Pracsoft by Telstra Health

# Administration Workbook

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# Introduction

## Purpose of this guide

This guide provides administration staff with the knowledge and procedures required to effectively use Pracsoft within an Aboriginal Community Controlled Health Organisation (ACCHO). It is designed to support consistent administrative processes, accurate patient record management, efficient appointment scheduling, billing activities, Medicare claiming, and other day-to-day practice operations.

The guide outlines standard workflows and best-practice procedures to assist staff in delivering high-quality, culturally safe, and patient-centred services while maintaining compliance with organisational policies, privacy requirements, and Medicare regulations.

This document should be used as both a training resource for new staff and a reference guide for existing staff performing administrative functions within Pracsoft.

## Intended Audience

This guide is intended for administration staff working within an Aboriginal Community Controlled Health Organisation (ACCHO), including:

- Receptionists
- Administration / Medicare Officers
- Practice Support Staff
- Practice Managers and Team Leaders

The guide assumes users have basic computer skills but may have limited or no prior experience using Pracsoft. It focuses on the administrative functions of the system and does not cover clinical workflows performed by General Practitioners, Nurses, Aboriginal Health Workers and Practitioners, or other clinical staff unless those workflows directly interact with administrative processes.

## Software version

The guide is current for version 4.3a of the MedicalDirector Pracsoft software. As software functionality is updated periodically, some screens and features may differ slightly depending on your practice's installed version and configuration.

# Topic 1 – Adding and editing patient records

Patient records can be edited and created from both the Appointment Book and Waiting Room screens in Pracsoft.

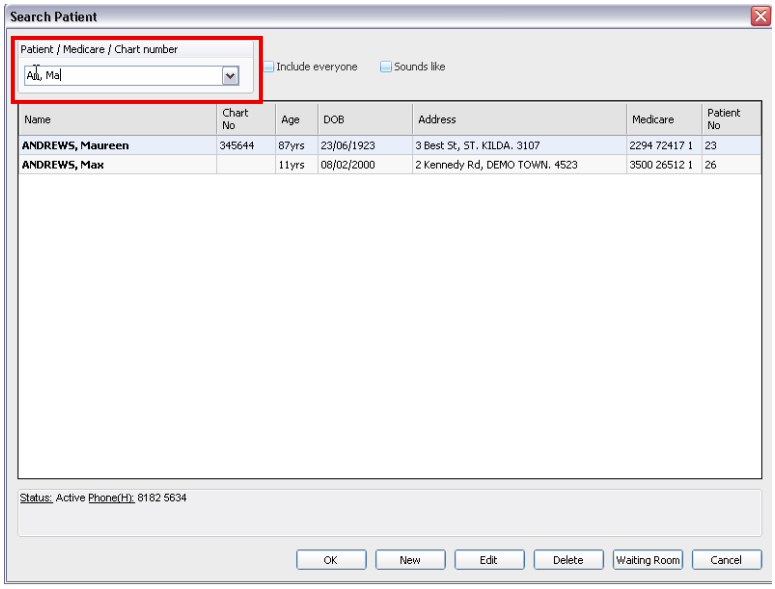
## Edit an existing patient record

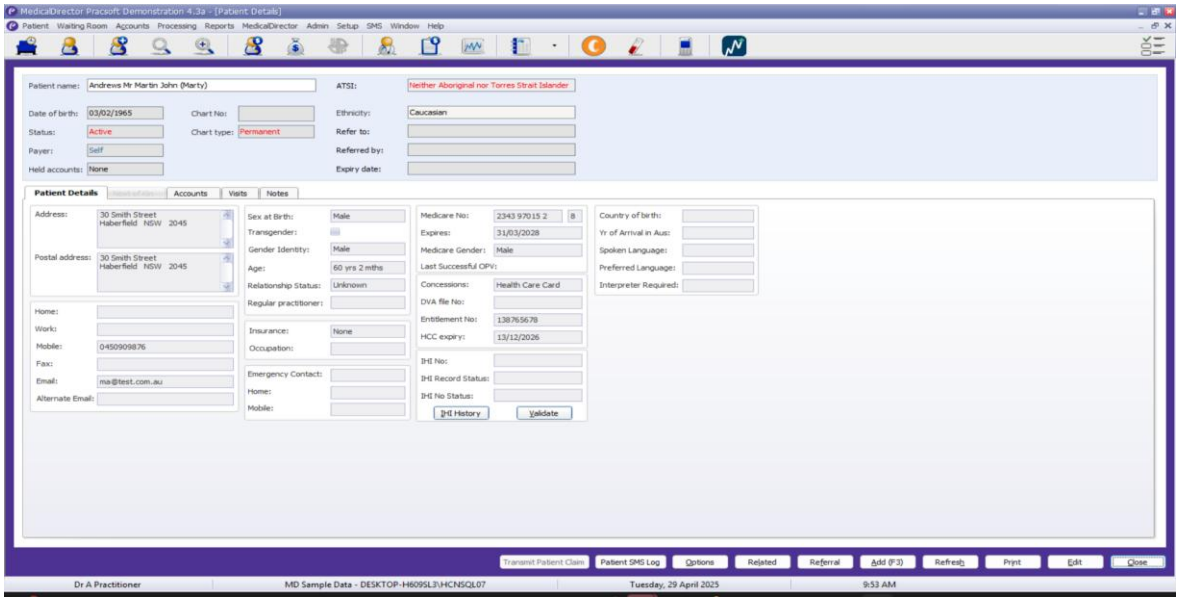
You can edit a patient's details from either the Patient Details View (if the patient is already showing in your Waiting Room or Appointment Book screen), or from the Search screen.

1. To search for a patient click on the **Magnifying Glass icon**. The Select Patient screen will appear.



2. **Type the first letter or two of the surname, a comma and the first letter or two of the first name** and press enter or click **OK**.
3. **Click on the correct patient** from the options listed.
4. Click on **Edit.**
5. You will now be in the **Edit Patient Details** screen. Update the relevant details.
6. **Save.**





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## Add a new patient record

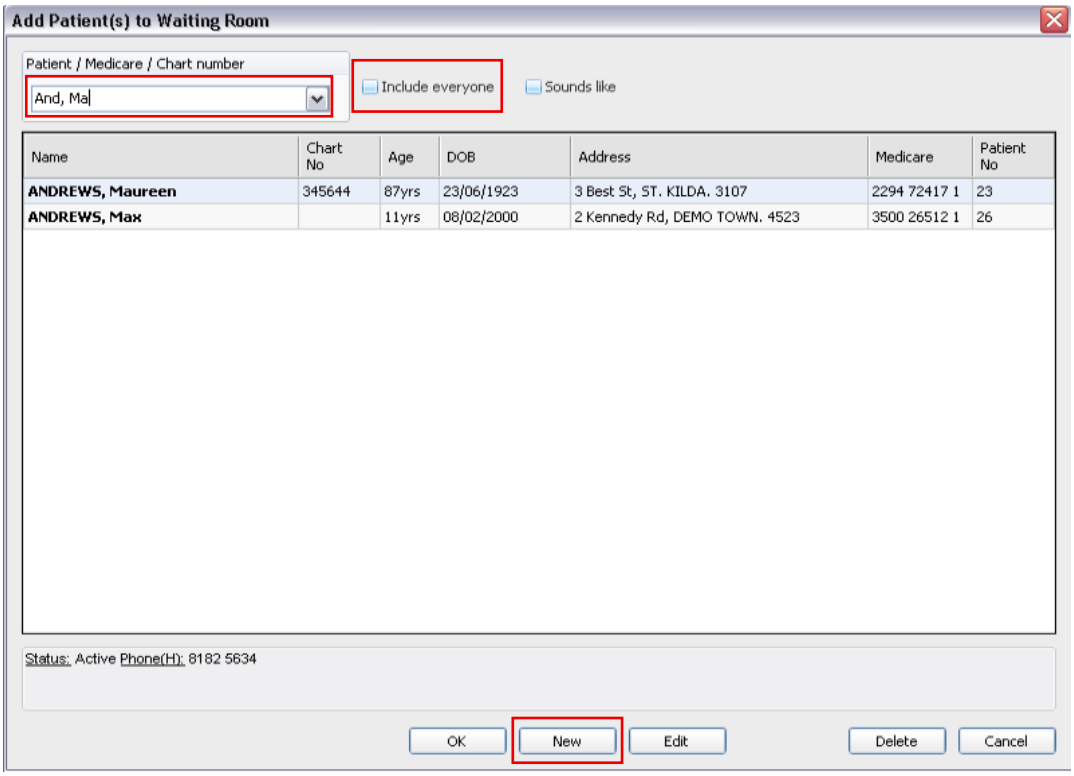
It is essential patient demographic information is entered accurately as this helps to identify the needs of individual patients to optimise healthcare delivery. Inaccurate or missing information can lead to gaps in the delivery of healthcare for a patient. Therefore we need to ensure the process of collecting and recording patient information is accurate and comprehensive.

To create a new patient record, first make sure they don't exist in the Pracsoft database. To do this you need to tick 'Include everyone' when performing the search.

**Note: Inactive patients are displayed in the list in red text.**

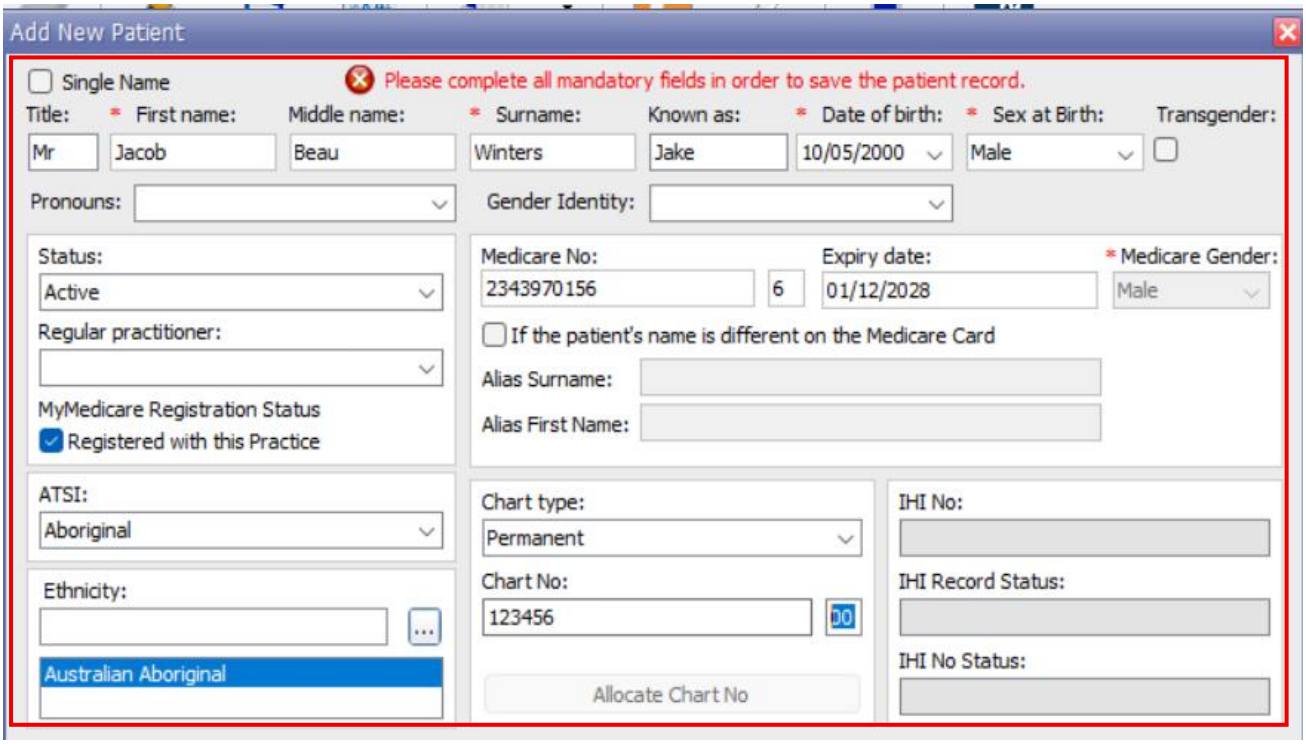
1. From the Waiting Room, click on the **Add** button from the bottom of your screen or F3.

2. Enter the first few letters of the patient's surname to search the database. If their name does not appear, click on **New**.
3. Enter all data on in the top section of the Add New patient screen




4. **Click on the Payer tab** and set the payer and enter concession details
5. **Click on the Address / Phone tab** and enter contact information for the patient
6. **Click on the Personal details tab** and enter the relevant information
7. **Click on the Notes tab** and enter any relevant notes
8. **Save**

The following screenshots and associated field descriptions provide further detail to assist with completing the patient demographic information screens:




The following table describes each field in the top section of the Add New Patient screen (shown in the screenshot above):

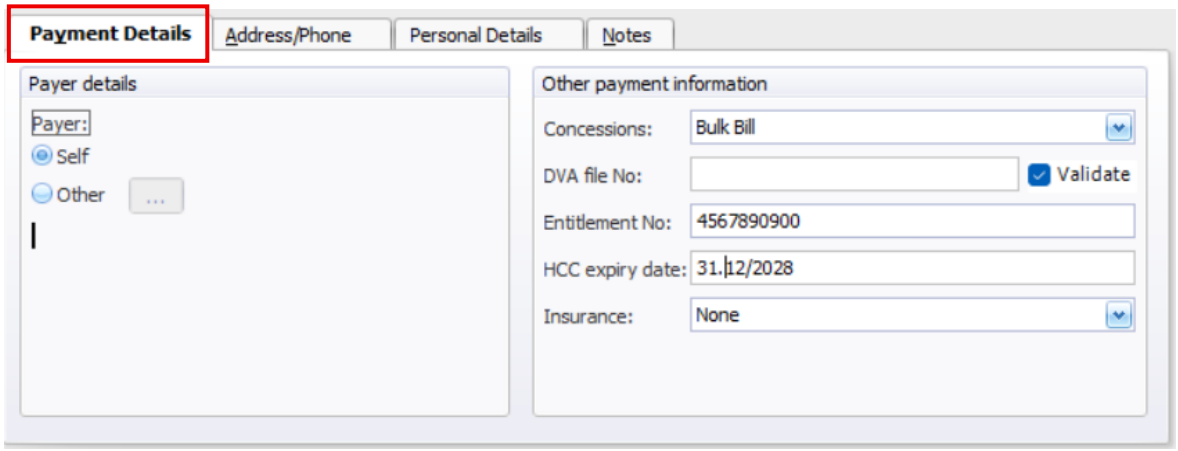
| Field Name | Description |
|---|---|
| Single name | Tick this box for patients who are known by a single name only. Enter their name into the Surname field. |
| Title | Select from the drop-down list. This will print on documents that include the patient details |
| First Name | The surname of the patient (must match Medicare card) |
| Middle name | The middle name of the patient |
| Surname | The first name of the patient (must match Medicare card) |
| Known As | The name by which the patient prefers to be known e.g Dave (whereas their given name may be David) |
| Date of Birth | Tick the box then click **v** to select the date |
| Sex at birth | This is the gender recorded at birth (must match Medicare card). The Sex at birth field is used in the clinical record to determine what actions are available e.g. obstetric history. |
| Transgender | Tick if the patient is transgender |
| Pronouns | Select from a drop-down list to indicate how the patient is to be addressed in conversation and correspondence. |
| Gender identity | Select from the drop-down list |

| Field Name | Description |
|---|---|
| Status | Select from the following<br>Active – select when creating a new patient<br>Visiting – Short term patient / visitor<br>Next of Kin - Someone who acts as the next-of-kin for another patient in your database, but who themselves is **not** a patient.<br>Emergency contact - Someone who acts as the emergency contact for another patient in your database, but who themselves is **not** a patient<br>Inactive – a patient who is no longer visiting the service. |
| Regular practitioner | Used when registering a patient for My Medicare. Select the patients preferred practitioner to match the registration. |
| MyMedicare registration status | Tick if the patient is registered for MyMedicare at the practice |
| ATSI | Select from the drop-down list to indicate if the patient has aboriginality or not |
| Ethnicity | Start typing the first characters of the country and select from the list OR<br>Select '…' button and choose from the drop-down list. Multiple ethnicities can be chosen. |
| Medicare No.<br>IRN<br>Expiry<br>Medicare gender | Enter the patients 10-digit Medicare card number (no spaces).<br>Enter the IRN in the next field (position of the patient listed on the card/before their name)<br>Medicare card Expiry date (DD/MM/YYYY format) e.g. /06/12/2028<br>Gender is automatically entered if you select male r female in birth sex. If you selected 'Intersex/Other', you must also indicate the patient's gender as recorded on their Medicare card. |
| If patients name is different on the Medicare card | Tick if the patients name is different from what is printed on their Medicare-card. Then enter their alias first name and alias surname |
| Chart type | Permanent |
| Chart no. | Will be auto-assigned when the new record is saved |
| IHI | This field will usually auto-populate once the patient name, address and data of birth have been added. Do not enter the number manually. |
| IHI record status<br>IHI No status | The HI Status fields will automatically update based on the results of the lookup. Active and verified will display if the patients IHI number was able to be verified online. |

**Payment details**
The Payer will default to 'self' however this can be changed as a means of linking family members together. e.g. Parent and child.

