that Medicare rebate(s) has been assigned to the Medical Practitioner by the patient.

It is the Medical Practitioner's discretion whether to bulk bill a Patient or not.

To process a Bulk Bill Claim, please refer to section 6.

2.3 MEDICAL PRACTITIONER

For all patient claim types, the Medical Practitioner can be a General Practitioner, Specialist, Allied Health Provider, Dentist, Radiologist or any other practitioner who provides a medical service, which is covered by the Medicare Benefits Schedule.

For all Bulk Bill claims, the Medical Practitioner can be a General Practitioner, Specialist, Allied Health Provider, Dentist, Pathologist, Radiologist or any other practitioner who provides a medical service, which is covered by the Medicare Benefits Schedule.

3. General Information

3.1 PATIENTS AND CLAIMANTS

Medicare Easyclaim makes references to both patients and claimants. The patient is the recipient of a medical service. The claimant is the person receiving the Medicare rebate relating to the service provided.

The patient and claimant may be the same person or different people e.g. a child receiving the service is the patient and the child's parent or guardian may be the claimant. Multiple patients can be listed on a single Medicare card, but each patient claim must be processed individually.

3.2 BANK ACCOUNTS

Medicare rebates can only be paid into a cheque or savings account, not into a credit card account. However credit cards can be used to pay for the service provided in accordance with your usual business processes.

3.3 OPTIONAL FIELDS

In certain circumstances, you may be asked to enter additional information to allow Medicare Australia to assess the service and process the claim. Omission of this information may result in either a rejection or Medicare Australia contacting you for clarification.

Examples of optional fields include, Item Override Code, Equipment Identification Number, Self Deemed Code, Account Reference Number and Location Specific Practice Number (LSPN).

Please refer to your Medicare Easyclaim Reference Guide to view definitions of the above optional fields. The Medicare Easyclaim Reference Guide is included in the Medicare Easyclaim Starter Kit and is available directly from Medicare Australia.

3.4 MEDICARE EASYCLAIM REFERENCE GUIDE

For more information about Medicare Easyclaim, including services that are not supported by Medicare Easyclaim, please refer to the Medicare Easyclaim Reference Guide, or visit www.medicareaustralia.gov.au and click on the link for Health Professionals.

3.5 EXPRESS CLAIMS

The Medicare Easyclaim application has an Express Claim option for Paid Patient claims and Bulk Bill claims.

Depending on the type of Medical Practitioner processing the claim, the following steps may not be presented:

- Payee Provider
- Item Override Code
- Location Specific Practice Number
- Equipment ID.

3.6 RECEIPTS

The ANZ HealthPay terminal will produce a Medicare receipt for each claim (including cancelled claims), please hand this receipt to the claimant. For cancelled claims, also provide a medical account receipt to enable the claimant to make a claim through an alternative channel.

For Bulk Bill claims, a two-part receipt will be printed. Please hand the completed receipt to the patient.

The ANZ HealthPay terminal can print a duplicate of the EFTPOS receipt from the last transaction. This would be used in circumstances where the terminal runs out of paper mid-receipt. If the medical practice requires copies of all Medicare receipts refer to Section 5.4 to enable duplicate receipt printing.

Sample receipts are contained in Section 10 of this guide.

3.7 INELIGIBLE CLAIMS AND ERROR CODES

Where a claim is lodged for a patient who is not eligible for Medicare benefits or service, Medicare Australia will reject the claim and a brief message, including an error code, will be displayed on the HealthPay terminal indicating that the Patient is not eligible. Please refer to the Medicare Easyclaim Reference Guide for error code definitions.

A receipt is printed showing the 4 digit error code e.g. 9611.

3.8 MEDICARE EASYCLAIM TIME-OUT

There are a number of scenarios where the Medicare Easyclaim application can time-out.

Scenario 1 - Patient Claim

If the Medicare Easyclaim operator pauses for more than approximately 30 seconds during the entry of patient claim details at any point prior to Medicare Australia approval, the claim will time-out.

When a time-out occurs in this scenario, the terminal will return to the Idle screen and the claim details will need to be entered again.

Scenario 2 - Patient Claim

If there is a delay of approximately 30 seconds between the claimant swiping their EFTPOS card and entering their PIN, a time-out will occur.

When a time-out occurs in this scenario, a message will prompt the claimant to retry their PIN entry. If the claimant does not enter a PIN, the transaction will be cancelled and a 'Cancelled by Practitioner Receipt' will be produced.

Scenario 3 - Bulk Bill

If the Medicare Easyclaim operator pauses for more than approximately 30 seconds during the entry of patient claim details at any point prior to the Assign benefits screen, the terminal will time-out.

When a time-out occurs in this scenario, the terminal will return to the Idle screen and the claim details will need to be entered again.

Scenario 4 - Bulk Bill

If there is no response within approximately 30 seconds to the prompt on the Assign benefits screen, the ANZ HealthPay terminal will time-out.

When a time-out occurs in this scenario, the transaction will be cancelled and a 'Cancelled by Practitioner Receipt' will be produced.

3.9 SYSTEM UNAVAILABILITY

Should the Medicare network become unavailable for a period of time, the ANZ HealthPay terminal will display a message when you attempt to next process a claim.

In this event, you may advise the claimant to lodge their claim through an alternative channel.

4. Setting up the ANZ HealthPay Terminal

4.1 ADDING TERMINAL OPERATOR IDS.

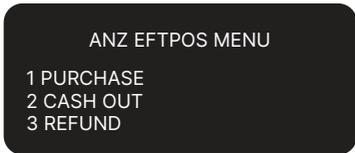
A user ID is required to process Medicare transactions. The user ID is part of the security mode features of the ANZ HealthPay terminal. Security mode is used to prevent unauthorised use of the terminal when it is left unattended.

Start from the Idle screen. For example:

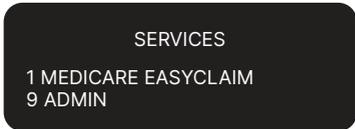
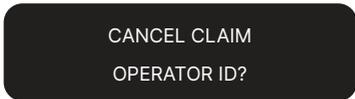


Press ENTER.

