

# ECLIPSE (Fund) invoicing

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

## **Important:** Eclipse updates for Medicare Assignment of Benefit (AOB) changes

On 1 July 2026, new Medicare Assignment of Benefit (AOB) requirements come into effect and these changes impact the process by which a patient gives consent, or “assigns”, their Medicare benefit to the health fund. To comply with the changes, Zedmed's ECLIPSE billing will require selecting either Implied Assignment or Requested Assignment when submitting a claim. [This update will be available in Zedmed v39.5, and covered in step 10 of this guide.](#)

## Considerations:

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

## To bill a patient and submit a fund claim:

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

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

The **New Invoice** screen will open.

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

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

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

**New Invoice**

Invoice  
 Patient: Bridgid Bates, DVA, HCC#, Safety, Pens. Status: None  
 File C19, DOB 8/07/1990 (35)  
 Payer: Medibank Private, Add/Edit Payer  
 Applicable Fee Type P4  
 Branch: Albany Road Clinic  
 Doctor: Davis, Phillip, A  
 Request/Referral Dr: Dr Vivian Mortier, PD, 22/09/2025, 12  
 Fund Details: Fund Medibank Private, # 123456781, Fund Fee Type P4  
 Refund/Gap Calculation: Fund, Medicare  
 Invoice Style: Print Gap, Corporate

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

Assist Fee, **Properties**, Add, Change, Delete, Total: 0.00, Disc: 0.00, Gap: 0.00

Doctor Assigned Billing Codes: 105, Add All, Message: Invoice Message text, Send Medicare Bulk Billing Consent

Billing Instructions

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

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

#### 5. Select **Properties**:

- Select the **Hospital/Site** the patient attended and, if applicable, tick **Is the patient admitted in the hospital**.

If the site is configured as a Hospital, this box should be ticked by default.

- Review relevant settings such as **Patients seen** and **Indication flags**.
- If the item is radiology or pathology, the **LSPN** and **Specimen Collection Point** fields may be automatically populated.

**Properties**

Invoice properties: (for DVA only)  
 Condition treated relates to a condition for a White Card holder  Details:

Service Properties

General Options  
 Time Of Service: 10:15, Time Duration (mins):   
 Patients seen: 1, Distance KM:

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

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

Diagnostic Imaging  
 LSPN:  Equipment Id:  Field Qty:

Pathology  
 Rule3 Exempt  Specimen Collection:   
 Not Rule3 Exempt  Collection Date/Time:   
 S4b3 Exempted  Delete  
 Not S4b3 Exempted  Accession Date/Time:  Delete

Indication flags  
 Normal After Care  Multiple Procedure  Duplicate Service  Second Device  Self Deemed   
 Not Normal After Care  Not Multiple Procedure  Not Duplicate Service  Not Second Device  Not Self Deemed   
 Substituted Service

Dental  
 Num. of Teeth:  Tooth No.:  Jaw:

Optical  
 Optical Script:

OK, Cancel, Help

- Select **OK** to return to the **New Invoice** screen.

#### 6. Action **Gap** fee if applicable.

- If no Gap Fee, proceed to step 7.
- If Gap Fee, complete these steps, then proceed to step 7.

- a. Select the **Quick Pay** button on the bottom right to open Quick Pay (screenshot below).
- b. Select **Gap**.
- c. Select a **payment method**.
- d. Select **Add**.

Quick Pay

C19 Bridgid Bates

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

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

Payments: EFTpos 87.70

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

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

Payment Total: 0.00

Amount Due: 130.00

Balance: 130.00

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

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

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

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

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

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

9. Review and update the Eclipse Screen:

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

Eclipse

Payer: Medibank Value: 130.00 Fund: MPL

**Claim Type**

IMC Agreements

**IMC Schemes**

IMC Patient Claims

IMC Private Hospital

IMC Public Hospital

Hospital Admission: 19/09/2025

Discharge:

**Other**

Financial Consent: In Writing

Disclosed Financial Interest:

Compensation Claim:

Accident Ind:

Sender Contact Details

Sender Contact: Dr Phillip Davis Phone: 0392843300

**Ok** Cancel

## 10. Assignment of Benefits

To comply with the changes, Zedmed's ECLIPSE billing will require selecting either Implied Assignment or Requested Assignment when submitting a claim. This update will be available in Zedmed v39.4.

- o **Implied Assignment** -An insurer arrangement applies to the service (e.g., gap cover agreements or MPPAs, etc.). This is an automatic assignment of the Medicare benefit to a private health insurer or approved billing agent. No explicit patient signature or request is required.

- **Requested Assignment** - A health fund arrangement does not apply to the service (e.g., contracts relating to hospital accommodation, theatre fees, etc., but not medical services). A manual assignment request by the patient facilitated by the medical provider, hospital or organisation.

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

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

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

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

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

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