**To link a child to a parent or carer:**

1. Click on **Other**
2. **Search for the payer** in your patient database If they are also a patient in the database
3. **Select from the list**
4. Click **OK.**



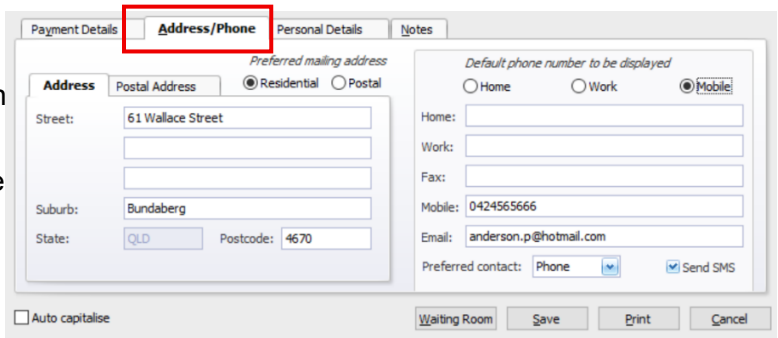

5. **Add concession details** (if applicable) under the 'Other payment information' section.

The following table describes each field in the Payment details section:

| Field Name | Description |
|---|---|
| Payer | Self: Default setting. Leave this ticked when you don't want to link this patient to another family member.<br>Other: Used to link family members together. For example, link a child to their parent or carer. Tick 'Other' , select the parent/carer using the '…' button and search for the record in Pracsoft. Click OK. |
| Concessions | Select Bulk Bill as the default billing type from the drop-down list. |
| DVA file no. | Enter the DVA card number |
| Entitlement No. | Enter the patients pension or health care card number |
| HCC expiry date | Expiry date on the card (DD/MM/YYYY format). |

**Address/Phone**

1. Click on the **Address/Phone** tab an information for the patient.
2. **Tick the Send SMS box** to indicate from the practice.
3. **Save**





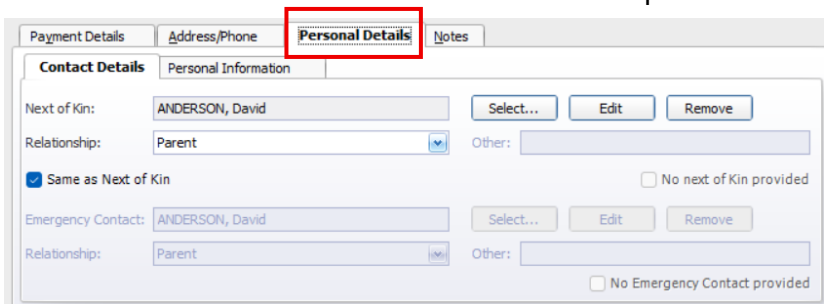

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The following table describes each field in the Address/Phone section:

| Field Name | Description |
|---|---|
| Address | Street: Enter the street address for the patient<br>Suburb: Enter the suburb |
| Postal Address | Enter the postal address for the patient (if different from the home address) |
| Preferred mailing address | Tick residential or postal |
| Default | Tick Home, Work or mobile |
| Home | Enter the patient's home phone number including area code e.g. 0298765432 |
| Work | Enter the patient's work phone number including area code e.g. 0298765432 |
| Mobile | Enter the patient's mobile phone number e.g. 0469009008 (do not include spaces) |
| Email | Enter the patients email address. This can be used to send eScripts and other documents on request. |
| Alt email | Enter an alternate email address for the patient |
| Pref contact | The patients preferred contact method. Select from the drop-down list. |
| Send SMS | Tick if patient consents to receiving SMS messages. If unticked the patient will not be sent appointment reminders / other SMS communications. |

**Personal details**

1. Click on the **Personal Details > Contact details** and enter Next of Kin and Emergency contact information.
2. To enter Next of Kin details, click on the **Select** button beside Next of Kin. This will open the patient database.
3. Enter the surname of the patient you are adding (assumes the NOK is a patient with the same surname).
4. If the NOK is a patient find them in the database and then click OK, otherwise click on **New** and enter relevant details (at least the name and telephone number).



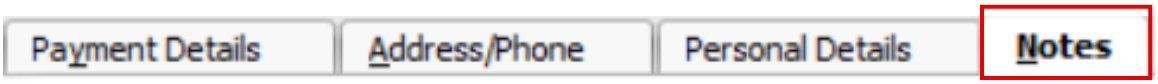

5. Ensure you select the next of kin from the database list to allocate.
6. Repeat this process to add Emergency contact details below or if the same person is both, tick 'Same as Next of Kin' as in this example.

The following table describes each field in the Personal details section:

| Field Name | Description |
|---|---|
| Contact details | |
| Next of Kin | Click Select and search for the contact in Pracsoft, OK to select. Select relationship to patient. |
| Emergency contact | Click Select and search for the contact in Pracsoft, OK to select. Select relationship to patient. |
| Personal information | |
| Relationship status | Select an entry from the dropdown eg. Married, single |
| Occupation | Enter the occupation if known |
| Country of birth<br><br>Yr of arrival in Aus | Select country of birth from drop-down list OR start typing the first few characters of the country and select from the list.<br>Select Year of arrival in Australia from drop-down list. |
| Spoken language | Click … and search for the language in the list OR start typing the language and select from the available options. |
| Preferred language | Select preferred language from the drop-down list |
| Interpreter required | Tick if an interpreter is required for practice visits. |

**Notes**

1 Click on the **Notes** tab and if appropriate, make relevant patient notes.




This is not an area for clinical notes. It should be used to record information such as ‘needs community transport’ or ‘interpreter required’ would be appropriate for this section.

2 **Save.**

Note: When finished adding new patient data you have the option to click on **Waiting Room** at the bottom of your screen to add the patient in the Waiting Room. This automatically saves patient information.

## Linking patients – Adding families of patients

In Pracsoft a 'family' consists of a group of two of more patients, where one patient is designated the payer for all others in the group. Linking patient records in Pracsoft is done using the Payer field in the

Patient Details window. Pracsoft also displays the relationship between two patient records based on their Medicare Number.

To link patient records in Pracsoft:

From the patient details window:

1. Click **Edit (**The **Edit Patient Details** window appears)
2. Select the **Payment Details** tab.
3. In the **Payer Details** section, select the **Other** (Payer) option. The Select Payer for window is pre-populated with patients who have the same surname as the current patient.
4. **Select a patient** to become the Payer for the current patient.
5. Click **OK.**
6. The patient will now be linked to the person listed as the payer.
7. **To view relationships**, click on the **Related** button to see patients with same Medicare card number.

## Adding Emergency Contact (EC) & Next of Kin (NOK) Details

From the patient details screen:

1. Select the **Personal Details** tab, and then **Contact Details** tab.
2. Within the Contact Details section, click **Select** to select the Next of Kin or Emergency contact.
3. **Select another patient** in the list to be the NOK or Emergency contact.
4. If the NOK/EC is not listed, click **New** and add them to the database.
5. Select the type of relationship from the Relationship drop-down menu. You can also free-type an entry here.
6. **Save**.

Note: Tick ‘Same as Next of Kin’ if the Emergency contact is the same person.

## Recording patient consent for electronic communications

1. Open the patient details window
2. Tick **Send SMS**
3. Record a mobile phone number in the mobile field for the patient.
4. **Save**
5. Appointment reminders, clinical reminders and SMS messages relating to results are now able to be sent to the patient.

## MyMedicare patient registration

Patients can be registered for MyMedicare in a number of ways including online via PRODA or via the Medicare app. Practices can also assist patients to register after they have completed a pre-printed form.

Any patient with a Medicare card or DVA card is eligible to register for MyMedicare. Patients can register your practice as their preferred practice under MyMedicare if they have:

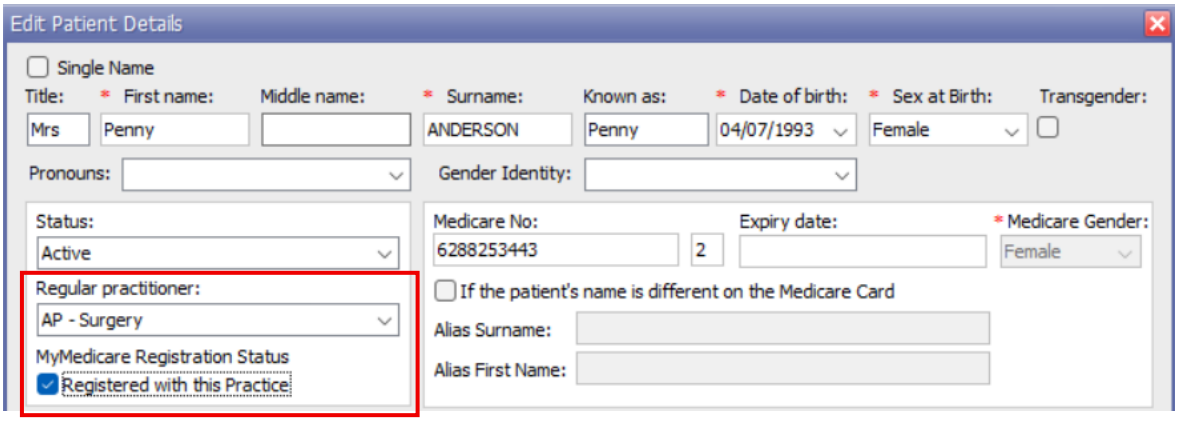
- one face-to-face visit for practices in remote locations (MMM 6 and 7)
- two face-to-face visits for practices in other locations in the previous 24 months.

## Record a patient's MyMedicare registration details in Pracsoft

This step must be completed so that Pracsoft can apply claiming rules related to MyMedicare:

From the patient details window

1 Select **Edit**




2 Under My Medicare Registration Status**, tick** the box **'Registered with this practice'**

3 Under Regular Practitioner, **select the patients preferred GP** from the dropdown list.

4 **Save**

## Update Pracsoft with MyMedicare data from PRODA (bulk)

To keep the data in Pracsoft synched with the MyMedicare registration data in PRODA it is necessary to regularly download the CSV registration file from PRODA and import it to Pracsoft.

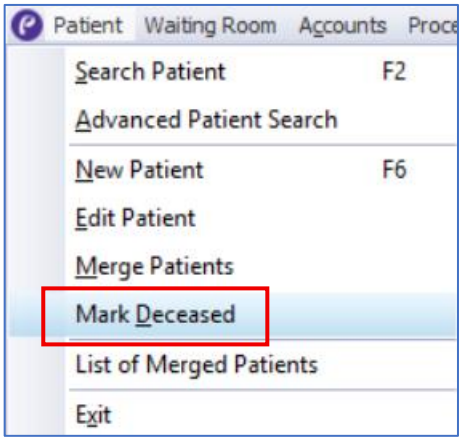
Note: You must first download and install the **MyMedicare Import Wizard** to be able to run this process.

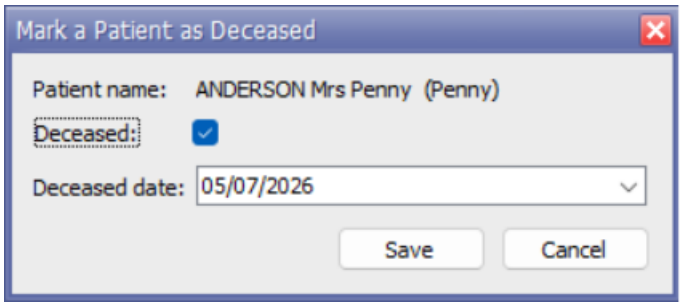
1. **Access PRODA and download the CSV file** via the My Programs > MyMedicare tile.
2. Locate and run the **MyMedicare Import Wizard**.
3. In the **Configuration** field, select the database you want to update.
4. If your practice operates from multiple locations, in the **Location** field, select the practice location whose patient database you want to update.
5. Select your username and password.
6. In the **MyMedicare Import Wizard** window, in the **Import File Path** section, click the **...** Ellipsis button.
7. Browse to and select the .csv file provided by Services Australia.
8. Click **Import**.
9. When the import is complete, the **MyMedicare Import Wizard** displays a list of patients whose MyMedicare status was successfully updated.
10. To check for any unmatched patient records, click **Unmatched Patients**.
11. **Check any unmatched patient records** in your Clinical/Pracsoft database. **Correct the records manually** if appropriate.
12. If you made any corrections manually, run the MyMedicare Import Wizard again to update the remaining records.
13. **Close**.

## Mark patient records as inactive or deceased (single)

Use this method to mark individual patient records as inactive (when they are no longer visiting the practice) or deceased (when the patient has been confirmed as deceased). This will prevent further outgoing correspondence from being sent to the patient.

1. From the patient details screen
2. Select **Edit**
3. Select Inactive in the Status field
4. Save
5. To mark a file as deceased
6. Select Patient > Mark Deceased
7. **Tick the Deceased check box**. The Deceased Date box is automatically populated with the current date, but can be edited if necessary.
8. **Save**

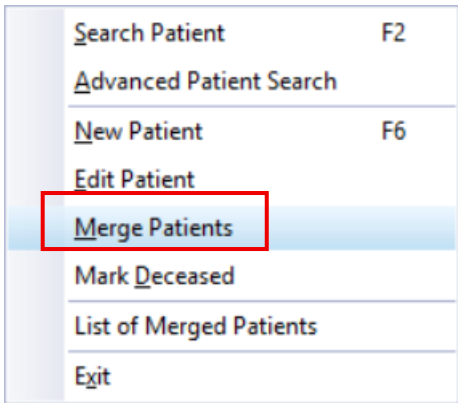



## Merging duplicate patient records

When a duplicate patient record is identified in the database and both records have visit notes/clinical information recorded, it is important to merge the 2 records so information is not lost.

If you create a duplicate record and realise before any visits have been recorded or correspondence has been saved, you may be able to delete the duplicate record using the 'Delete' button in the View > Patients screen.




**Step 1 – Identify which of the 2 duplicate records is the master or correct version (to keep)**

**Step 2 – Merge the 2 records**

1. Open the patient details window for the patient you want to keep.



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2. Select **Patient > Merge Patients.**
3. The Select Patient window will populate with names that are similar to that of the first patient you selected. You may select from other patient records if you need to.
4. **Select the patient to merge**. This patient's data will be merged with the first.
5. Click **OK** to merge the records.
6. Click **Yes** to confirm.
7. The second patient record will now be removed and any notes, results, documents, and patient data recorded for the patient will be moved to the patient you selected to keep.

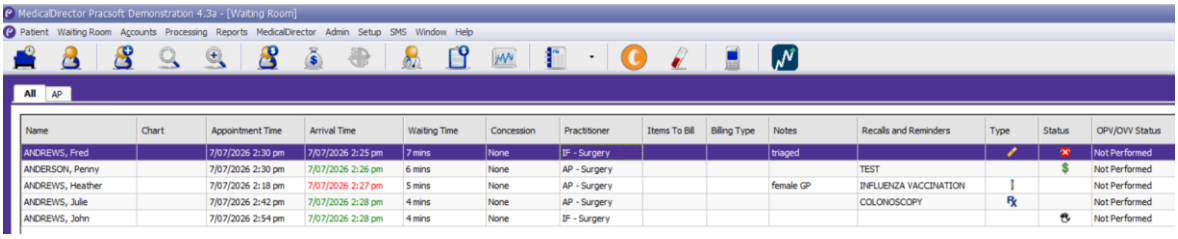
Note: To view a list of Merged patients, select Patient > List of Merged patients.

## Topic 2 – The Waiting Room

The Waiting Room screen is used to manage the queue once patients arrive to ensure they aren't overlooked and to view wait times. A patient is automatically added to the waiting room once the status of their appointment is marked as 'Waiting'.

Appointments will automatically be removed from the waiting room once an account is created and the appointment is 'completed'.

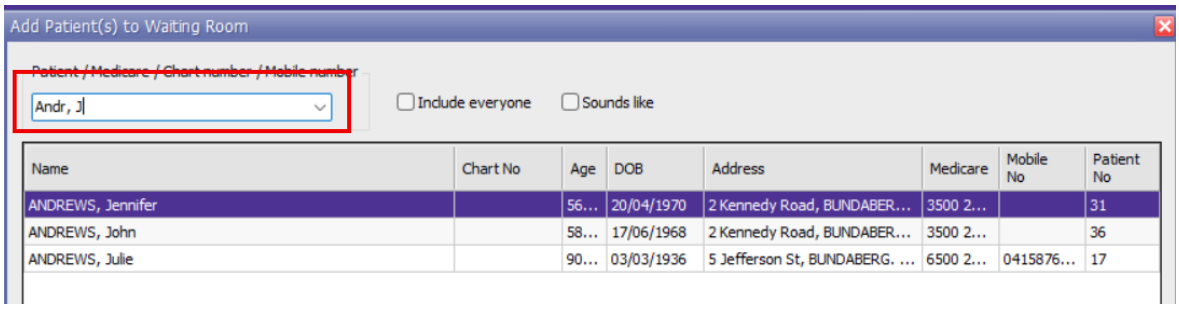
In addition, you can view the  appointment time (if applicable), arrival time and wait time from the Waiting Room screen and notes can be added to provide additional information e.g. triage status.




## Add patients without appointments (Walk-ins) to the Waiting Room

Practices accepting walk-ins can use the Waiting Room to add patients directly to the queue so they can be seen by the first available doctor or triaged by a nurse/Aboriginal Health Worker.

1. From the waiting room screen, select **Add**
2. **Search for the patient**
3. **Select the patient** in the list
4. **OK**




5. **Tick if the patient is responding to any listed reminders**
6. **OK**
7. **Right click > OPV to perform an OPV check**
8. **View (F7) to verify patient details are correct** and **Edit if required > Save**
9. **Close**

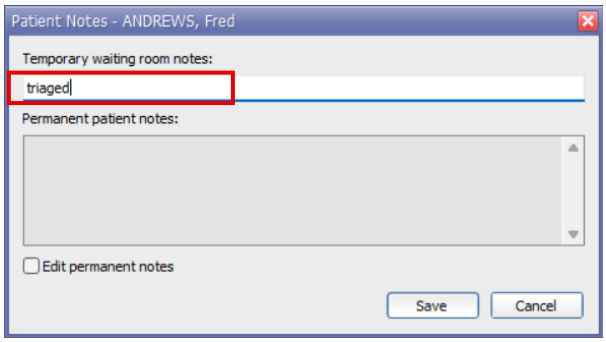
The selected patient will be added to the Waiting Room.