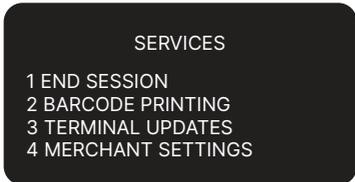
ANZ HealthPay™



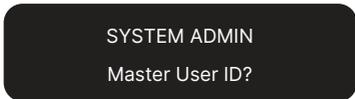
Scroll down to select the SERVICES option and press ENTER. If you have set up an Operator ID on your terminal you will be prompted to enter the Operator ID. For example:



From the SERVICES menu, press FUNC.



Press 4 to select MERCHANT SETTINGS.



Enter Master User Id (default Id is 467263) then press ENTER.

MERCHANT SETTINGS

- 1 OPERATOR ADMIN
- 2 SECURITY MODE
- 3 TIMERS
- 4 REVERSAL

Press 1 to select OPERATOR ADMIN.

OPERATOR ADMIN

- 1 ADD OPERATOR
- 2 MODIFY OPERATOR
- 3 REMOVE OPERATOR
- 4 OPERATOR LIST

Press 1 to select ADD OPERATOR.

ADD NEW OPERATOR
OPERATOR NAME

Enter Operator Name then press ENTER.

ADD NEW OPERATOR
USER ID?

Enter Operator ID then press ENTER.

ADD NEW OPERATOR
USER ID?
RECORD ADDED...

The new Operator is added to the terminal.

ADD NEW OPERATOR
OPERATOR NAME

If another operator is to be added please repeat the previous 3 steps. If there are no more operators to be added, press CANCEL to return to the OPERATOR ADMIN screen.

4.2 MODIFYING TERMINAL OPERATOR IDS.

Repeat the steps in section 4.1 until you reach the OPERATOR ADMIN menu.

OPERATOR ADMIN

- 1 ADD OPERATOR
- 2 MODIFY OPERATOR
- 3 REMOVE OPERATOR
- 4 OPERATOR LIST

Press 2 to select MODIFY OPERATOR.

MODIFY OPERATOR
OPERATOR NAME
OPERATOR1

Select PREV or NEXT from the menu by pressing the CHQ or CR soft-function keys until you locate the operator you wish to change and then press ENTER.

PREV NEXT

MODIFY OPERATOR
USER ID? (NEW)

Enter New User ID then press ENTER.

MODIFY OPERATOR
USER ID? (CONFIRM)

Enter New User ID then press ENTER.

UPDATING RECORD...

MODIFY OPERATOR
OPERATOR NAME

To modify another operator please repeat the above steps. If there are no more operators to modify, press CANCEL to return to the OPERATOR ADMIN screen.

4.3 REMOVING TERMINAL OPERATOR IDS.

Repeat the steps in section 4.1 until you reach the OPERATOR ADMIN menu.

OPERATOR ADMIN

1 ADD OPERATOR
2 MODIFY OPERATOR
3 REMOVE OPERATOR
4 OPERATOR LIST

Press 2 to select REMOVE OPERATOR.

REMOVE OPERATOR
OPERATOR NAME
OPERATOR1

PREV

NEXT

Select PREV or NEXT from the menu by pressing the CHQ or CR soft-function keys until you locate the operator you wish to delete and then press ENTER.

REMOVE OPERATOR
OPERATOR NAME

PREV

NEXT

The selected operator has been deleted. Press CANCEL to return to the OPERATOR ADMIN screen.

4.4 PRINTING AN OPERATOR LIST

Repeat the steps in section 4.1 until you reach the OPERATOR ADMIN menu:

OPERATOR ADMIN

1 ADD OPERATOR
2 MODIFY OPERATOR
3 REMOVE OPERATOR
4 OPERATOR LIST

Press 4 to select OPERATOR LIST. The terminal will print an Operator List. Press CANCEL to return to idle screen.

5. Customising Medicare Easyclaim on your ANZ HealthPay terminal

Medicare Easyclaim is designed to make claiming Medicare benefits quick and efficient. With ANZ HealthPay you are able to configure customised lists of providers and services that will save time during the processing of a claim. In order to gain the most out of your ANZ HealthPay service it is advisable to set up a few options relating to your service. This will affect the options you are presented with when you process a claim.

The steps detailed below show how to set up three main fields, Services, Provider and MBS Items. Other options, including LSPN, equipment, Ref/ReqProv, SCP ID and Receipts, can also be customised. See Section Other Administrative Functions for more detail.

5.1 SERVICES SETUP

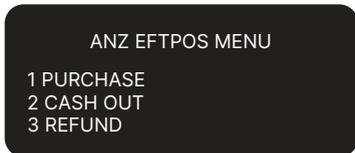
To go to the Setup Services menu:

Start from the Idle screen.

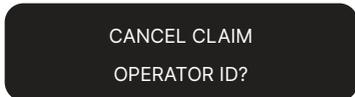
For example:



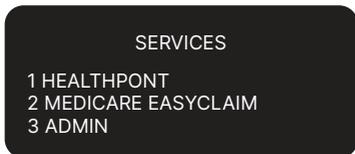
Press ENTER.



Scroll down to select the SERVICES option and press ENTER. If you have set up an Operator ID on your terminal you will be prompted to enter the Operator ID. For example:



Enter your Operator ID, then press ENTER. Terminal will display the services screen.



Press 2 to select MEDICARE EASYCLAIM.

MEDICARE EASYCLAIM

- 1 CLAIM
- 9 SETUP

Press 9 to select SETUP.

SETUP

- 1 SERVICE SETUP
- 2 PROVIDER SETUP
- 3 MBS ITEM SETUP
- 4 LSPN SETUP

Press 1 to select SERVICES SETUP.

SETUP

- | | |
|------------------|-----|
| 1 GP | YES |
| 2 SPEC/AH/DENTAL | YES |
| 3 DIAGNOSTIC | YES |
| 4 PATHOLOGY | YES |

Change the services available by pressing the number next to the service. By default, all Service types are set to YES. Change any Services not applicable to NO then press ENTER. The terminal will save these settings and print a confirmation receipt.

Note: Only the Services set to "Yes" will be available choices when making a claim or when setting up other preferences.

5.2 PROVIDER SETUP

To go to the Provider menu:

Start from the Idle screen.

For example:



ANZ HealthPay™

Press ENTER.

