



Portal user guide – Submit a claim

After you have provided a service for a client you can submit a claim for payment. A claim for payment form must be fully completed and kept on the client record. In order to submit a portal (or manual) claim, you must be linked to the client in the HSO portal. If the client has relocated away, you can submit the claim as part of a [batch](#) or email your completed claim form to hearing@health.gov.au.

Access

What access do I need?

SP Claims

Open the client details screen

Step 1

Log in to the portal, open the Client tab and search for a client.

The screenshot shows a web interface for finding a client. At the top, there is a green header with a dropdown arrow and the text 'Client'. Below this is a blue button labeled 'Apply for Program'. The main section is titled 'Find a client or applicant' in a dark grey header. The form contains several input fields: 'Eligibility Type' with a dropdown menu showing 'Please Select'; 'Eligibility Number/ Voucher Number' with a text box containing 'Voucher number, Centrelink, DVA, ADF, JSID nu'; 'Given Name' with an empty text box; 'Family Name' with an empty text box; 'Date of Birth' with three dropdown menus for 'Day', 'Month', and 'Year'; and 'Site ID' with a text box containing 'This is the site id number'. There is also a checkbox for 'More search options' which is currently unchecked. At the bottom of the form are two buttons: 'Find' with a magnifying glass icon and 'Clear'.

Opening the client's page will bring up the client details screen.

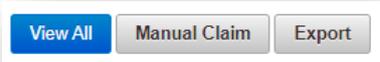
To check what has been previously claimed, click the **View All** button under the Claims History tab.

Entering a portal claim

Step 2

In the Claims History tab, click the **Manual Claim** button to enter the claim details.

Under Client Details, please check the client details are correct.



Select the correct voucher number*. Select the Date of Service*.

In the Provider Reference Number field, you can enter any reference used by your business for the claim.

A form titled "Client Details" with a light grey background. It contains several fields: "Name" with the value "John Smith"; "Date of Birth" with the value "01/01/1900"; "Eligibility Number" with the value "200000000X"; "Eligibility Type" with the value "Centrelink Pensioner Concession Card (PCC)"; "Voucher Number*" which is a dropdown menu; "Date of Service*" which consists of three dropdown menus for "Day", "Month", and "Year"; and "Provider Reference Number" which is an empty text input field.

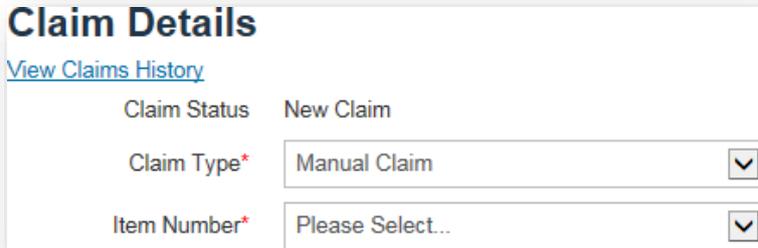
Step 3

Under Service Provider Details, enter the first few digits of the Practitioner Number* and select the correct practitioner from the options that appear. Select the Site ID*.

A form with two fields. The first field is labeled "Practitioner Number*" and contains the placeholder text "Start typing to select the practitioner number". The second field is labeled "Site ID*" and contains the placeholder text "Please Select" with a dropdown arrow.

Step 4

Under Claim Details, select Manual Claim* and the Item Number*.



Claim Details
[View Claims History](#)

Claim Status New Claim

Claim Type* Manual Claim

Item Number* Please Select...

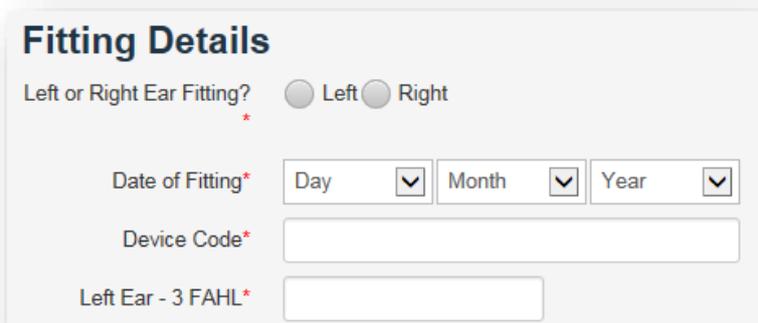
Step 5

Under Fitting Details, select left or right. Select the Date of Fitting*.

Enter the first few digits of the Device Code*.

A code must be selected from the options that appear before you can proceed.

Enter the 3FAHLS* for that ear. Repeat if the other ear has also been fitted.



Fitting Details

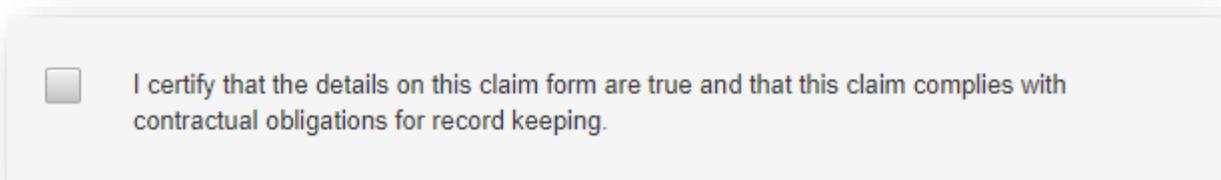
Left or Right Ear Fitting? Left Right

Date of Fitting* Day Month Year

Device Code*

Left Ear - 3 FAHL*

Please check that all information is correct, then read and tick the certification box before clicking the **Submit** button.



I certify that the details on this claim form are true and that this claim complies with contractual obligations for record keeping.

Note - [The Schedule of Service Items and Fees](#) can assist with claim item numbers.