Note: Double click on the Practitioner column and select a practitioner (if required as per your practice protocol) and double click on the 'Notes' column to add any applicable notes (eg 'female GP requested')

## Add waiting room notes

Waiting room notes are visible in the details area in the Waiting Room screen. They help to communicate important information across the practice team such 'requested female GP' or triage details.

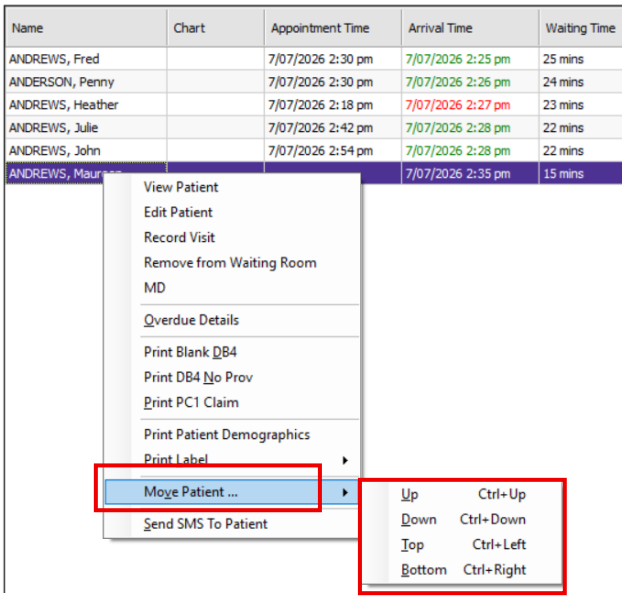
1. **Highlight the patient in the waiting room**
2. **Double click on the notes** column
3. **Enter temporary notes**
4. **To create a permanent note** that always displays, tick 'Edit permanent notes' and enter a note in the Permanent appointment notes text box.
5. **Save**




## Re-order patients in the waiting room queue

It may be necessary to re-order the patients in the waiting room from time to time.

1. **Highlight patient** in the waiting room
2. **Right click > Move patient**
3. Select **Up, Down, top or bottom** to re-order the patients in the queue






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# Topic 3 - The Appointment Book

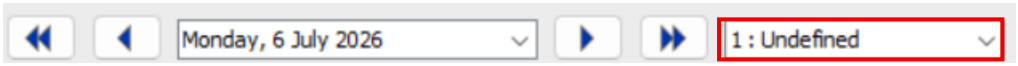
## View the appointment book

From the Waiting Room screen, select the **book icon** to open the appointment book.



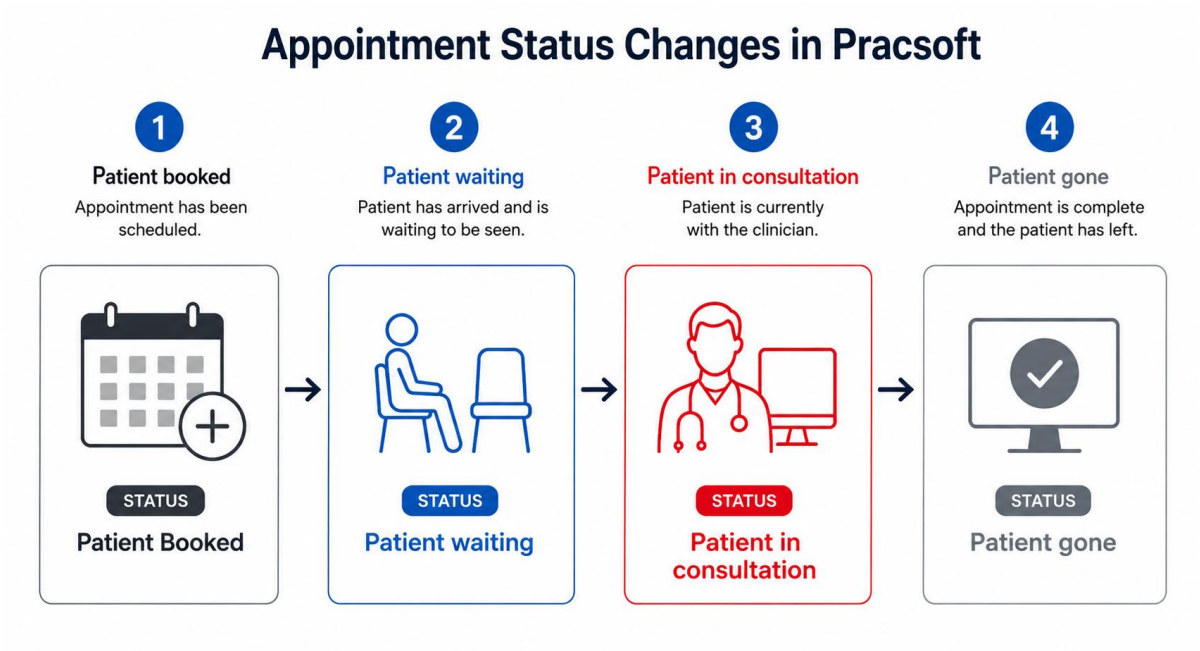
## Switch between appointment book layouts

If using multiple departments and locations, click on the drop-down to change the Appointment book view. For example, you may have one layout for the clinicians in the GP clinic and another layout for the clinicians working in the SEWB clinic.




**Appointment Status** – colour coding in the appointment book helps to easily see where a patient is as per the following diagram:






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## Typical Appointment Workflow

1 **Appointment is booked (black text)**

Patient Booked

- **Highlight the desired appointment** slot in the book
- **Start typing the name of the patient** (surname, initial) > **Enter**
- **Select the patient from the list > Select**
- **Right Click on appointment > Select appointment type**

2 **Patient arrives and details verified (3 points of identity)**

- **Right click > Patient details** to verify and update patient details / contact information is accurate (3 points of identity). **Update if required > Save**
- **Right click > Waiting**

Patient Waiting

3 **Medicare / DVA eligibility check is performed**

Online checks verify the details on file match Medicare details and therefore are useful in avoiding unnecessary rejections from Medicare due to outdated or inaccurate patient details.

- **Click on the Pracsoft logo to jump to the Waiting Room screen**
- **Select the patient in the queue**
- **Right click > Online patient verification**
- Pracsoft will connect to Medicare / DVA and verify the patient information matches. If the patient matches with Medicare/DVA data, a success message displays. **Click OK**
- If there is a mismatch between Medicare and Pracsoft data, an update window will display. **Tick the data you want to update > OK**

4 **Clinician opens patient record and records consultation details**

Patient In Consultation

5 **Clinician adds item numbers to bill via 'Medicare' button in the clinical record.**

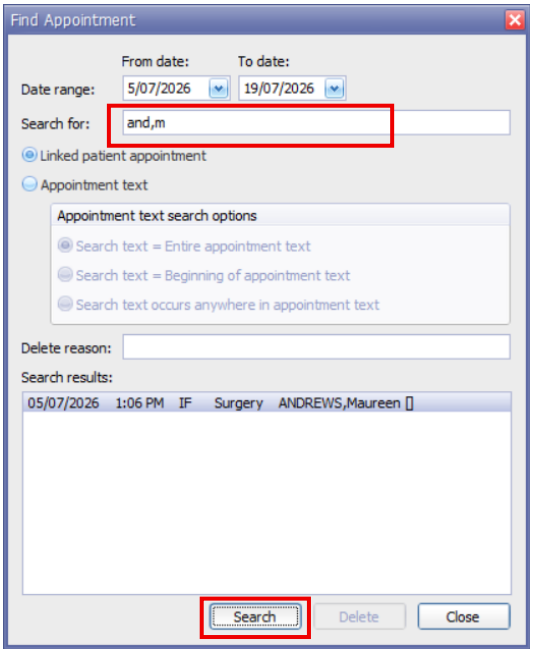
6 **Reception / Administration staff completes the visit by opening the visit and finalizing the account to complete the billing**. - see Topic 5 - Billing

7 **Visit is auto-marked as 'completed'**

Patient Gone

## Search for an appointment (F2), view and modify

1. **Select F2** (Find appointment)
1. **Adjust the date range** if necessary.
2. **Search for the patient** using last name, first initial in the Search for: field
3. **Search**
4. **Select the patient** in the list. All future booked appointments will be displayed in the Search results area.
5. To jump to an appointment in the list: **Right click on an appointment > Go to appointment**
6. To delete the appointment, **enter a delete reason > delete**




## Print a list of appointments for a patient

From the appointment book screen to print a list of future booked appointments

1. **Highlight the patient** in the book
2. Select **Print > patient appointments.**

## Reschedule an appointment

1. Select the **appointment book**
2. Select **the practitioner**
3. Select the **appointment to be rescheduled**
4. Select **Edit > Cut**
5. **Enter the reason** for deleting if prompted
6. **Find another suitable appointment** timeslot
7. Select **Edit > Paste**

## Fit-in appointments

A *fit-in appointment* is one that is scheduled in between two standard, booked appointment slots to cater for urgent care.

1. Select the time slot prior to where you want to schedule the fit-in appointment
2. Select **Appointment > Add Fit Appointment**

Pracsoft will create a new appointment slot in the book to allow you to add an appointment.

## Record patient no-shows

3 **Select the appointment**




4 Right click > Select **No-Show**

5 **OK** to revert reminder message

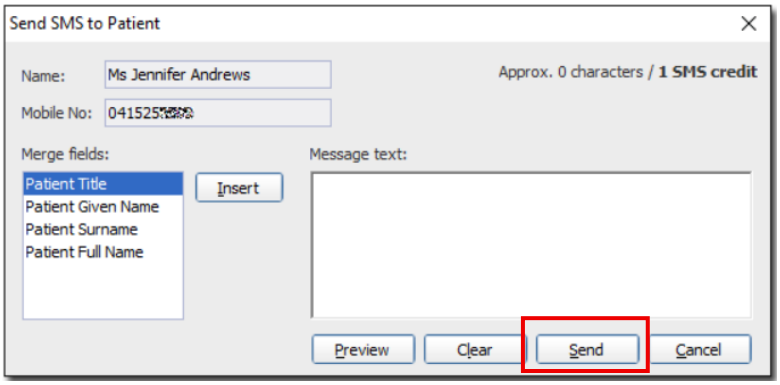
6 This will change the colour of the appointment text to **ORANGE.**

7 **Record the details of the No Show / DNA in the permanent appointment notes** for the patient including the Date, Clinic and total number of DNA's so you can track occurrence.

## SMS Appointment reminders

# Send a single appointment reminder

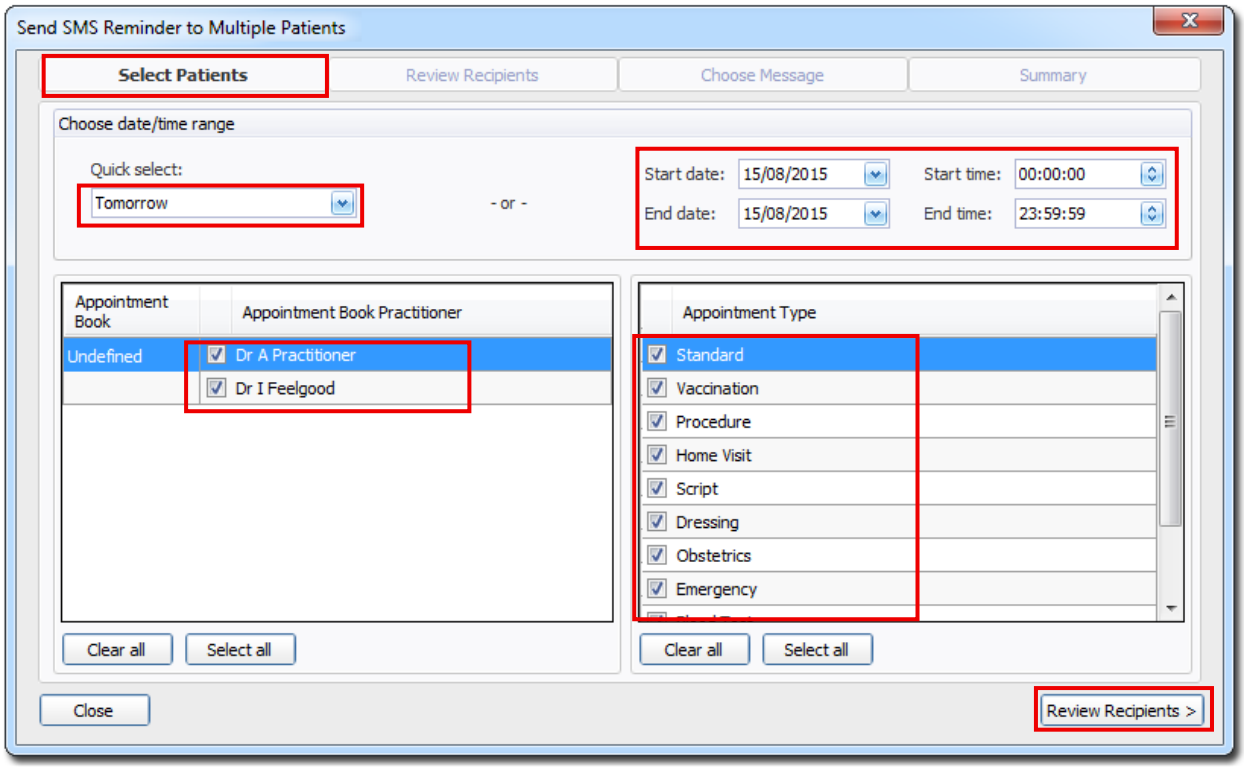
1. **Highlight the appointment** in the appointment book
2. Select 
3. **Select a template** or enter your message in the text field
4. **Preview**
5. **Send**




# Send bulk SMS appointment reminders

This function is only available from the appointment book.

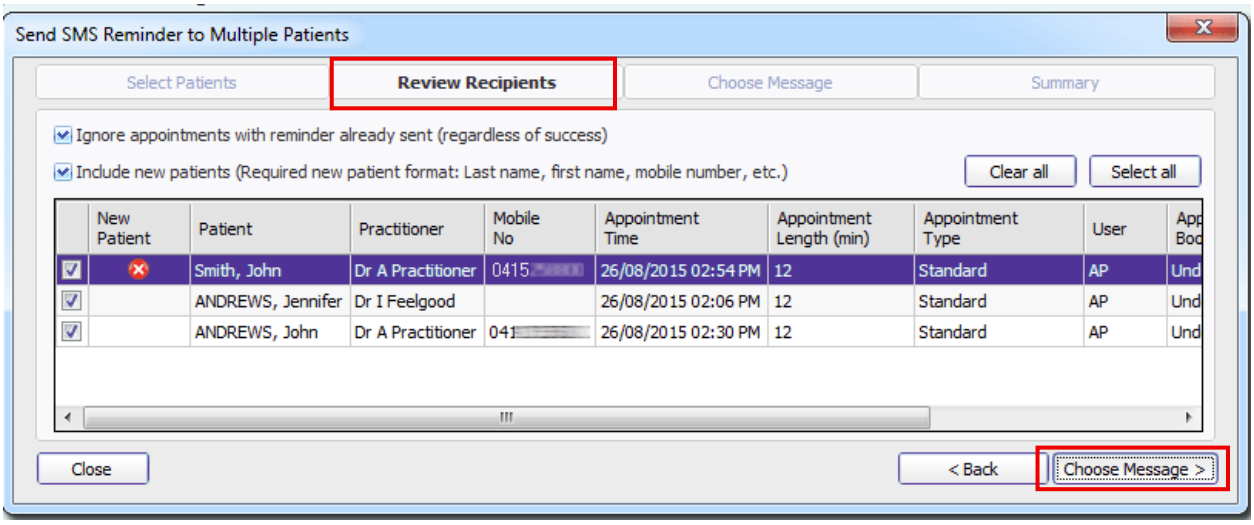
1. Select **SMS > Send SMS Message > Send SMS Reminder to Multiple Patients**
2. Use **Quick select** or enter a date/time range to include
3. Tick the **practitioners** you want to include
4. Tick the **appointment types** to include