ANZ EFTPOS MENU

- 1 PURCHASE
- 2 CASH OUT
- 3 REFUND

PROVIDER MENU

- 8 SUPERVISOR
- 9 BALANCE INQUIRY
- 10 SERVICES

Scroll down to select the SERVICES option and press ENTER. If you have set up an Operator ID on your terminal you will be prompted to enter the Operator ID. For example:

CANCEL CLAIM
OPERATOR ID?

Enter your Operator ID, then press ENTER. Terminal will display the services screen.

SERVICES

- 1 HEALTHPONT
- 2 MEDICARE EASYCLAIM
- 3 ADMIN

Press 2 for MEDICARE EASYCLAIM.

MEDICARE EASYCLAIM

- 1 CLAIM
- 9 SETUP

Press 9 for SETUP.

SETUP

- 1 SERVICE SETUP
- 2 PROVIDER SETUP
- 3 MBS ITEM SETUP
- 4 LSPN SETUP

Press 2 for PROVIDER SETUP, the terminal will show a list of your Providers.

PROVIDER LIST

- 1 DR SMITH

ADD

PRINT

To add a new Provider, select ADD option by pressing the corresponding YELLOW key.

Enter the PROVIDER NUMBER and press ENTER.

PROVIDER NUM

Note: The provider number must be full 8 characters, including letters. If a provider number is less than 8 characters, add '0' at the start to fill up the space.

SHORT NAME

Enter the PROVIDER NAME and press ENTER.

SERVICE TYPE

- 1 GP
- 2 SPEC/AH/DENTAL
- 3 DIAGNOSTIC
- 4 PATHOLOGY

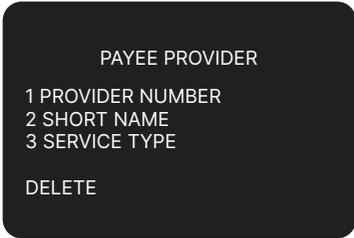
Select the SERVICE TYPE they provide.

PAYEE PROVIDER

- 1 N/A
- 2 GP1

SEARCH

If payment for this Provider's services is to go into the bank account they have registered with Medicare, select N/A. Otherwise select a provider to be the Payee Provider.



The screen will display the Provider's details. Press ENTER if they are correct, or select one to edit it. Add as many Providers as are necessary.



The screen will show the list of Providers. Press ENTER to accept changes. The terminal will print a receipt of the list of Providers.

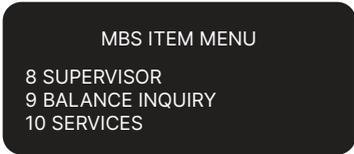
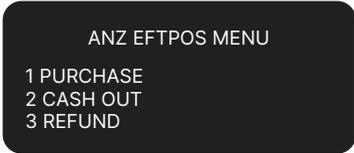
5.3 MBS ITEM SETUP

To go to the MBS Item menu:
Start from the Idle screen.

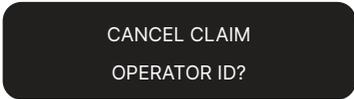
For example:



Press ENTER.



Scroll down to select the SERVICES option and press ENTER. If you have set up an Operator ID on your terminal you will be prompted to enter the Operator ID. For example:



Enter your Operator ID, then press ENTER. Terminal will display the services screen.



Press 2 for MEDICARE EASYCLAIM.

MEDICARE EASYCLAIM
1 CLAIM
9 SETUP

Press 9 for SETUP.

SETUP
1 SERVICE SETUP
2 PROVIDER SETUP
3 MBS ITEM SETUP
4 LSPN SETUP

Press 3 for MBS ITEM SETUP the terminal will display the SERVICE TYPE list.

SERVICE TYPE
1 GP
2 SPEC/AH/DENTAL
3 DIAGNOSTIC
4 PATHOLOGY

Select the SERVICE TYPE.

DIAGNOSTIC ITEMS
ADD PRINT

To add a new MBS ITEM, Select ADD option by pressing the corresponding YELLOW key.

ITEM NUMBER 1

Enter the MBS ITEM NUMBER and press ENTER.

SHORT NAME

Enter the SHORT NAME for the Item and press ENTER.

ITEM AMOUNT

Enter the full service fee amount including the schedule fee and additional payments and press ENTER.

REVIEW ITEM
1 ITEM NUMBER
2 SHORT NAME
3 ITEM AMOUNT
DELETE

The screen will show a summary of the information entered. Check that is correct and press ENTER.

Add as many MBS items as are necessary. The screen will show the list of MBS Items. Press ENTER to accept changes. The terminal will print a receipt of the MBS Item numbers.

5.4 OTHER SETTINGS

There are several other settings listed in the Setup menu, which are not applicable to all practices. See Section Other Administrative Functions for details on setting up these other settings.

6. Making a Claim

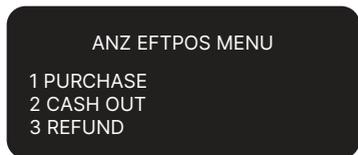
When you have completed setting up your terminal, the process will be streamlined to your practice. The options you selected during setup affect which options you are given when you come to raise a claim.

Start from the Idle screen.

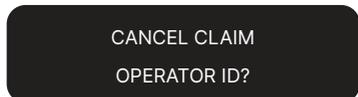
For example:



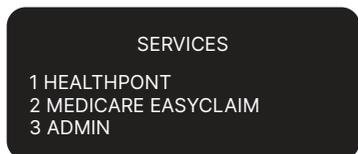
Press ENTER.



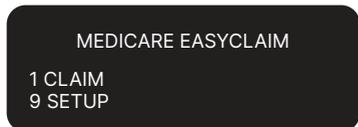
Scroll down to select the SERVICES option and press ENTER. If you have set up an Operator ID on your terminal you will be prompted to enter the Operator ID. For example:



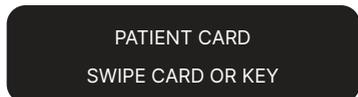
Enter your Operator ID, then press ENTER. Terminal will display the services screen.



Press 2 for MEDICARE EASYCLAIM.

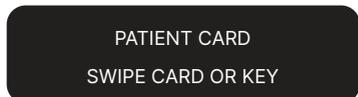


Press 1 for CLAIM.



Swipe the claimants Medicare Card or enter the card number.

Note: Medicare card can be swiped at Idle status and it will directly take you to step 6.



Enter the IRN and press ENTER.

Note: The IRN is number that is listed next to the patient's name on Medicare card.

CLAIM TYPE

- 1 FULLY PAID
- 2 PARTIALLY PAID
- 3 UNPAID
- 4 BULK BILL

Select Claim type by pressing the number that matches the claim type.

Note: This option will not be given if the only service available is Pathology.

SERVICE PROVIDER

1 DR SMITH

SEARCH

Select the service provider.

If Provider details have been setup (see Section Customising Medicare Easyclaim) press the number next to the Provider you wish to select.

Alternatively: To use a different Provider number, select SEARCH option, key in the Provider Number and press ENTER.

If no Provider details have been set up, key in the Provider number and press ENTER.

Note: The provider number must be a full 8 characters, including letters. If a provider number is less than 8 characters, add '0' at the start to fill up the space.

SERVICE PROVIDER

1 DR SMITH

SEARCH

The terminal will display the Claim Data details; check that the information is correct and press ENTER.

To modify any Claim Data details, select the number corresponding to the information you wish to change. For further information about each claim item see Section Claim Data Details.

After modifying a Claim Data detail, the terminal will return to this screen. Press ENTER when all required changes have been made.

MBS ITEM

1 LEVEL A CONSULTATION

Terminal will display the MBS Item list if they have been set up (see Section Customising Medicare Easyclaim), press the number corresponding to the MBS Item required.

If no MBS Items have been set up, manually enter the item number then press ENTER.

LEVEL A CONSULTATION

1 AMOUNT	\$23.50
2 DATE	11/10/14
3 OVERRIDE CODE	N/A

DISCARD

Terminal will display the Service Item details; check that the information is correct and press ENTER.

To change/modify any of the service item details, select the number corresponding to it (eg press 1 to modify Amount)

Select DISCARD option you want to discard the item.

Use the up and down arrow key to scroll to next page.

After modifying a service item detail, the terminal will return to this screen. Press ENTER when all required changes have been made.

SERVICE ITEMS

1 LEVEL A CONSULTATION

ADD

The terminal will then show the Service Items Summary. To lodge additional items for this claim, select ADD option. Press ENTER if there are no more items to add.

PROCESSING
PLEASE WAIT.....

The terminal will then connect to the server and send the claim request for processing.

Refer to Sections **For Approved Fully Paid Patient Claims; For Unpaid or Part-Paid Claims; For Bulk Bill.**

6.1 FOR APPROVED FULLY PAID PATIENT CLAIMS

You will be presented with the Medicare Applicable Benefit. Press ENTER to continue, or CANCEL to decline the benefit.

SERVICE DEPOSIT
TOTAL \$45.00
ENTER TO CONTINUE

- If you continue, the EFTPOS rebate is processed
- If you select cancel the terminal will print out a Paid Claim – Cancelled receipt
- Swipe the claimant's EFTPOS card or enter the card details
- Select savings or cheque
- Ask the claimant to enter their PIN and press ENTER
- The terminal will then connect to the server again.

If the payment transaction is successful, provide the Medicare and terminal receipts to the claimant. If a duplicate copy of the receipt is printed (unpaid and partially paid claims only), this is retained by the medical practice (see Section Receipt Setup).

If the payment transaction is declined, you may ask the claimant if they wish to try another EFTPOS card. If the payment transaction cannot be completed successfully, cancel the claim and provide the claimant with the cancelled claim receipt that is printed from the terminal and an invoice/statement for lodgement by other alternative means.

Press YES to retry, or NO to cancel the claim.

Note. If the EFTPOS transaction is unsuccessful (e.g. Issuer declined, User cancelled), then it may be retried – with a different EFTPOS card &/or account type (if desired).

6.2 FOR UNPAID OR PART-PAID CLAIMS

If the claim is unpaid, or part paid the benefit is not electronically payable to the claimant via the ANZ HealthPay terminal. The ANZ HealthPay terminal will print a 'Paid Claim - Pended' receipt.

6.3 FOR BULK BILL

If the patient is eligible for a concessional entitlement:

- Press 1 to Accept (continue) the claim
- Press 2 to Decline (cancel) the claim.

If the patient is not eligible for a concessional entitlement:

- Press 1 to Override (continue) with the claim
- Press 2 to Decline (cancel) the claim.

Note: This screen only appears if concessional entitlement verification was requested and the patient was not eligible.

The patient must view the partially printed receipt and then agree to assign the benefit payment to the practitioner by pressing 1 (Assign benefit). A completed receipt will then be printed.

Where the patient declines to assign the benefit payment to the practitioner, they must press 2 (don't assign).

If no option is selected, the claim will be reversed and should be reprocessed.

If the claim is successful the completed Bulk Bill Assignment Advice must be provided to the patient. If a duplicate copy of the receipt is printed, this is retained by the medical practice (see Section Receipt Setup).

If the claim cannot be completed successfully, process the Bulk Bill claim by completing the respective Bulk-Bill forms in triplicate and providing copies to the patient and to Medicare Australia.

The receipt indicates that Medicare Australia has accepted the claim as valid (that is, there is no missing or invalid data), but the claim has not yet been assessed for payment. This is why the receipt shows the benefit estimate for the item, and not the actual benefit value that will be paid by Medicare Australia.

Medicare Australia will assess the claim for payment later that day. During assessment it is possible that individual items may be rejected. Practitioners should verify claim payment details using Medicare Australia's Provider Hotline on 132 150.

7. Other Administrative functions

7.1 UPDATING DETAILS FOR PROVIDERS AND MBS ITEM NUMBERS

To alter the details of a Provider or MBS Item in the list stored in the terminal, go to the appropriate Medicare Setup menu and select the item to change. Edit the values as needed.

To delete a Provider or MBS Item from the list stored in a terminal, go to the appropriate Medicare Setup menu and select the item to delete. Press FUNCTION and select DELETE.

7.2 UPDATING DETAILS ON REPLACEMENT TERMINALS

If a ANZ HealthPay terminal is replaced, the lists and settings do not carry over. To retrieve the lists set up in a previous terminal, go to the Easyclaim Setup menu in the new terminal, select each setup menu in turn.