5

6 Select '**Review recipients'**

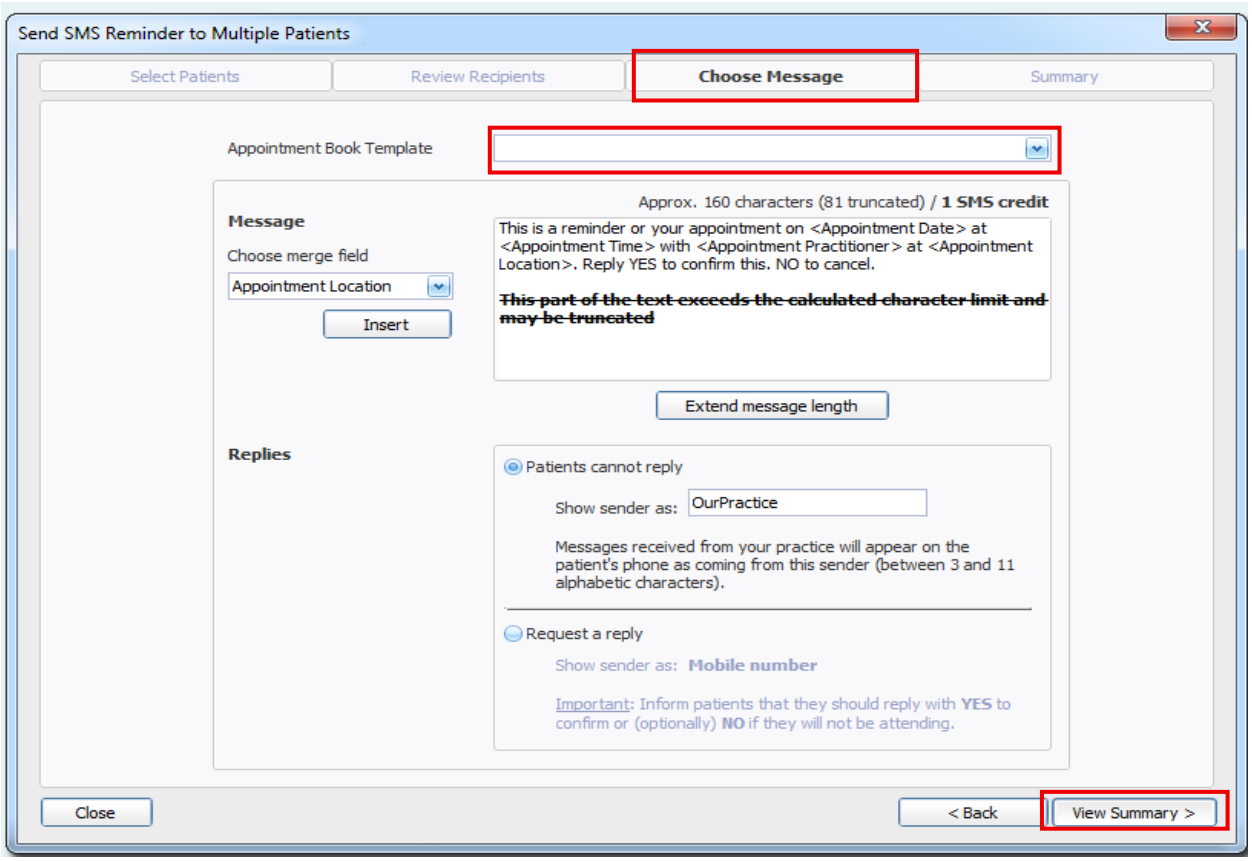
7 **Tick to ignore patients already sent an appointment reminder** (if required)




8 Select **Choose message**

9 Select a **message template OR free type a message**

10 Tick '**Request a reply'** if required.



11 Select **View Summary**

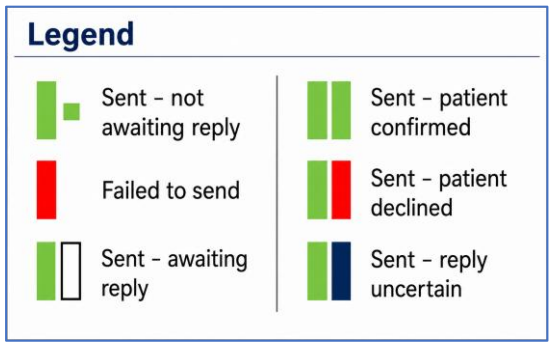
12 Select **Send > Send** (twice)

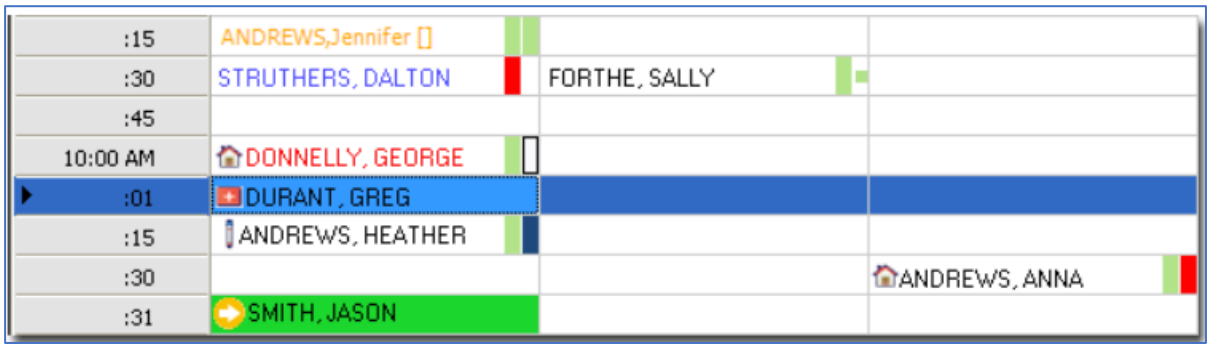
13 Select **View SMS audit log** if any messages failed to send to resolve.

### SMS messages – sent and reply status legend

Appointments with a reminder sent will display symbols to indicate the status of both the message sent and the patient reply as per the legend here.

The first bar on the left shows the status of the sent message and the second bar shows the status of the patient response.




## Check appointment reminder replies

Patients can only reply to an SMS if you have ticked 'Request a reply' when sending. Accepted responses are shown below. Note that these are case-insensitive;

- **YES or Y + alternates:** The patient is attending their appointment**.**
- **NO or N + alternates:** The patient cannot attend the appointment**.**
- **STOP + alternates:** The patient wants to opt-out of further SMS notifications.

If the patient replies 'Yes' or 'No' (or some variation of yes/no) to the SMS appointment reminder, the status is automatically updated in the second bar of the Status. Some responses will require a manual update of appointment attendance status

# Topic 4 – Billing

## Communicating Item Numbers to bill/Finalise Visit

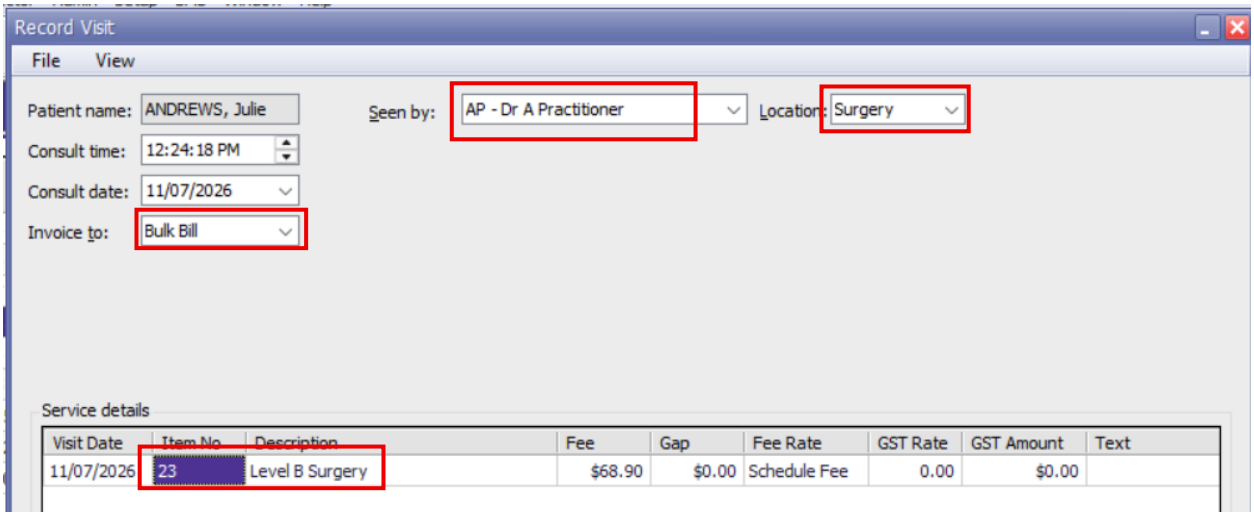
The provider enters the item numbers to bill when recording clinical notes in MedicalDirector by using the **Medicare** button in the Progress Notes area or directly through the Waiting Room screen (typing directly in the items to bill column). Item numbers will display in the Waiting Room screen under **'Items to Bill'** alongwith the '**Billing Type'** when the visit is complete.

| Name | Appointment Time | Arrival Time | Waiting Time | Concession | Practitioner | Items To Bill | Billing Type |
|---|---|---|---|---|---|---|---|
| ANDREWS, Fred | 7/07/2026 2:30 pm | 7/07/2026 2:25 pm | 5632 mins | None | IF - Surgery | 23 | Bulk bill |
| ANDERSON, Penny | 7/07/2026 2:30 pm | 7/07/2026 2:26 pm | 5631 mins | None | AP - Surgery | AA010, AA... | Bulk bill |
| ANDREWS, Heather | 7/07/2026 2:18 pm | 7/07/2026 2:27 pm | 5630 mins | None | AP - Surgery | 715 | Bulk bill |

## Recording a patient visit (bulk billing)

From the Waiting room screen

1. Highlight the patient to be billed
2. Select the **Visit** button at the bottom of the screen or **F5**. The **Record Visit** screen will now appear.
3. If you haven't already selected the treating doctor from the Waiting Room screen do so now by clicking on the **Seen-by Dr** drop-down arrow and click on the doctor's initials.




4. **Check the following information is correct**
   - Seen by (practitioner
   - Location
   - Invoice to = Bulk Bill
5. **Review the item numbers added by the clinician**

6 If the doctor has not entered an item number you can enter directly into the Item Number cell

7 To change the default item number, doubleclick on it and type over with correct number.

8 To Add an additional item number, click on **Add**.

9 Select **Voucher** to save the account for batching and sending to Medicare




## Adding Service Item text when recording a visit

Under certain circumstances, health professionals are required to provide additional information on an account so that a service can be assessed by Medicare. E.g. not duplicate service, not related.

**In the record visit window:**

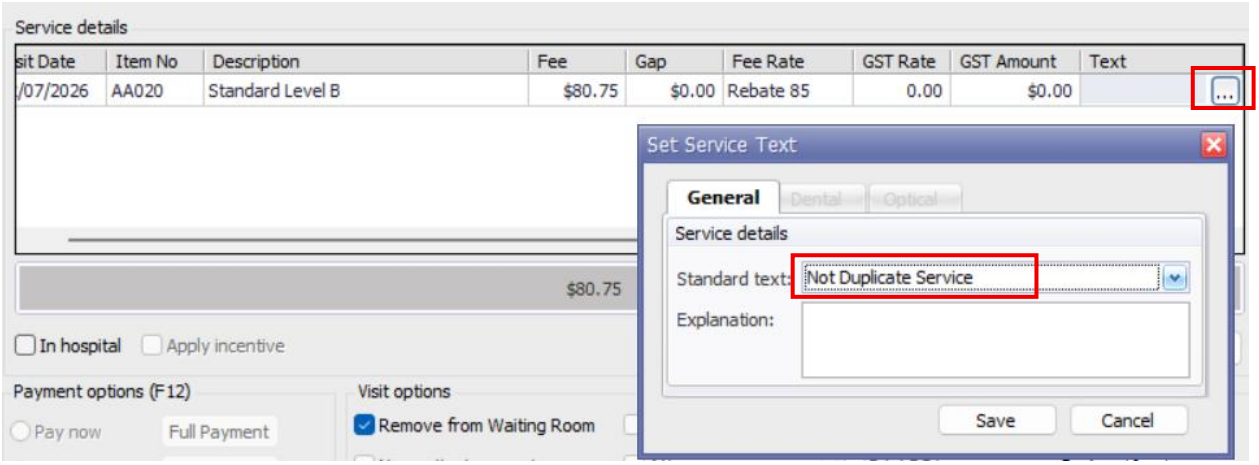
1 **Add the service item** (item no.)

2 **Locate the Text field** on the far right of the line **and click**  The set service text window appears.

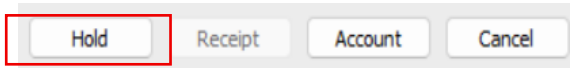
3 **Select pre-defined text** from the Standard text drop-down list

4 **Add up to 50 characters** of additional text in the Explanation field, if required.

5 **Save**.




## Held Accounts

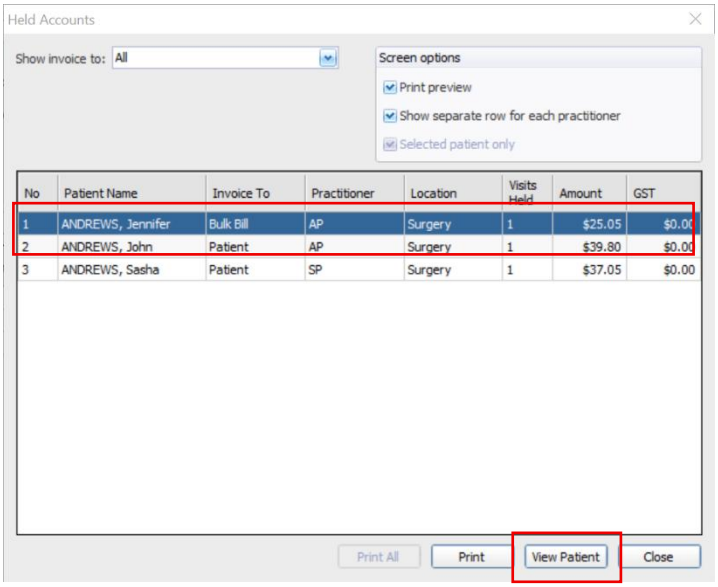



This feature is used to create an account when the details cannot be finalsied at the time of the visit. This could be because the patient is a newborn and does not yet have a Medicare card or the billing item chosen is dependant on the return of pathology results not yet available. In these circumstances it may be necessary to create a Held Account that can be finalised when the relevant information becomes available under Accounts > Held Accounts from the waiting room.

To create a Held account, instead of selecting Voucher when creating a bulk billing account, select **Hold** on the Account details screen.

**To process held accounts:**

1. Click on **Accounts** from the Waiting Room screen.
2. Click **on Held Accounts**
3. **Highlight the relevant account**
4. Click **View Patient.**
5. When the patient view screen appears click on the **hand** then **Edit** to finalise the billing.

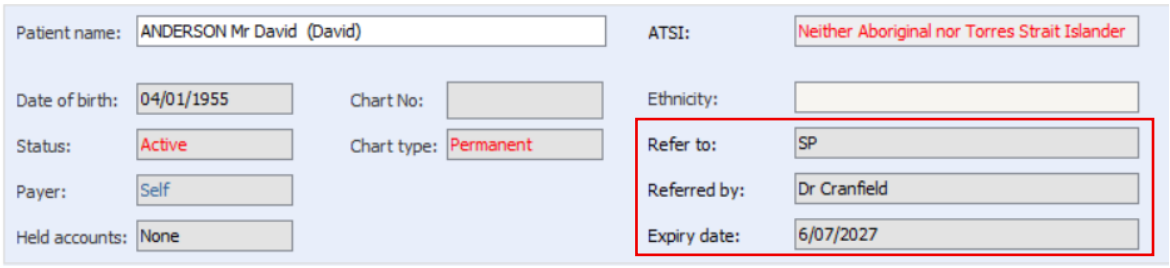



## Referral Invoicing

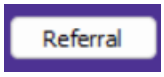
For providers that require a referral for billing, you can add it via the Patient details window or when recording a visit.

Add a referral (from the patient details)

1. **Open the patient record.** If the patient has referrals recorded they will display at the top of the record.




2. Select **Referral** button at the bottom of the screen.
3. If this patient does not already have referrals recorded for them, you will be immediately prompted to add a referral.






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4 If this patient has already had referrals recorded for them, the **Referral History List** window appears.

5 Select **Add** to create a new referral record

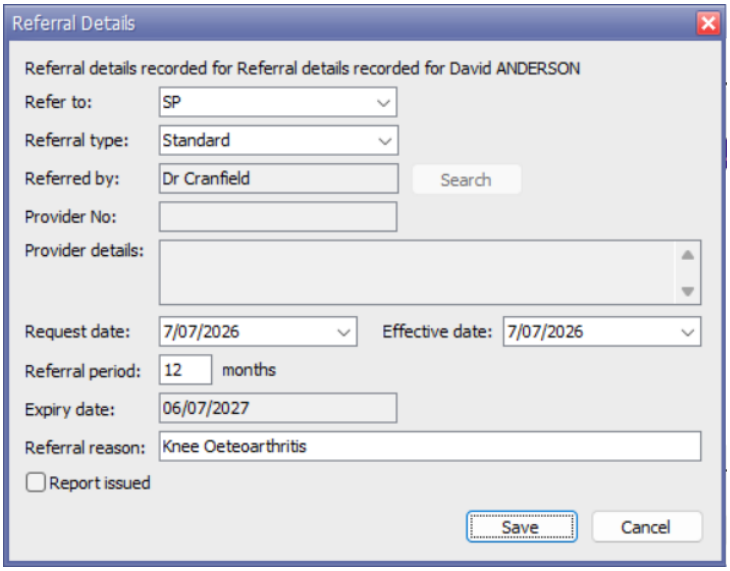
6 Select the **Refer to** from the drop down list.

7 Select the **referral type**

8 Click **Search** to select the referring practitioner. (Referred by)

9 Enter request date and effective date.

10 Click **Save** to confirm.




Note: To edit a referral, when you click on the referral button, a historical list of referrals for the patient will display, select the referral and click Edit.