For each one, select the PRINT option. This will prompt the terminal to download any previously set up lists

7.3 RECONCILING BULK BILL CLAIMS AND PAYMENTS

ANZ HealthPay terminals are not able to print reports in relation to Medicare claims processed on the terminal. Individual listings of submitted Bulk Bill claims can be viewed using the Medicare Australia Health Professional Online Service (HPOS) that can be accessed via the internet. Use this to check whether any individual items within a claim have been rejected.

Please call the Medicare Australia e-Business Service Centre on 1800 700 199 (option 1) for further information regarding the Health Professional Online Service (HPOS).

Note. Bulk Bill claim information can only be viewed, using the Health Professional Online Service (HPOS), 2-3 days after processing the claim.

7.4 LSPN SETUP

The Location Specific Provider Number (LSPN) is applicable to services:

- Within “Group T2 - radiation oncology” services as described in the MBS
- Within “Category 5 - diagnostic imaging” services as described in the MBS
- Where a general practitioner has remote area exemption and performs diagnostic services.

Where these services occur, this field is to be considered mandatory.

The LSPN Setup option allows you to add, edit, delete and review current LSPNs.

7.4.1 To go to the LSPN setup menu:

- Press ENTER and select SERVICES
- Type in the Operator ID if required and press ENTER
- Press 2 for MEDICARE EASYCLAIM
- Press 9 for SETUP
- Press 4 to select LSPN setup.

7.4.2 To add new LSPNs

- To add a new LSPN, select ADD option
- Key in the LSPN and press ENTER
- Enter a short name for the LSPN and press ENTER
- The ANZ HealthPay screen will show the information entered. Check that it is correct and press ENTER
- The ANZ HealthPay screen will show the list of LSPNs. Add LSPNs as necessary and press ENTER to accept changes
- The ANZ HealthPay terminal will print a confirmation receipt once completed.

7.4.3 To edit LSPN details

- Press the number corresponding to the LSPN you wish to edit
- Press 1 to add or edit the LSPN or Press 2 to add or edit the LSPN Name
- Press ENTER to accept changes
- Select DELETE to delete this LSPN. This will delete this LSPN and return you to the LSPN List.

7.5 EQUIPMENT SETUP

Relates to specific equipment that needs to be registered in order to claim certain items and is commonly applied to radiotherapy equipment. The Equipment Setup option allows you to add, edit, delete and review current equipment.

7.5.1 To go to the Equipment Setup menu:

- Press ENTER and select SERVICES
- Type in the Operator ID if required and press ENTER
- Press 2 for MEDICARE EASYCLAIM
- Press 9 for SETUP
- Press 5 to select Equipment Setup.

7.5.2 To add new equipment

- To add new equipment, select ADD option
- Enter the Equipment ID Number and press ENTER
- Enter a short name for the equipment and press ENTER
- The ANZ HealthPay screen will show the information entered. Check that it is correct and press ENTER
- The ANZ HealthPay screen will show the list of Equipment IDs. Add equipment as necessary and press ENTER to accept changes
- The ANZ HealthPay terminal will print a confirmation receipt once completed.

7.5.3 To edit equipment details

- Press the number corresponding to the equipment you wish to edit
- Press 1 to add/edit the Equipment ID or Press 2 to add/edit the Equipment Name
- Press ENTER to accept changes
- Select DELETE to delete this Equipment. Selecting Delete will delete this equipment and return you to equipment List.

7.6 REFERRING AND REQUESTING PROVIDER SETUP

This data is required for certain services provided by specialists, allied health or consulting physicians, where a Medicare benefit is dependent on acceptable evidence that the service has been provided following referral from another health provider.

This list is used for both Referring Providers and Requesting Providers.

The Referring and Requesting Provider Setup (listed on the terminal as "REF/REQ Provider") option allows you to add, edit, delete and review current Referring and Requesting Providers.

7.6.1 To go to the Referring and Requesting Provider Setup menu:

- Press ENTER and select SERVICES
- Type in the Operator ID if required and press ENTER
- Press 2 for MEDICARE EASYCLAIM
- Press 9 for SETUP
- Press 6 to select Referring and Request Provider Setup.

7.6.2 To add new Referring and Requesting Providers

- To add a new referring and requesting provider, select ADD option
- Enter the Provider Number and press ENTER
- Enter a short name for the Provider and press ENTER
- The ANZ HealthPay screen will show the information entered. Check that it is correct and press ENTER
- The ANZ HealthPay screen will show the list of Providers. Add Providers as necessary and press ENTER to accept changes
- The ANZ HealthPay terminal will print a confirmation receipt once completed.

Note. The provider number must be full 8 characters, including letters. If a provider number is less than 8 characters, add '0' at the start to fill up the space.

7.6.3 To edit Referring and Requesting Provider details

- Press the number corresponding to the Provider you wish to edit
- Press 1 to add/edit the Provider Number or Press 2 to add/edit the Provider Name
- Press ENTER to accept changes
- Press the FUNCTION key and select DELETE to delete this Provider. Selecting Delete will delete this Provider and return you to the REF/REQ Provider List.

7.7 SPC ID SETUP

Specimen Collection Point identification number (SCP ID) applies to bulk bill pathology services only.

Under the SCP ID Setup you can add, edit, delete and review current SCP IDs.

7.7.1 To go to the SCP ID Setup menu:

- Press ENTER and select SERVICES
- Type in the Operator ID if required and press ENTER
- Press 2 for MEDICARE EASYCLAIM
- Press 9 for SETUP
- Press 7 to select SCP ID Setup.

7.7.2 To add new SCP IDs

- To add a new SPC ID, select ADD option
- Enter the SCP ID number and press ENTER
- Enter a short name for the SCP and press ENTER
- The ANZ HealthPay screen will show the information entered. Check that it is correct and press ENTER
- The ANZ HealthPay screen will show the list of SCPs. Add SCPs as necessary and press ENTER to accept changes. The ANZ HealthPay terminal will print a confirmation receipt once completed.

7.7.3 To edit SCP ID details

- Press the number corresponding to the SCP you wish to edit
- Press 1 to add/edit the Provider Number or Press 2 to add/edit the SCP Name
- Press ENTER to accept changes
- Press the FUNCTION key and select DELETE to delete this SCP. Selecting Delete will delete this SCP and return you to the SCP ID List.

7.8 RECEIPT SETUP

This FUNCTION allows the setup of Single Copy or Duplicate Copy receipts for Paid Patient and Bulk Bill claims.

7.8.1 To change Receipt settings:

- Press the ENTER key and select the SERVICES option
- Type in the Operator ID if required and press ENTER
- Press 2 for MEDICARE EASYCLAIM
- Press 9 for SETUP Press 8 to select RECEIPT SETUP
- Press 1 to toggle between single 'S' and duplicate 'D' receipts for Paid Patient Claims
- Press 2 to toggle between single 'S' and duplicate 'D' receipts for Bulk Bill Claims
- Press ENTER to accept changes
- The ANZ HealthPay terminal will print a single confirmation receipt once completed.

8. Claim Data Details

Below are details of the items which might be shown in step 12 of Section Making a Claim. The values displayed will vary depending on the options previously selected as well as the options entered during Setup (see Customising Medicare Easyclaim).

Claimant

The Claimant option is presented for all Fully Paid, Partially Paid and Unpaid claims. This is the person who is receiving a rebate for the Medicare Claim. Use this option to indicate a Claimant who is different from the Patient.

The default is the Patient's details. This is indicated by a 'P' (for Patient) in the right column of this line. If Claimant details do not match the Patient's, a 'C' (for Claimant) is displayed instead.

If the Claimant is on the same Medicare card as the patient:

- Select this option. Press 2 then key in the Claimant's IRN and press ENTER.

If the Claimant is on a different Medicare card from the patient:

- Select this option. Press 1, swipe the Claimant's Medicare card or key in their Medicare number and press ENTER, then key in the Claimant's IRN and press ENTER.

CEV Request

The CEV Request option is presented for general practitioner, diagnostic and pathology Bulk Bill claims. Under real-time Concession Entitlement Verification (CEV), Medicare Australia will validate the patient's concession entitlement, if the patient's Medicare card is valid.

The default value is 'No', indicated by an 'N' in the right column of this line. If the value is changed to 'Yes', this is represented by a 'Y' in the right column.

- Select this option then select YES or NO.

Payee Provider

The different Payee Provider option is presented for all claims. If payment for this Provider's services is to go into the bank account they have registered with Medicare, there is no need to indicate a different Payee Provider. Otherwise select a different Provider to be the Payee Provider.

A default value can be set for each Servicing Provider during Provider Setup (see Section Provider Setup). If a Payee Provider has not been set, the default is 'No Payee Provider', indicated by an 'N' in the right column of this line. If a different Payee Provider's details have been entered, this is represented by a 'Y' in the right column.

If Providers have been setup (see Section Provider Setup):

- Select this option. The terminal will show the Provider List (this is the same as the list for Servicing Providers)
- Select the Provider or N/A from the list (N/A indicates that the Servicing Provider should be the Payee Provider)
- If the required Provider has not been added previously, then select SEARCH, key in the PROVIDER ID and press ENTER.

If Providers have not been setup:

- Select this option. Key in the different Payee Provider's Provider number or leave the field blank (for N/A) and press ENTER.

Account Reference

The Account Reference option is presented for Partially Paid and Unpaid claims. This is only used if to relate this claim back to the patient's account in a practice management system.

The default is for no Account Reference data, indicated by an 'N' in the right column of this line. If an Account Reference value has been entered, a 'Y' is displayed instead.

- Select this option. Key in the Account Reference number or leave the field blank (for N/A) and press ENTER.

Referring Provider

The Referring Provider option is presented if the Service Type of the Service Provider is Specialist/ Allied Health/Dental Service. The Referring Provider number cannot be the same as the Servicing Provider number.

The default is for 'no Referring Provider'. This is indicated by an 'N' in the right column of this line. A 'P' indicates that Referring Provider details have been entered.

- Select this option to enter the Referring Provider Details menu.

If no Referring Provider details are being indicated:

- Press 2, select the Referral Override Type and then press ENTER.

Note. The default Referral Override Type is "Not Required" (indicated by N). Other options are "Lost" (indicated by L) and "Emergency" (indicated by E).

If Referring Providers have been set up (see Section Referring and Requesting Provider Setup) and a Referring Provider is being indicated:

- Press 1 SELECT PROVIDER
- Select the Referring Provider or N/A from the list OR:
 - If the required Referring Provider has not been added previously, select SEARCH option, key in the Referring Provider number and press ENTER
- Key in the Referral issue date and press ENTER
- Confirm that the details are correct then press ENTER.

If Referring Providers have not been set up and a Referring Provider is being indicated:

- Press 1 SELECT PROVIDER
- Key in the Referring Provider number and press ENTER
- Key in the Referral issue date and press ENTER
- Confirm that the details are correct then press ENTER.

Requesting Provider

The Requesting Provider option is presented if the service offered by the provider is Diagnostic or Pathology.

The default is for no Requesting Provider, with an override code depending on the Service type. The character in the right column indicates the override code: 'S' for Self Deemed, 'N' for Not

Required, 'L' for Lost and 'E' for Emergency. A 'Y' indicates that Requesting Provider details have been indicated.

- Select this option to enter the Requesting Provider Details menu.

If no Requesting Provider details are being indicated:

- Press 2, select the Request Override Type and then press ENTER.

Note: The default Referral Override Type is "Self Deemed" (indicated by 'S') for Pathology and "Not Required" (indicated by N) for Diagnostic. Other options are "Lost" (indicated by L) and "Emergency" (indicated by E).

If Requesting Providers have been set up (see Section 7.6 Referring and Requesting Provider Setup) and a Requesting Provider is being indicated:

- Press 1 SELECT PROVIDER
- Select the Requesting Provider or N/A from the list OR:
 - If the required Requesting Provider has not been added previously, select SEARCH option, key in the Requesting Provider number and press ENTER
- Key in the Request issue date and press ENTER
- Confirm that the details are correct then press ENTER.