## Workers compensation (institutional) billing

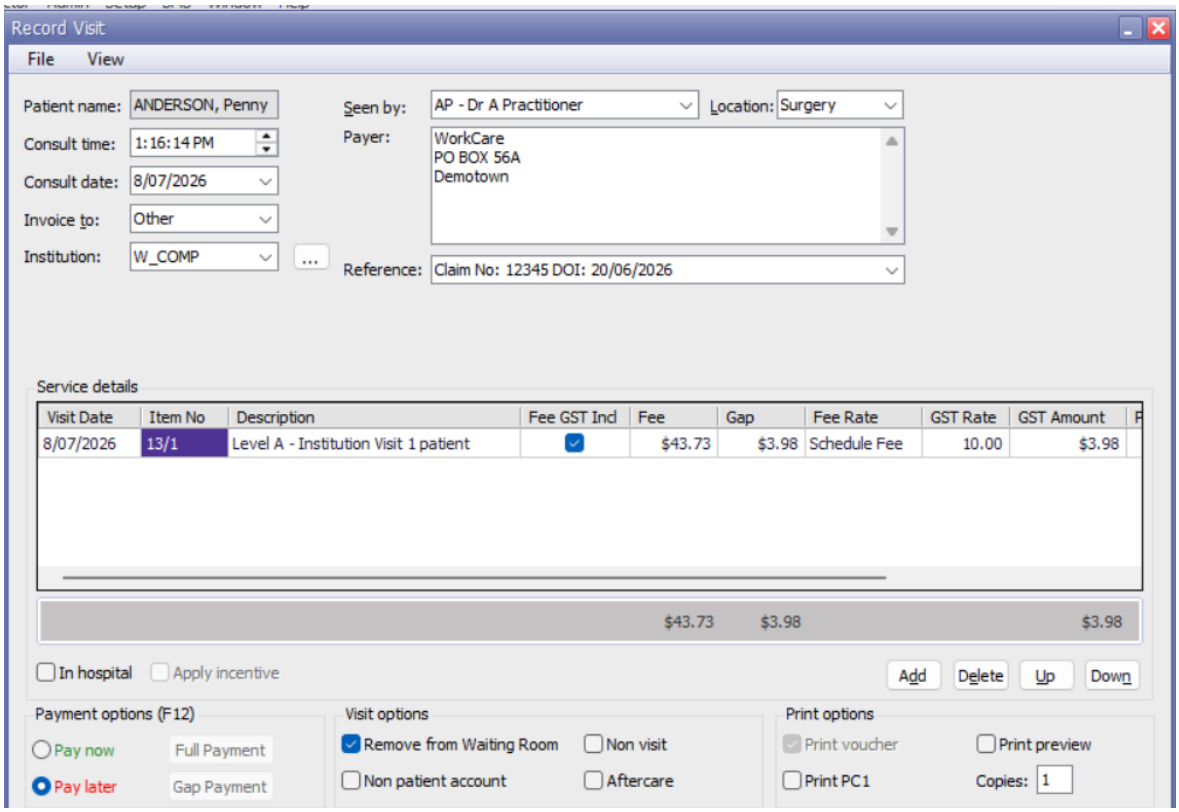
Invoice to: Other is selected when the payer is neither the patient nor Medicare. Institutional Payers will most likely not be there at the time of the visit to pay and will therefore be sent an account. Examples of 'Institutional Payers' include:

- An insurance company for workers compensation.
- An employer undertaking hearing tests or employment medicals etc.

From the Waiting Room:

1 **Select the patient's record**

2 Select **Record Visit**

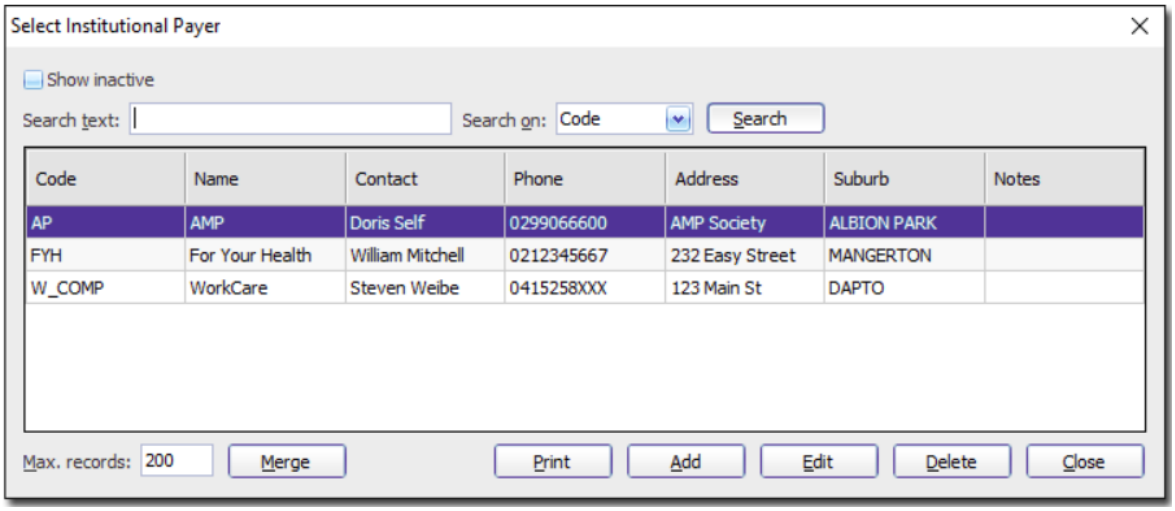



3 Check the following details appear in the Account header information:

- **Seen by Dr**, to indicate which practitioner the patient saw
- Location

4 Select **Other** from the Invoice To drop-down list.

5 **Select an Institutional Payer** from those available, and then click **Select**



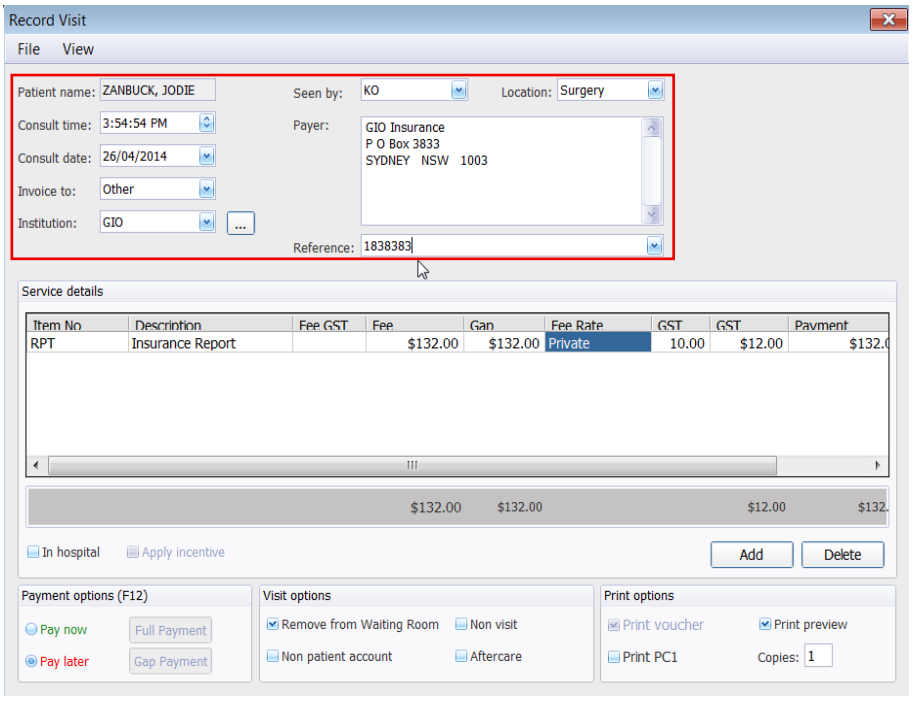

Note: To Add an Institution to your Address Book during billing, Cllick on Add to enter the institution's details.

6 Include relevant details eg claim reference number in the reference line as necessary.

7 **Add or modify** service details / item numbers as required

8 Select **Pay later**

9 Select **Account**




Note: If you don't know the insurer or insurance reference/claim number at the patient's first visit an account may be generated in the patient's name or the employer's name. This will depend on the predetermined protocol of each individual medical practice.

# Topic 5 – Payments

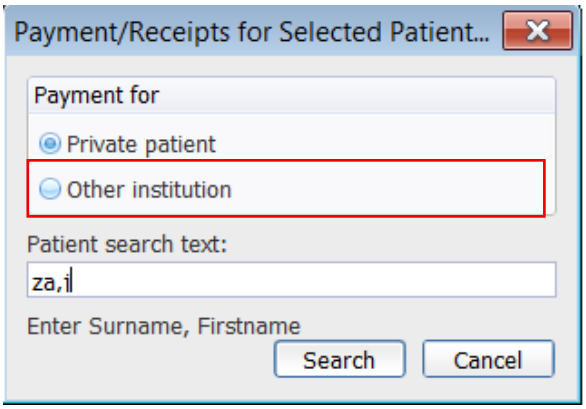
## Entering payments after date of visit (Institutions)

Click on the **Payment/Receipt icon** to access the payment area.

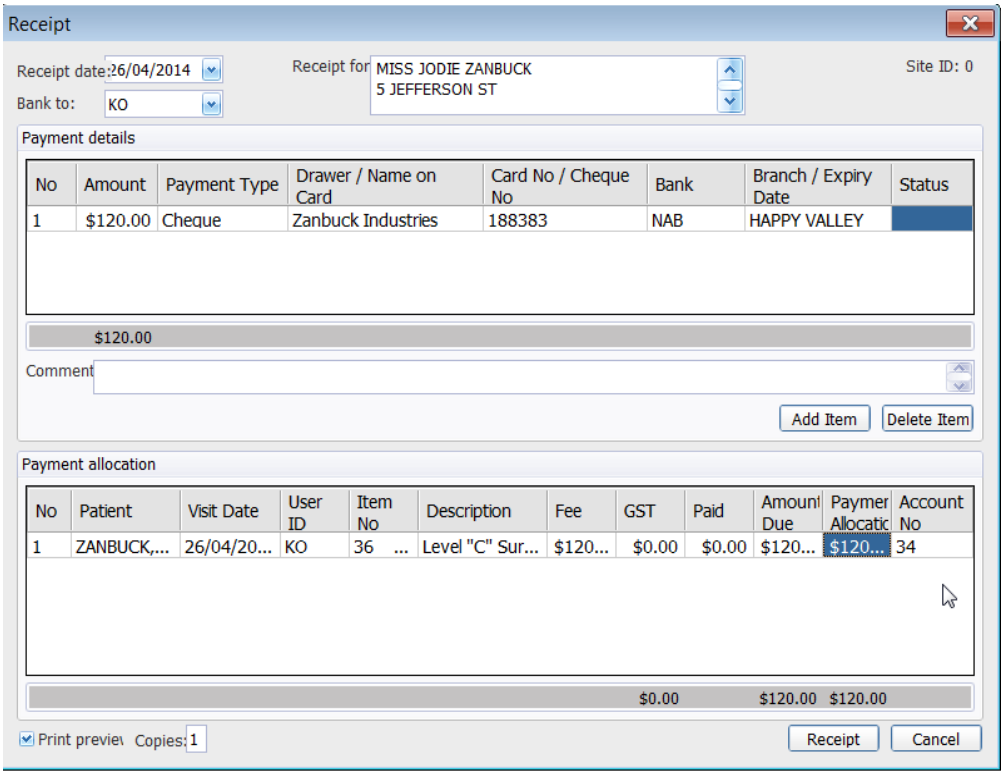


1 Search for the Institution by ticking **Other Institution** and type the Code of institution (or Enter to see the entire institution address book).

Details of outstanding debts for that institution will then display.




2 Enter the **Payment Details** of the amount received in the top section of this screen. Click on Add Item if entering more than one form of payment.




3 After entering **payment details** at the top of the screen you then need to allocate these payments to the correct visits. This is the lower half of the payment screen called Payment Allocation.

4 Click in the **Payment Allocation** column and enter the amount that is being paid for that visit.

5 Click on **Receipt**. If you have incorrectly receipted or forgotten to allocate payment you will be prompted now.

6 Preview your receipt and then click on **Save / Save & Print** or **Email** directly to the institution.



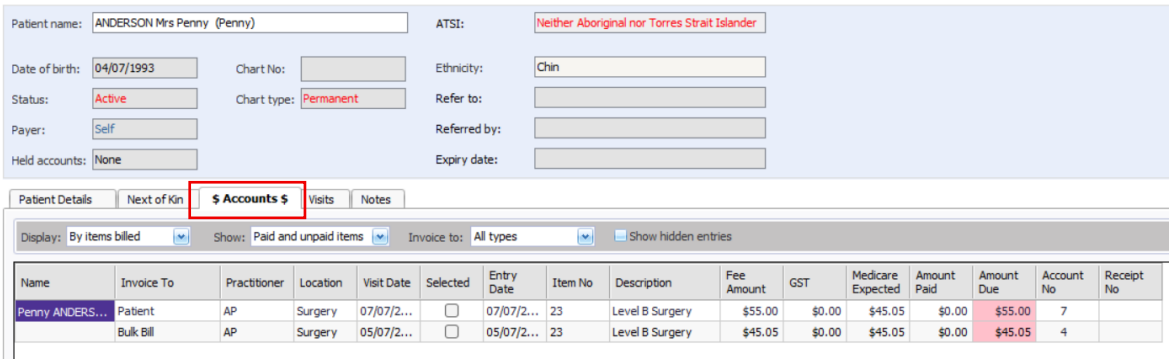

## Viewing patient billing history

From the waiting room screen:

1 Find the patient record and select **Open**

2 Select the **Account** tab to view patient billing history

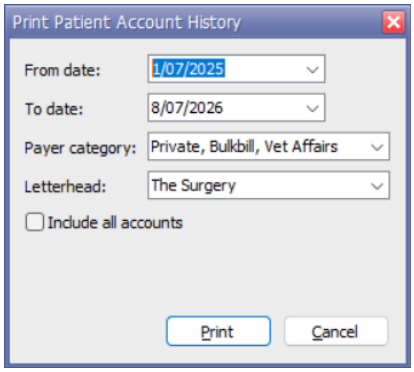
3 Adjust the filters to view the required details (Display, Show, Invoice to)




4 Select **Print > Patient History** and select the date range and categories to print the required patient billing history.

5 **Print**

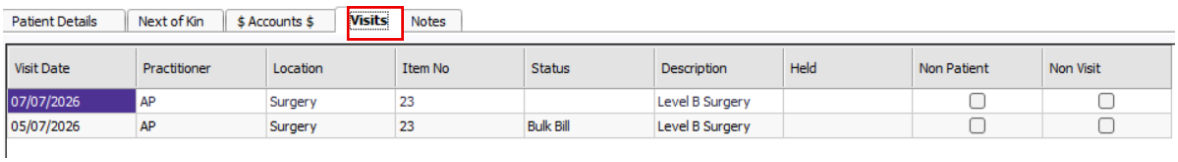
The report will be sent to the default printer.




## Viewing patient visit history

1 Find the patient record and select **Open**

2 Select the '**Visits**' tab to see a list past visits for the current patient.



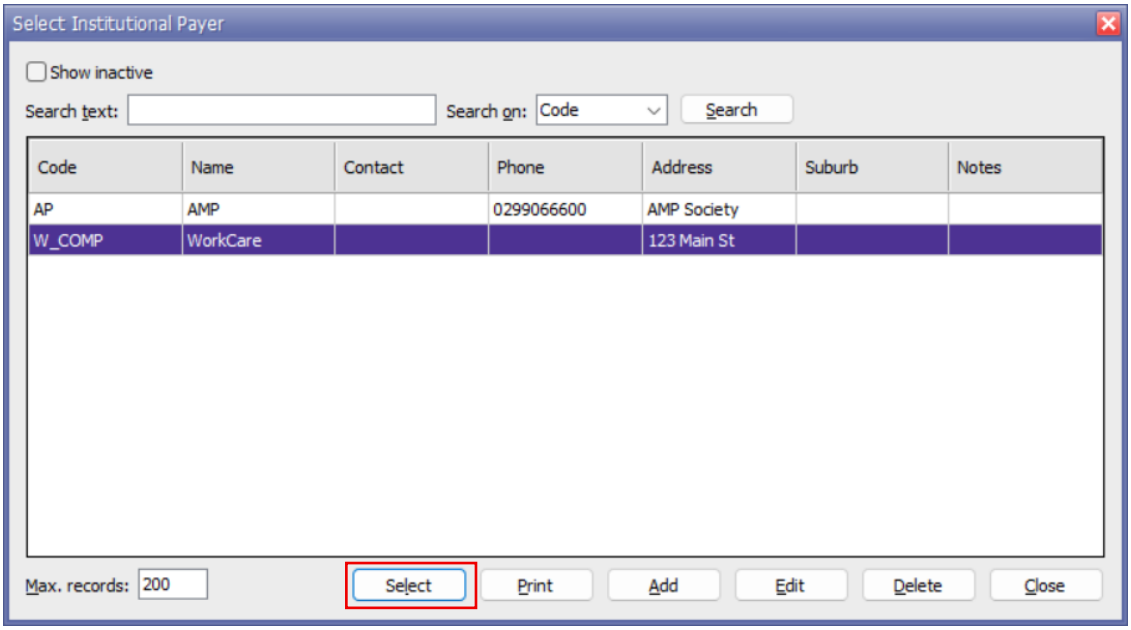



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## Viewing institutional account history / print statements

To view institutional accounts or print statements for institutions:

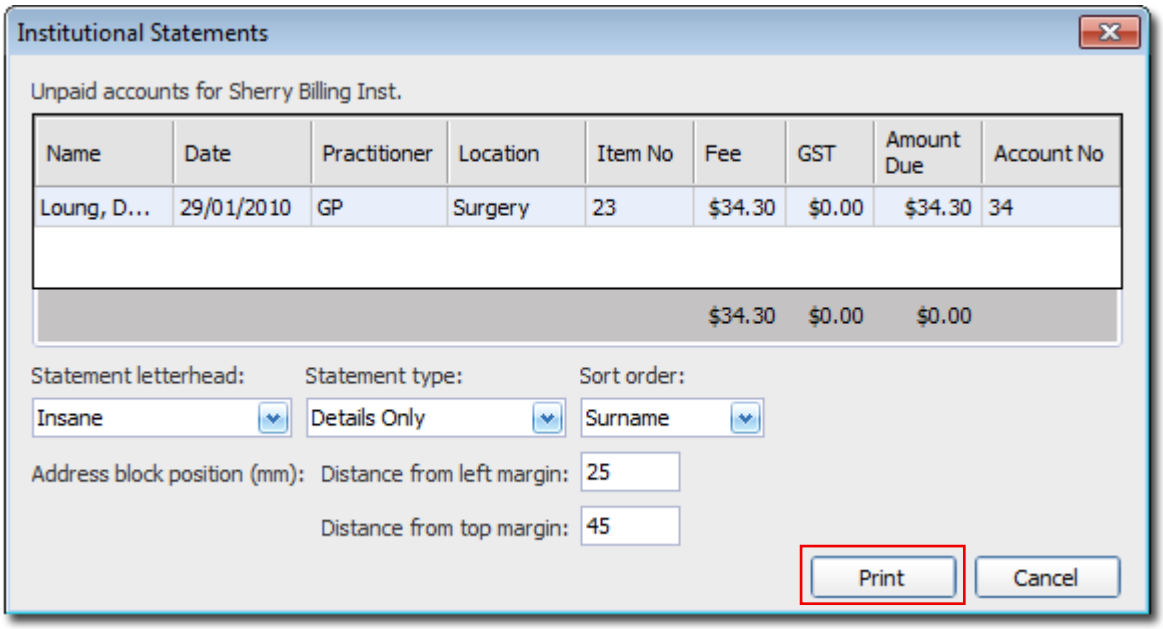
1 Select **Reports > Institutional Statements** from the Waiting Room




2 Select the Institutional Payer and click **Select**. The **Institutional Statement** for this Institutional Payer is displayed.