If Requesting Providers have not been set up and a Requesting Provider is being indicated:

- Press 1 SELECT PROVIDER
- Key in the Requesting Provider number and press ENTER
- Key in the Request issue date and press ENTER
- Confirm that the details are correct then press ENTER.

9. Services Data Details

Below are details of the information shown in step 10 of Section Making a Claim. Listed are all possible values that may be shown after you have selected an MBS item. The values presented will vary depending on choices made earlier in the claim and options selected from the Medicare Setup menu (see Section Customising Medicare Easyclaim).

Amount

The Item Amount option is presented if the claim is not Bulk Bill. This is the full amount charged to the claimant, including the scheduled fee and any additional payment.

The value is displayed to the right of this line. If the item was not selected from a list, the default is \$0.00.

- Select this option, key in a new dollar value then press ENTER.

Patient Contribution

The Patient Contribution is presented if the claim is Partially Paid.

The value of the patient contribution is displayed to the right of this line. The default is \$0.00.

- Select this option, key in a new dollar value then press ENTER.

Date

The Date of Service option is always presented.

The current item's Date of Service is displayed to the right of this line. The default is today's date. If other items have been added to the claim already, the default date is the one set for those items (this allows quick entry of all claims that occurred on the same date).

- Select this option, key in a new date then press ENTER.

Override Code

The Item Override Code option is always presented.

The default is 'N/A'. The current Item Override Code is displayed on the right of this line. Its values can be 'N/A', 'AP' (Not Duplicate Service) or 'AO' (Not Normal Aftercare).

- Select this option then select the appropriate value from the list.

Restrictive Override Code

The Restrictive Override Code option is presented if the service provided is not Pathology.

The default is 'N/A'. The current item Restrictive Override Code is displayed on the right of this line. Its values can be 'N/A', 'SP' (Separate Sites), 'NR' (Not Related) and 'NC' (Not for Comparison).

- Select this option then select the appropriate value from the list.

LSPN

The LSPN option is presented if the service provided is not pathology.

For services that are not diagnostic, the default is for no LSPN. For a diagnostic service this field is mandatory and has no default. The current LSPN is displayed on the right of this line ('N/A' indicates that there is no LSPN).

If LSPN Items have been setup (see Section LSPN Setup):

- Select this option. The ANZ HealthPay terminal will show the LSPN List
- Select the LSPN or N/A from the list
- If the required LSPN has not been added previously select SEARCH option, key in the LSPN and press ENTER.

Note: The 'N/A' option is unavailable if Service = Diagnostics.

If LSPN Items have not been setup:

- Select this option. Key in the LSPN or leave the field blank (for N/A) and press ENTER.

Note: This cannot be left blank if Service = Diagnostics.

Substituted Service

The Substituted Service option is presented if the service provided is diagnostic and a Requesting Provider was supplied.

The default value is 'No', indicated by an 'N' in the right column of this line. If the value is changed to 'Yes', this is represented by a 'Y' in the right column.

- Select this option then select YES or NO.

Equipment ID

The Equipment ID option is presented if the service provided is diagnostic.

The default value is 'N/A'. The current Equipment ID is displayed on the right of this line ('N/A' indicates that there is no Equipment ID).

If Equipment Items have been setup (see Section Equipment Setup):

- Select this option. The ANZ HealthPay terminal will show the equipment ID List
- Select the Equipment ID or N/A from the list
- If the required Equipment ID has not been added previously select SEARCH option, key in the Equipment ID and press ENTER.

If Equipment Items have not been setup:

- Select this option. Key in the Equipment ID or leave the field blank (for N/A) and press ENTER.

SCP ID

The SCP ID option is presented if the service provided is pathology.

The default value is 'N/A'. The current SCP ID is displayed on the right of this line ('N/A' indicates that there is no SCP ID).

If SCP IDs have been setup (see Section SCP ID Setup):

- Select this option. The ANZ HealthPay terminal will show the SCP ID List
- Select the SCP ID or N/A from the list
- If the required SCP ID has not been added previously, select SEARCH option, key in the SCP ID and press ENTER.

If SCP IDs have not been setup:

- Select this option. Key in the SCP ID or leave the field blank (for N/A) and press ENTER.

10. Medicare Receipts

Fully Paid Medicare Easyclaim Patient Claim

This is an example of a fully paid Medicare Easyclaim patient claim receipt.



**MEDICARE CLAIM RECEIPT
EFTPOS**

PLEASE RETAIN FOR TAXATION
PURPOSES

CARD: 123456789 (S) 1
 PATIENT NAME: MR JOHN SMITH
 PROVIDER: DR PETER JONES
 (1234567A)

DATE OF SERVICE: 20/02/2008

CHARGE	SCH FEE	BENEFIT	EXP
MBS ITEM 23003			
85.00	65.80	65.80	0

TOTAL CHARGES: \$85.00
 TOTAL BENEFIT: \$65.80

Should you have an enquiry regarding a missing Medicare benefit payment, please contact the bank that issued the card used in the transaction, quoting the reference number on the EFTPOS receipt.

For all other Medicare related enquiries, please contact Medicare Australia on 132 011.

ISSUED: 20/02/2008 15:15
 TERMINAL ID: 00110011001

MEDICARE TRANSACTION ID:
 0123456789012345678901234

Unpaid / Partially Paid Medicare Easyclaim Patient Claim

This is an example of a partially paid Medicare Easyclaim patient claim receipt.

The receipt for an unpaid or pending claim will contain the same information.



MEDICARE LODGEMENT RECEIPT

THIS CLAIM HAS BEEN LODGED WITH
 MEDICARE AUSTRALIA FOR
 ASSESSMENT

CARD: 123456789 (S) 1
 PATIENT NAME: JOHN SMITH
 PROVIDER: DR PETER JONES
 (1234567A)

CLAIMANT CARD: 123456788 1
 CLAIMANT CARD: MARY SMITH

DATE OF SERVICE: 20/02/2008

CHARGE	SCH FEE	BENEFIT	EXP
MBS ITEM	CHARGE	PATIENT	CONTRIB
2	50.00	15.00	

TOTAL CHARGES: \$50.00
 PATIENT CONTRIB: \$15.00

Where Medicare benefits are assessed as payable for this claim, a statement and/or cheque in the Medical Practitioner's name will be forwarded to the claimant's address recorded by Medicare.