3 Click **Print** and then select the items to print on the statement, ie All Unpaid or Within Date Range.

4 A print preview is displayed. Select to print either the current page, or the entire statement.






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# Topic 6 – Online Claiming

## Batching and sending claims to Medicare / DVA

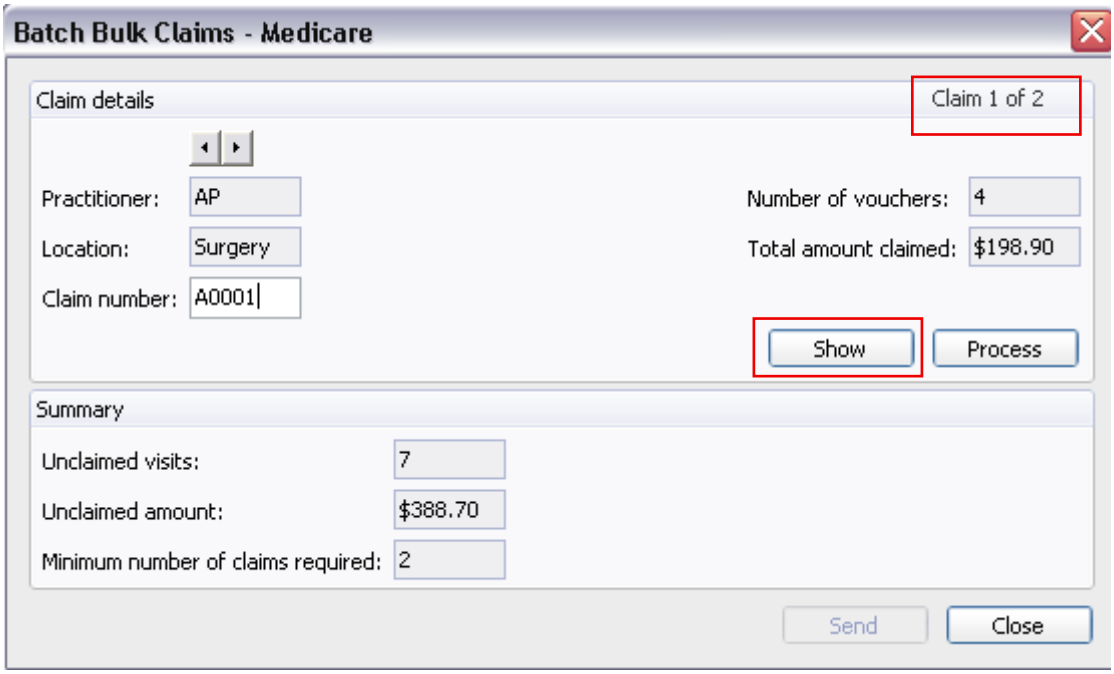
Batching is the process whereby Medicare bulk-billing vouchers are grouped together for each doctor into a bulk claim. Each bulk claim is totalled, allocated a claim number then sent to Medicare for payment. Use this method if you are batching and sending claims in one step, usually at the end of the day.

Payment is received as a lump sum according to the total claimed and receipted for relevant patient accounts. 'Exceptions' are when there are errors in a claim, for example an invalid item number. Medicare will advise of any exceptions and they then need to be amended – either accepted (eg Medicare paid the correct amount) or resubmitted (eg Medicare did not pay any amount due to incorrect billing).

### Batching multiple Bulk Claims

1. Click on **Processing** from the drop-down menu bar.
2. Click on **Batch Bulk Claims**.
3. Click on **Medicare** or **Veterans Affairs** as required.

   Pracsoft calculates the number of claims required for vouchers that are not already batched. Details of individual claims are shown on the right of this window. Summary details are shown on the left. To view the complete list of vouchers in each claim click on **Show.**



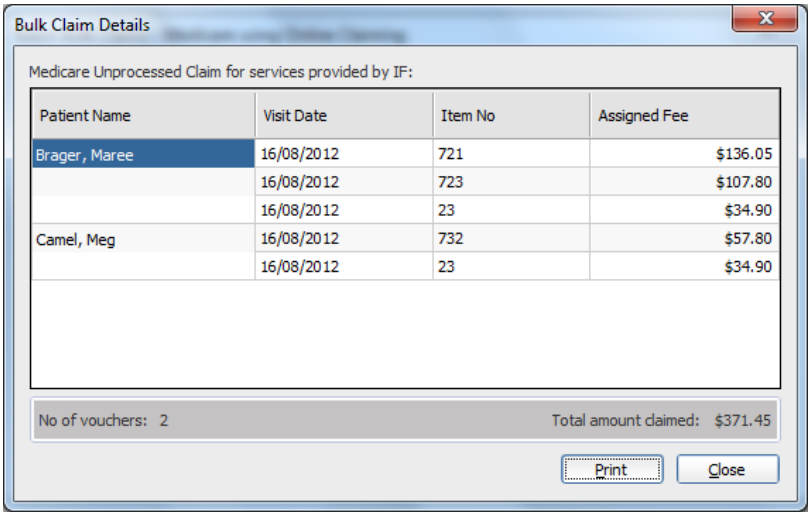



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4 You can choose to print at this stage by clicking on **Print**.

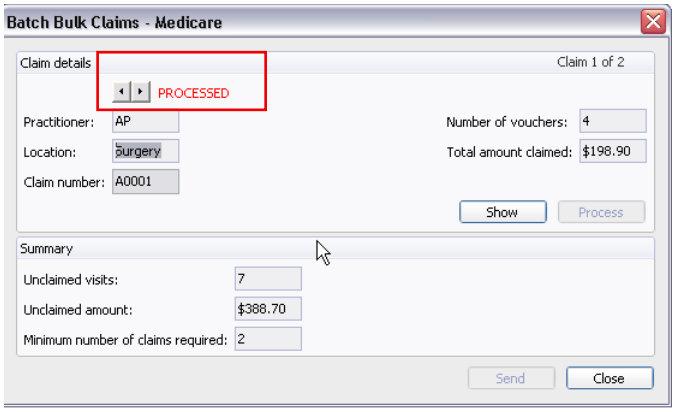
5 Click **Process** to process the batch. You will be prompted to confirm this action.

6 Select **Yes.**



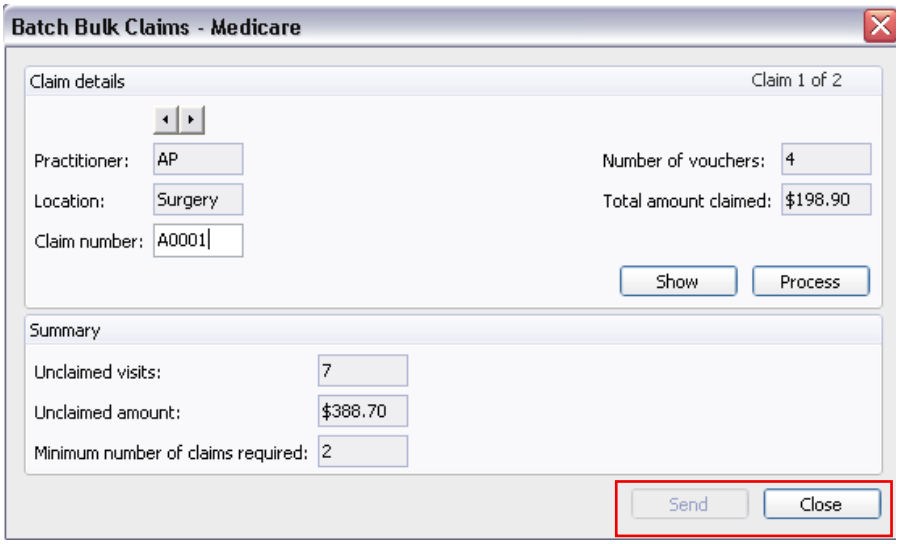

Upon successfully processing a batch, the Batching Bulk Claims window will indicate that the batch has been processed, and the Process button will no longer be available for this batch. After pressing Yes the red Processed will appear on the screen.

7 Use the **forward(right) or backward(left) buttons** to scroll through the remaining batches, and process each one.




8 Once you have completed processing all batches you can either:

- Click **Send** to send the batch now OR
- Click **Close** to save the processed batches for sending in bulk at a later time.

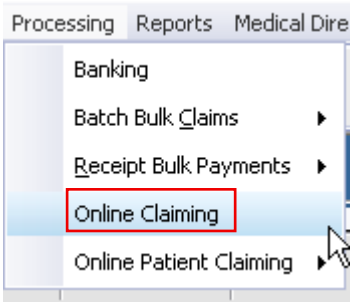





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# Batching Direct Bill Claims & sending to Medicare

## Sending Bulk-Bill claims to Medicare

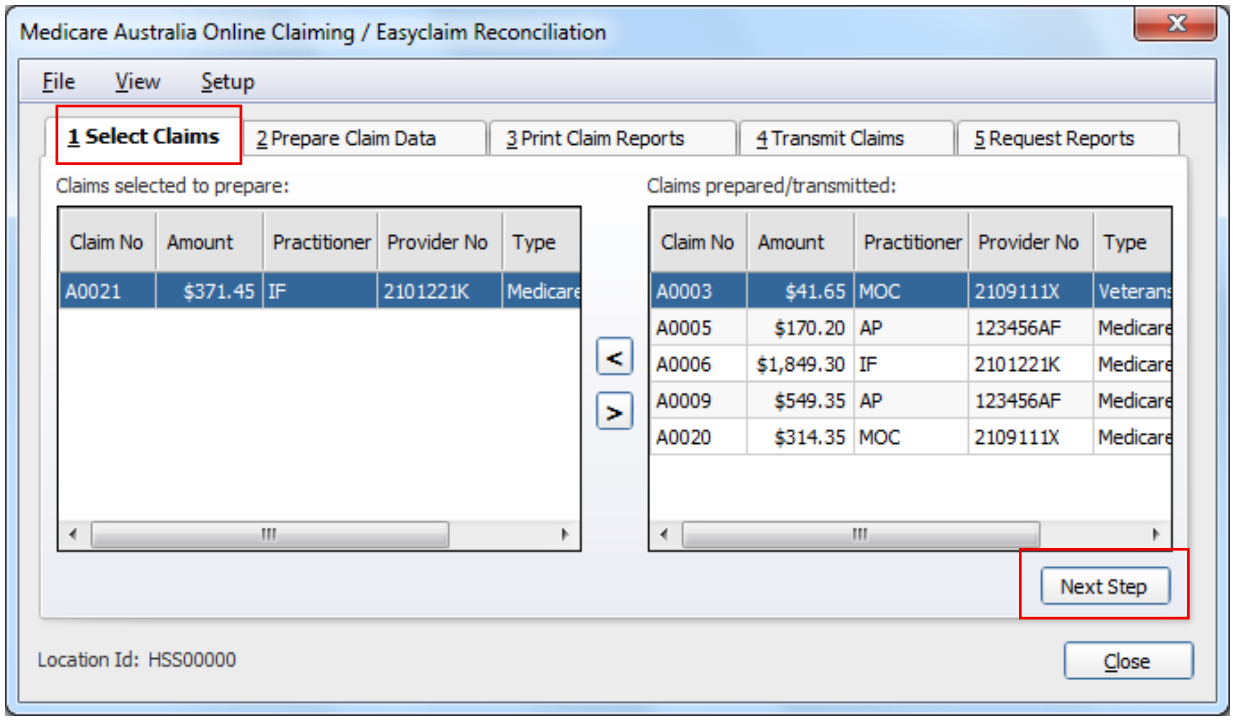



To send bulk billed claims including those that were batched but not sent in the previous step: This method is useful if one staff member batches claims during the day and another sends them later, or if you deliberately hold claims before transmission.

### Step 1 – Selecting Claims

From the Waiting Room:

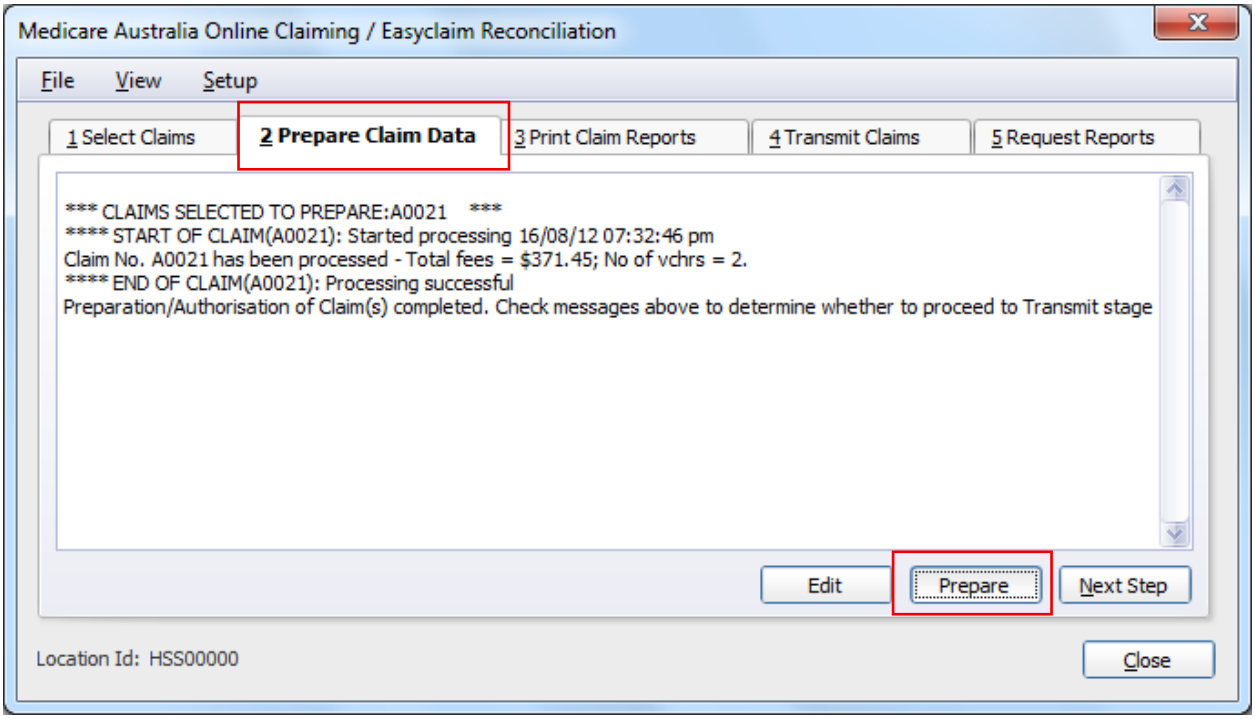
1 Select **Processing > Online Claiming** to begin the process of electronically forwarding your batched Bulk Claims to Medicare.




2 This includes claims that have been batched but not yet sent (and immunisations from Medical Director) on the left. Any claims that have previously been prepared or sent will be on the right.

3 When all the claims are in the Claims Selected to prepare list, click **Next Step.**

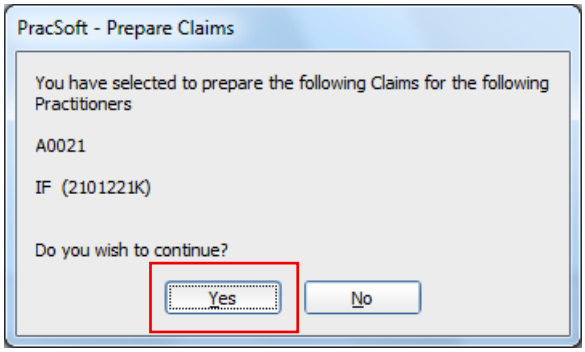
### Step 2 – Prepare Claim data




In the **Prepare Claim Data** tab:

4 Select **Prepare**

5 **Check that the correct claims have been selected** for processing




6 Select **Yes** to prepare the claim data.

7 If a claim fails preparation,

- Note the reason
- Click **Edit**
- **Correct** as necessary
- Click **Processing > Online claiming** and try to process the claims again.

8 When all claims have been processed successfully, click on **Next Step.**

### Step 3 – Printing Claim Reports

This step provides a detailed printed list (with claim number) of what you are claiming.

9 Click **Yes** if you want to print the prepared claims or to proceed without printing, click **No.**

10 Click **Next Step**

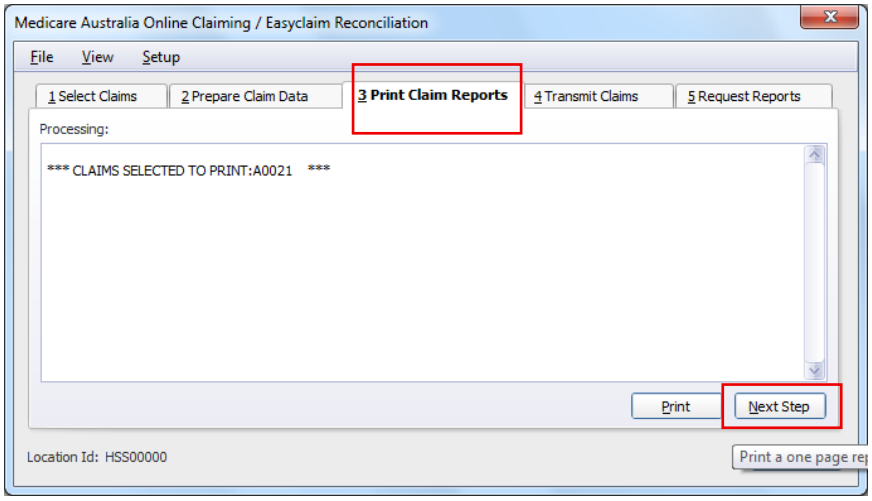
## Step 4 – Transmitting Claims

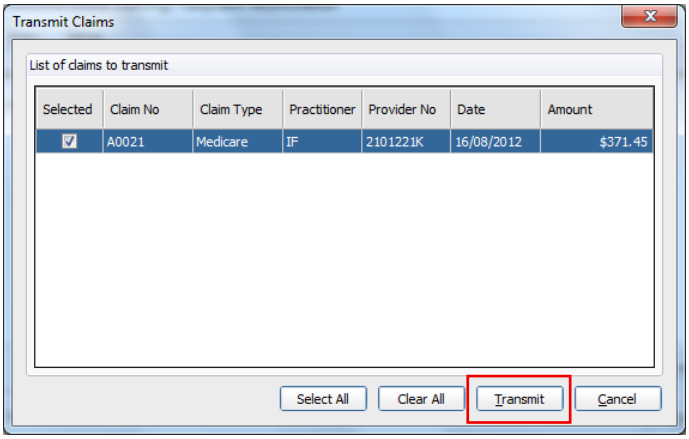
11 Click **Transmit** to transmit the claims. In the **Transmit Claims** window:

12 **Click the claims to be included**

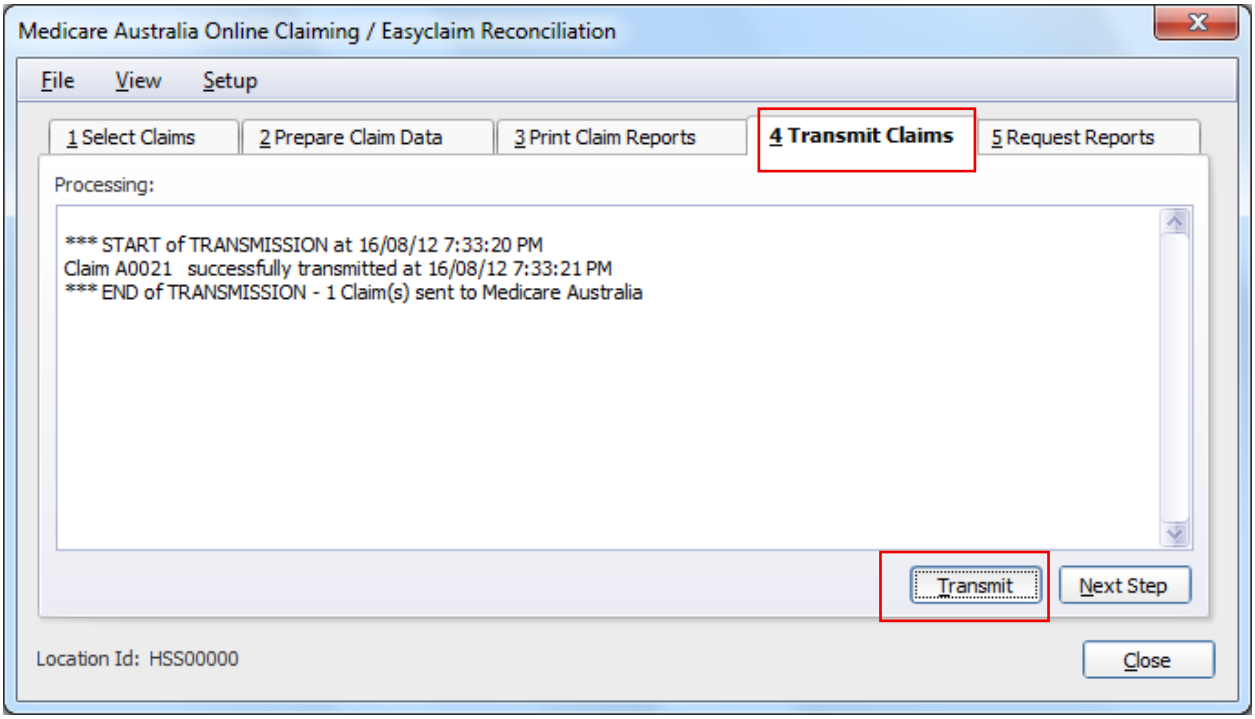
13 Click **Transmit**. A message is displayed saying whether the transmission succeeded or failed.

14 Click **Transmit Claims**




A message will appear to advise if the transmission was successful.






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# Checking for Medicare/DVA Direct Bill Payments

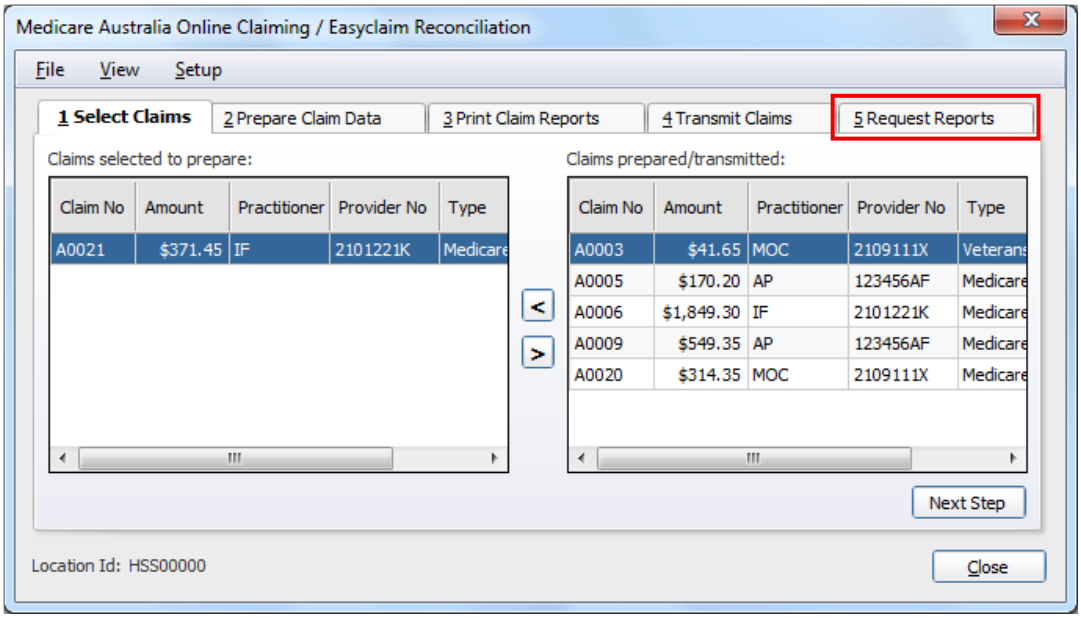
## Requesting Reports/Receipting Bulk Claims

A request is sent to Medicare periodically (usually once per day) to provide you with exception reports or payment reports about previous claims you have sent. Reports cannot be requested on the day you transmit the claim.

**Step one**: Generate *Processing* report – then resolve/accept any claims
**Step two**: Generate *Payment* report – this activates auto-receipting.

1 Select **Processing** > **Online Claiming.**

2 Select the **Request Reports** tab.




Any exceptions you have received but not yet resolved will be visible here.

3 To update this list, click **Request**.




Reports are sent directly to your default printer.

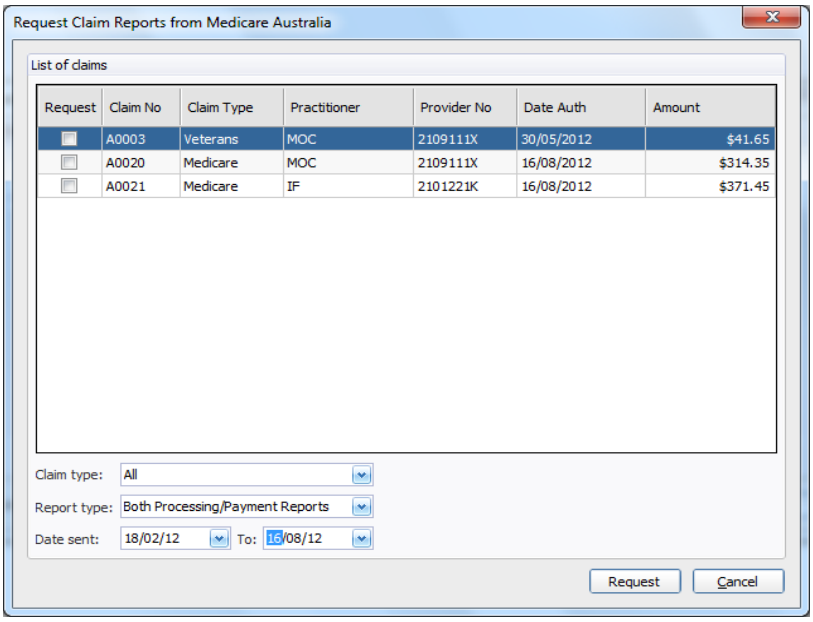


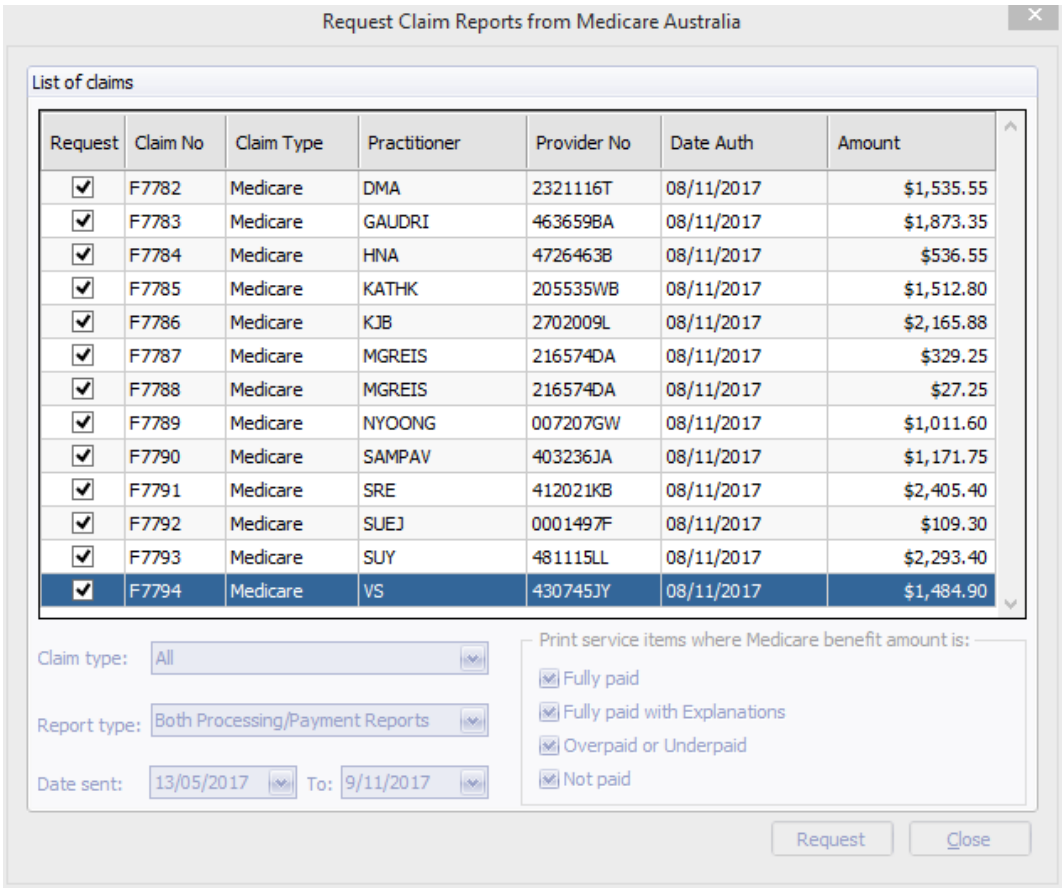
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The **Processing report** will list any exceptions and the reasons for the exceptions.

The **Payment Report** lists the amount paid by Medicare for the claims. If you don't have any exceptions, you will receive the payment report and this means the payment has been made and auto-receipting occurs.

If you do have exceptions these need to be resolved, then the payment report is requested. Once this happens auto-receipting will occur.






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## Resolving Exceptions

When there is a variation or issue with a voucher, Medicare calls this an 'exception' and they allocate a code to explain the reason for the variation. All exceptions must be resolved and to 'resolve' they must be either 'accepted' or 'resubmitted'. If Medicare has paid you anything (for example your MBS fees hadn't been updated and you were claimed an incorrect amount) you need to **Accept**. If they have not paid you anything you will likely want to **Resubmit**.

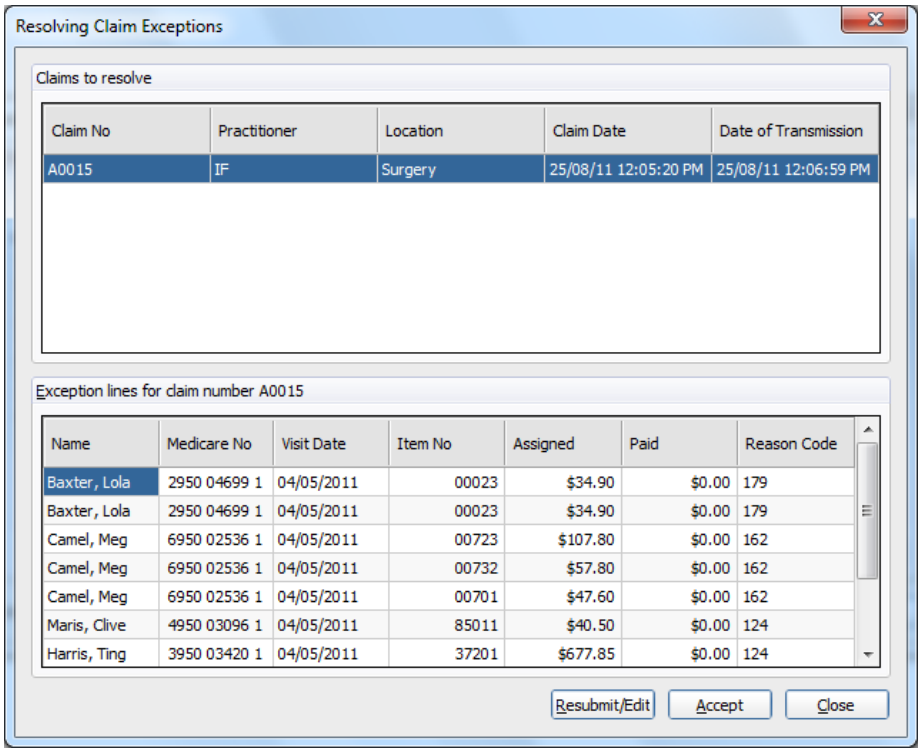
The Reason Code is used to provide information from Medicare about why a claim was not paid. If you click on the Reason code the full explanatory text will be displayed. See Service Australia's website for a list of reason codes - [Medicare reason codes - Medicare Australia]

After you have requested your reports and received a Processing Report detailing exceptions:

1 Click on **Resolve**




The Resolving Claim Exceptions window is divided into two sections. The upper half shows claims with exceptions. The lower half shows exceptions to resolve within each claim (with reason codes).