Where no benefit is assessed as payable, a statement only will be forwarded to the claimant's address recorded by Medicare.

For all Medicare related enquiries, please contact Medicare Australia on 132 011.

ISSUED: 20/02/2008 15:26
 TERMINAL ID: 00110011001

MEDICARE TRANSACTION ID:
 0123456789012345678901234

Pended Medicare Easyclaim Patient Claim

This is an example of a pended Medicare Easyclaim patient claim receipt.



MEDICARE LODGEMENT RECEIPT

THIS CLAIM HAS BEEN LODGED WITH
MEDICARE AUSTRALIA FOR
ASSESSMENT

CARD: 123456789 (S) 1
PATIENT NAME: JOHN SMITH
PROVIDER: DR PETER JONES
(1234567A)

CLAIMANT CARD: 123456788 1
CLAIMANT CARD: MARY SMITH

DATE OF SERVICE: 20/02/2008

CHARGE MBS ITEM	SCH FEE CHARGE	BENEFIT	EXP PATIENT CONTRIB
2	50.00		15.00

TOTAL CHARGES: \$50.00
PATIENT CONTRIB: \$15.00

On assessment of your claim, Medicare Australia will issue a statement, and where a benefit is payable, a cheque, will be mailed to the claimant's address recorded by Medicare.

For paid patient claims – where the claimant's EFT details are held, payment will be made to the recorded account number.

For all Medicare related enquiries, please contact Medicare Australia on 132 011.

ISSUED: 20/02/2008 15:26
TERMINAL ID: 00110011001

MEDICARE TRANSACTION ID:
0123456789012345678901234

Cancelled Medicare Easyclaim Patient Claim



**MEDICARE CLAIM RECEIPT
EFTPOS**

CARD: 123456789 (S) 1
PATIENT NAME: MR JOHN SMITH
PROVIDER: DR PETER JONES
(1234567A)

DATE OF SERVICE: 20/02/2008

CHARGE MBS ITEM	SCH FEE	BENEFIT	EXP
23003	85.00	65.80	0

TOTAL CHARGES: \$85.00
TOTAL BENEFIT: \$65.80

THIS CLAIM HAS BEEN CANCELLED

For all Medicare related
enquiries, please contact
Medicare Australia on 132 011.

ISSUED: 20/02/2008 15:215
TERMINAL ID: 00110011001

MEDICARE TRANSACTION ID:
0123456789012345678901234

Medicare Easyclaim Bulk Bill Claim

This is an example of a receipt for Medicare Easyclaim Bulk Bill claim.



BULK BILL ASSIGNMENT ADVICE
BULK BILL CLAIM FOR ASSESSMENT
BY MEDICARE AUSTRALIA

PATIENT COPY: PLEASE RETAIN FOR
YOUR RECORDS

CARD: 123456789 (S) 1
PATIENT NAME: MR JOHN SMITH
PROVIDER: DR PETER JONES
(1234567A)

DATE OF SERVICE: 20/02/2008

MBS ITEM	BENEFIT ESTIMATE	
23300	123.45	

MBS ITEM	LSPN	EQUIP
23	000014	

TOTAL: \$123.45

On Assessment of your claim,
Medicare Australia may adjust the
benefit payable in accordance with
the rules set out in the
Medicare Benefits Schedule.

I have assigned my right to
benefits to the practitioner who
rendered the services.

ISSUED: 20/02/2008 15:28
TERMINAL ID: 00110011001

MEDICARE TRANSACTION ID:
0123456789012345678901234

Cancelled Medicare Easyclaim Bulk Bill Claim

This is an example of a receipt issued when the patient declines a Medicare Easyclaim Bulk Bill claim.



BULK BILL ASSIGNMENT ADVICE
BULK BILL CLAIM FOR ASSESSMENT
BY MEDICARE AUSTRALIA
PATIENT COPY: PLEASE RETAIN FOR
YOUR RECORDS

CARD: 123456789 (S) 1
PATIENT NAME: MR JOHN SMITH
PROVIDER: DR PETER JONES
(1234567A)

DATE OF SERVICE: 20/02/2008

MBS ITEM	SCHEDULE FEE
23300	123.45

TOTAL: \$123.45

On assessment of your claim,
Medicare Australia may adjust
the benefit payable in accordance
with the rules set out in the
Medicare Benefits Schedule.

CANCELLED BY PATIENT

ISSUED: 20/02/2008 15:56
TERMINAL ID: 00110011001
MEDICARE TRANSACTION ID:
0123456789012345678901234

Error Receipt

This is an example of an error receipt for Medicare Easyclaim.

The message displayed will vary depending on the Error code.

TRANSACTION FAILED

Check item. The item claimed is
either unknown or invalid at the
date of service.

Error code: 9611

contact the help desk on
1300 633 269

Date/Time: 20/02/2008 15:45

Instructions appearing in this Merchant Operating Guide form part of your Merchant Agreement and may be varied or replaced by ANZ Worldline Payment Solutions at any time.

About ANZ Worldline Payment Solutions

On 15 December 2020 Australia and New Zealand Banking Group Limited announced that it was setting up a partnership with Worldline SA to provide leading payments technology and merchant services in Australia.

The joint venture formed by ANZ and Worldline SA is known as **ANZ Worldline Payment Solutions** and aims to give merchant customers in Australia access to Worldline SA's market-leading payments technology and future innovations. ANZ Worldline Payment Solutions commenced operations on the 1st April, 2022.

Pairing Worldline SA's global leadership with ANZ's local expertise and existing relationships, ANZ Worldline Payment Solutions aims to offer fast, reliable and secure point-of-sale and online payment acceptance for merchants and their customers in Australia, and strives to deliver a suite of competitive products and an innovative roadmap to help your business grow.

ANZ Worldline Payment Solutions means Worldline Australia Pty Ltd ACN 645 073 034 ("Worldline"), a provider of merchant solutions. Worldline is not an authorised deposit taking institution (ADI) and entry into any agreement with Worldline is neither a deposit nor liability of Australia and New Zealand Banking Group Limited ACN 005 357 522 ("ANZ") or any of its related bodies corporate (together "ANZ Group"). Neither ANZ nor any other member of the ANZ Group stands behind or guarantees Worldline.