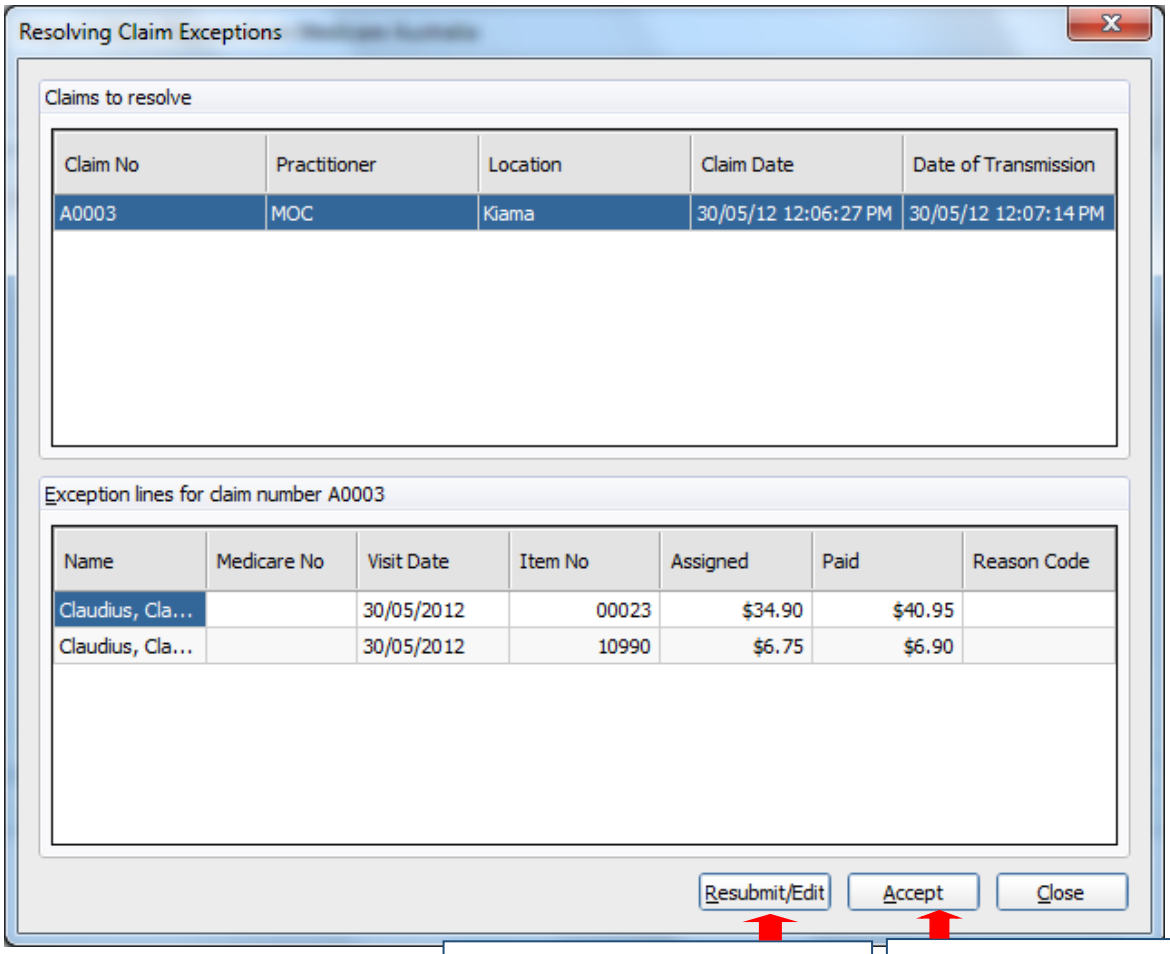

2 In the upper-half of the window, **select the claim that contains the exception(s)** you want to resolve. The exceptions for that claim will appear in the lower-half of the window.

3 In the lower-half of the window, **select the exception you want to resolve**.

Then either:

- Click **Accept** to accept Medicare's exception. For exceptions returned by Medicare where a partial payment has been made, you must accept these exceptions - you cannot edit and resubmit them.

- Click **Resubmit / Edit** to edit and resubmit the claim.

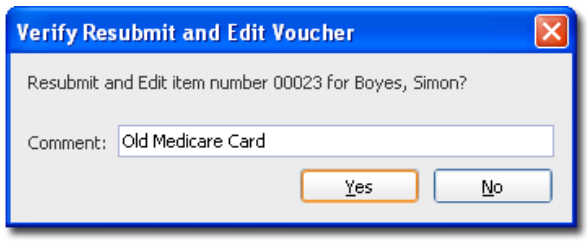



Choose **Resubmit/Edit** if no payment has been received and you believe you are eligible.

If Medicare has paid you choose **Accept**. This may indicate you need to update your fees in Pracsoft.

4 **You will be prompted to enter a comment** for why you are editing or resubmitting the voucher. It is not essential to enter a comment when editing.

5 Confirm that you want to edit and resubmit the voucher by clicking **Yes**
The Edit Visit from Claim window will appear.




6 Make any changes you think necessary to resolve the exception reported by Medicare.

7 Click **Voucher** to confirm your changes.

8 Click **Resubmit /Edit** to remove the voucher from the claim so it can be edited and batched in a subsequent claim.

9 To accept the payment or rejection of a voucher, select the voucher from the Exceptions to Resolve list and click **Accept**

10 Once all claims are accepted or resubmitted click on **Close.**

11 **Close**

### After Resolving Exceptions

1 Resolve all exceptions listed in your Processing report.

2 Request a Payment report.

3 Auto-receipting will then occur. (If more than one claim has been sent through together all claims must be resolved before auto-receipting will occur).

### Checking the Status of a Claim you have transmitted to Medicare Australia Online




1 Click on the **Status** tab

2 Click on the dropdown arrow.

3 Select relevant report.

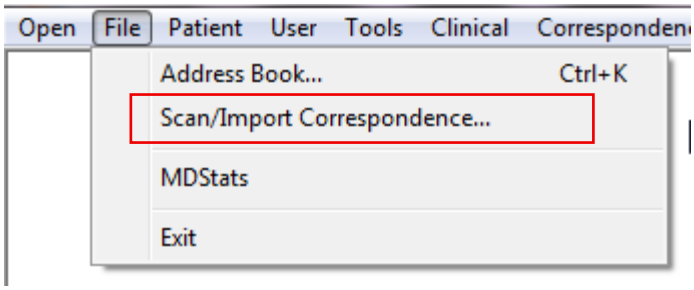
# Topic 7 – Scanning and Importing documents

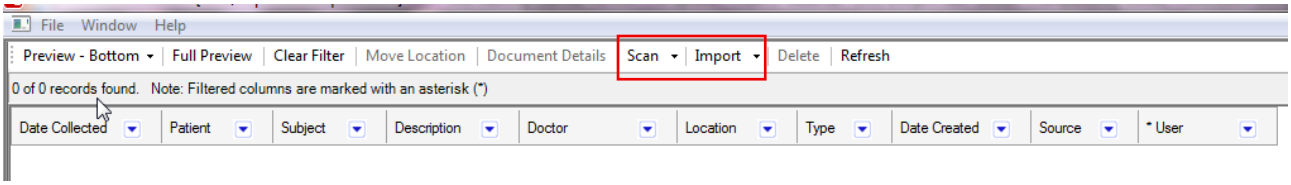
## Scanning and Importing documents

**Scanning (or importing) files is done in MedicalDirector rather than Pracsoft.**

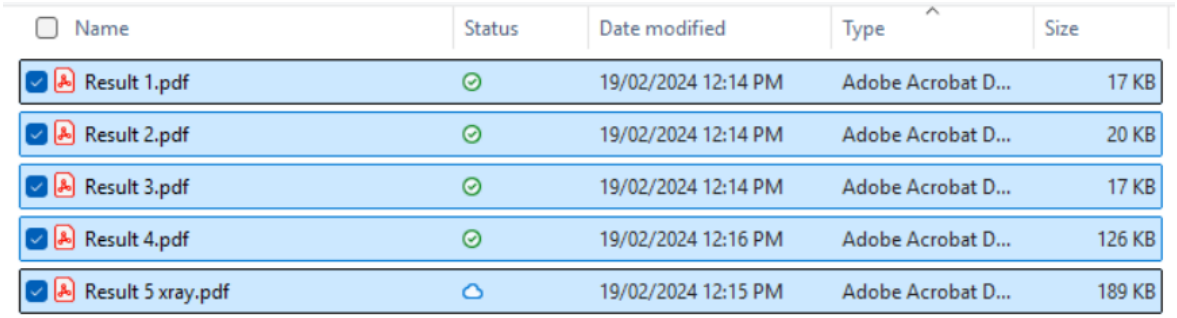
**Scanning/importing new incoming documents (not yet seen) into the Holding File**

1. Open MedicalDirector and login
2. From the main screen select **File**
3. Choose Scan/Import Correspondence
4. Select the **Import** button.
5. **Navigate** to the file/s to be imported on your computer

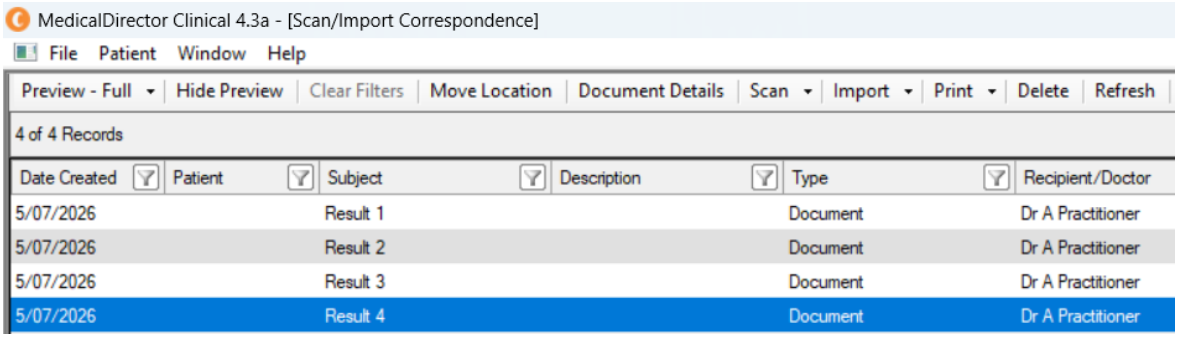


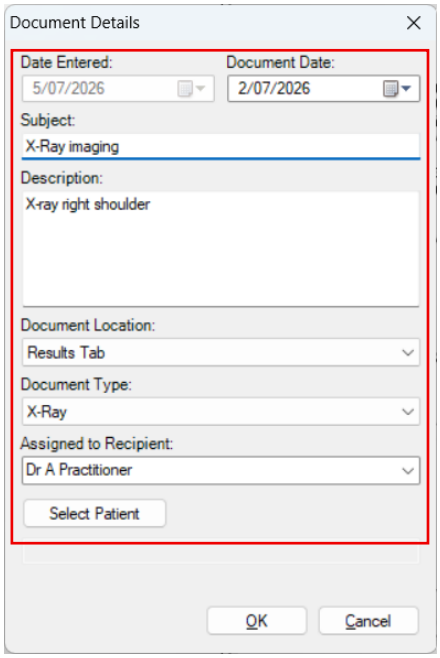

6. Multiple files can be selected at once by selecting the first document, holding down the shift key and selecting the last document to be imported.
7. Select **Open**




8. **Delete source after file import ? Yes** to remove the files from your computer

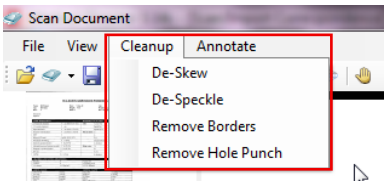


9 **Right click on each file in the list > Document details** to assign the Document Date, Subject, Document Location, Doctor, and **Select patient**.




10 Select each file in turn (or multiple files at once) and choose either **'Store to Holding File'** if it has not been seen by the doctor or '**Store to patient' to save directly to the 'Documents' folder on the patient record.** Usually requires a release mark indicating this e.g. signature, instruction etc

You can use the Cleanup tools before Storing the documents under the Cleanup menu if required.




Note: The same process is used to Scan documents direct from the scanner. Choose Scan instead of Import.



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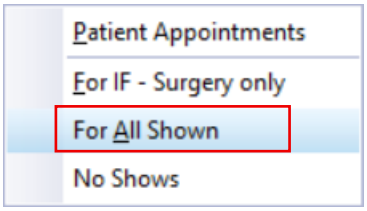
# Topic 8 - Reports

Each day it is advisable to print a list of appointments for each provider for the next day in case your computer system is unavailable for any reason.

## Print provider appointment list/s

From the appointment book screen:

1. Select the required date from the top of the screen
2. Click on the **Print** drop-down menu.
3. Click on **For All Shown**.
4. A preview will appear. **Select Print**.




Your appointment list will now print for all clinicians working on the date selected, one per page.

## Resolve Uncompleted Appointments

In Pracsoft all visits will remain in the Waiting Room screen until accounts have been finalised. Therefore it is not necessary to run a report to show uncompleted appointments.

The best way to identify patients without accounts created who have already been seen by the doctor is directly from the **Waiting Room** dashboard.

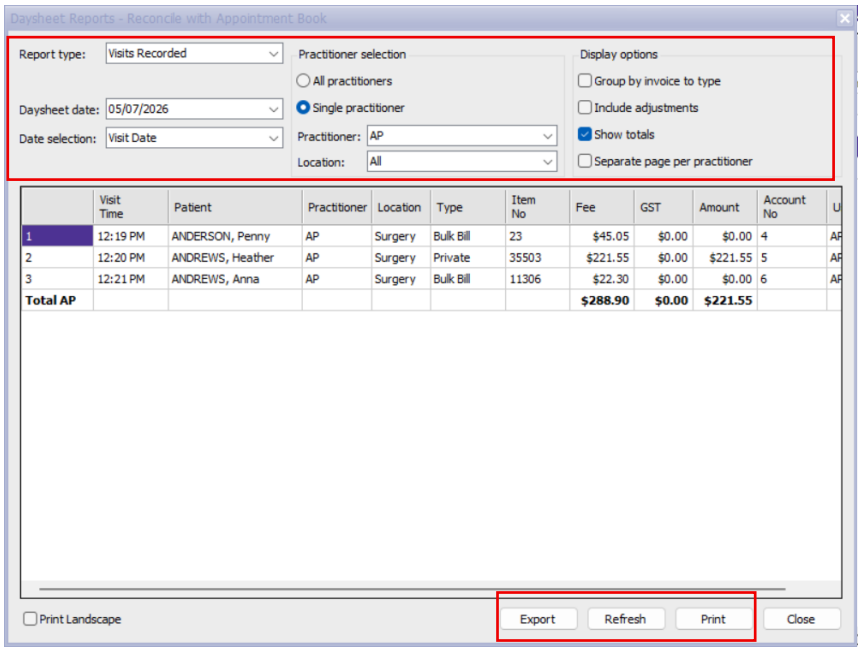
1. Open the **Waiting Room** in Pracsoft.
2. Look at the **Items to bill** column for the day.
3. **Locate patients** without Item Numbers recorded in the Items to Bill column.

Once the patient has been seen and an account created, the patient is automatically removed from the Waiting Room screen.

## Daysheet report

Use this report to verify all billings are correct at the end of the day before batching and sending claims to Medicare. A Daysheet report is for reconciling the day's transactions. This includes visits, receipts and adjustments.

1. Select **Reports** > **Daysheets** from the Main menu.
2. Select 'Report Type' = **Visits recorded** from the drop-down list.
3. Select the **'Daysheet Date'** from the drop-down calendar. Default = current date
4. Select the **'Date Selection'** from the drop-down list (eg Visit date)
5. Select to print for all **practitioner/s and location/s** or a single practitioner/location.
6. **Select from the display options** to Show totals, 'Group by' and 'Include adjustments' if required.
7. Click **Export** to export the Daysheet to a spreadsheet or text file format. Click Open and enter a file name to save the file.
8. Click **Print** to send the report to your default printer.
9. **Close**




| | Visit Time | Patient | Practitioner | Location | Type | Item No | Fee | GST | Amount | Account No |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 12:19 PM | ANDERSON, Penny | AP | Surgery | Bulk Bill | 23 | $45.05 | $0.00 | $0.00 | 4 |
| 2 | 12:20 PM | ANDREWS, Heather | AP | Surgery | Private | 35503 | $221.55 | $0.00 | $221.55 | 5 |
| 3 | 12:21 PM | ANDREWS, Anna | AP | Surgery | Bulk Bill | 11306 | $22.30 | $0.00 | $0.00 | 6 |
| **Total AP** | | | | | | | **$288.90** | **$0.00** | **$221.55** | |

### Sample report output

HCN Pracsoft
Version 4.3a
MedicalDirector Samples Database

Page: 1
Run: 05/07/2026 12:28:12
Printed By: AP

**Daysheet of Visits Recorded for 05/07/2026 by Service Date**
**For Services by Practitioner: AP And ALL Locations (adjustments excluded)**

| | Visit Time | Patient | Practitioner | Location | Type | Item No | Fee | GST | Amount | Account No | User ID |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 12:19 PM | ANDERSON, Penny | AP | Surgery | Bulk Bill | 23 | $45.05 | $0.00 | $0.00 | 4 | AP |
| 2 | 12:20 PM | ANDREWS, Heather | AP | Surgery | Private | 35503 | $221.55 | $0.00 | $221.55 | 5 | AP |
| 3 | 12:21 PM | ANDREWS, Anna | AP | Surgery | Bulk Bill | 11306 | $22.30 | $0.00 | $0.00 | 6 | AP |
| **Total AP** | | | | | | | **$288.90** | **$0.00** | **$221.55** | | |

# Keyboard shortcuts

## Keyboard shortcuts for Appointment book and Waiting Room

| APPOINTMENT BOOK | |
|---|---|
| **Key** | **Action** |
| **F2** | Find patient's appointment |
| **F8** | Next 4 weeks |
| **F9** | Today |
| **F11** | Next day |
| **F12** | Next week |
| **Shift+F5** | Find next appointment |
| **Ctrl+A** | Add "Fit In" appointment |
| **Ctrl+W** | Add patient to Waiting Room |
| **Ctrl+I** | Open patient in Clinical / In Consultation |
| **Ctrl+G** | Mark patient as Gone |
| **Ctrl+Enter** | Create non-patient booking |
| **Ctrl+Insert** | Cut appointment |
| **Alt+Insert** | Copy appointment |
| **Shift+Insert** | Paste appointment |
| **Shift+Delete** | Delete appointment range |
| **Shift+Tab** | Switch between search panes in Patient Search |
| **Additional Navigation** | |
| **Ctrl+Page Up** | Previous day |
| **Ctrl+Page Down** | Next day |
| **Ctrl+Home** | First appointment in view |
| **Ctrl+End** | Last appointment in view |

| WAITING ROOM | |
|---|---|
| **Key** | **Action** |
| **F2** | Find patient |
| **F3** | Add patient to Waiting Room |
| **F5** | Record Visit |
| **F7** | View patient details |
| **F6** | Add new patient |
| **Ctrl+R** | Refresh |
| **Ctrl+L** | Log off |