

Aurora

What's New

Release Version 6.13.0



Auditdata

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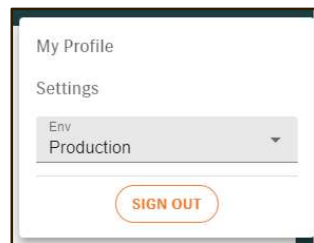
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1 Introduction

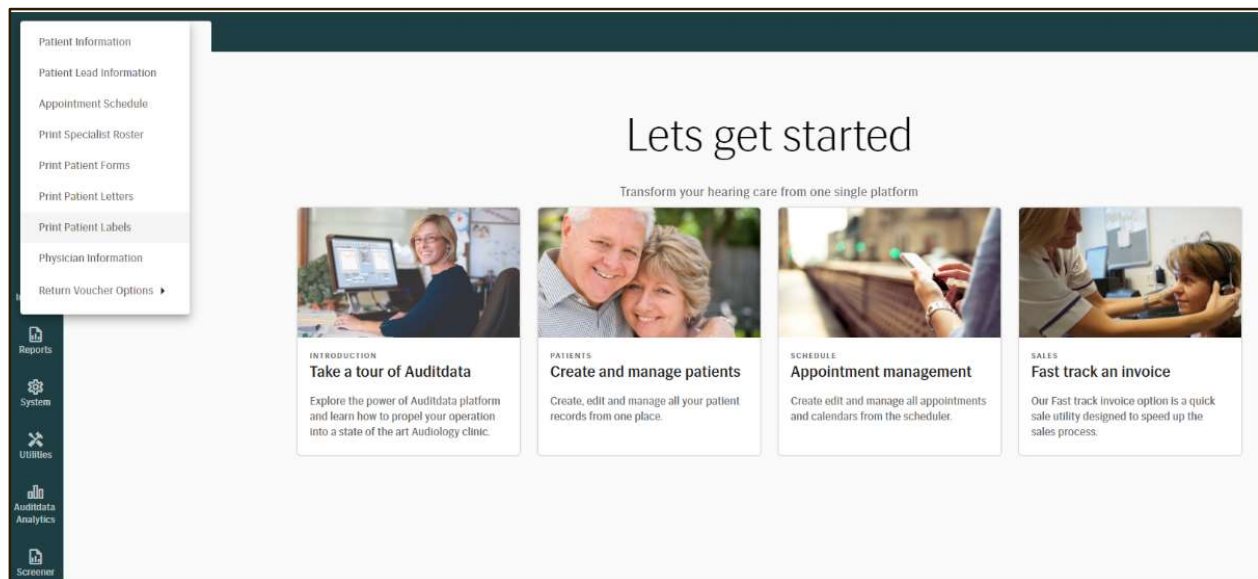
The purpose of this document is to give an overview of all the new and modified features within Aurora release version 6.13.

Auditdata is pleased to announce that the Aurora product is evolving and this release encompasses some early and important changes. Some of the noticable changes include the rebranding of our colours as well as a new software framework.

This exciting and modernized framework will allow for quick and easy access to multiple Aurora environments. For example, users can easily switch between their organizations Production and Training environments with the click of a button.



This latest framework provides new and improved landing page and menu navigation with quick links to other Auditdata information and suite of tools.



If your clinic has received custom development work, the changes outlined in this document may or may not be exactly as described. If you have any questions regarding the changes outlined in this document, please reach out to an Auditdata Customer Service Representative.

2 Multi-select of Marketing Methods on Patient/Lead Information

A Multi Select feature for Marketing Methods is available within our Patient and Lead screens. Users previously could only choose one Marketing Method on a patient or lead file. Now users are able to select multiple Marketing Methods as deemed applicable within any Patient or Lead.

Within PATIENT INFORMATION under the MARKETING TAB, there are multiple marketing methods to choose from. Simply tick all that apply for the selected patient. If no marketing methods are selected, the default of UNKNOWN will be applied upon saving the patient record.

Date	Day	Time	Time	Description	Campaign
10/02/2020	Mon	09:00	09:00	Conversion	SC
10/06/2020	Fri	15:07	15:07	Confirmation Email	SMS Appointment confirmation
10/06/2020	Fri	13:23	13:23	Confirmation Email	Thanks for booking
10/06/2020	Fri	15:25	15:25	Confirmation Email	100 newsmen 1000000
10/06/2020	Mon	09:00	09:00	Letter	Appointment Confirmation

Within PATIENT LEAD INFORMATION there are multiple marketing methods to choose from. Simply tick all that apply for the selected lead. If no marketing methods are selected, the default of UNKNOWN will be applied upon saving the lead record.

Date	Day	Time	Time	Description	Campaign
10/02/2020	Mon	09:00	09:00	Conversion	SC
10/06/2020	Fri	15:07	15:07	Confirmation Email	SMS Appointment confirmation
10/06/2020	Fri	13:23	13:23	Confirmation Email	Thanks for booking
10/06/2020	Fri	15:25	15:25	Confirmation Email	100 newsmen 1000000
10/06/2020	Mon	09:00	09:00	Letter	Appointment Confirmation

Marketing Method information stored on your patient files can be farmed via the PATIENT INQUIRY. For example, using the PATIENT INQUIRY a clinic can request a list of active patients who have indicated they wish to receive marketing information via the MAIL method to facilitate a sales flyer that will be mailed to patients in the future. The PATIENT INQUIRY can produce the list and also produce the bulk address labels necessary for the mailer in one easy tool.


3 New data available on the Payment and Deposits Report

New Columns of information are available on the Payment and Deposits Report. The new columns are only applicable to the Excel output and include:

- Document Date
- Daily Close 3 Trx Number
- Daily Close 3 Date
- Daily Close 3 Opr
- Debit Account
- CIS Bank Account

4 Funder Code Length Increased within Product Information

Within PRODUCT INFORMATION an enhancement has been made to increase the allowable characters a FUNDER CODE can be. A FUNDER CODE for "Default", "Left" or "Right" codes can now be up to 25 characters in length. This is helpful for particular long funding codes such as those for NDIS in Australia. The 3rd Party Funder Invoice print out has also been changed to accommodate these longer funder codes.



Sample Clinic Name
 Shop 42, Brisbane Shopping Plz
 354 Brisbane Road
 Brisbane, AB 4000
 Phone: 07 4568 4568 Fax: 075-194-8456

Quotation

Quotation Number	8475
Date	09/06/2020
Page	1 of 1

Bill To: Workers Pension	Client Info: Liam Edward 123 Main Street Suite 12 Waterloo 12354	Additional Info: Date of Birth: 01/01/2004 ABN: Business ID Provider: Adam Luke H.I.S 55555555
------------------------------------	---	--

Case #: 12321	Referring Physician: Cave, Dan Dr.
Date of Injury (DOI): 01/01/2003	Requesting Physician: Cave, Dan Dr.
Employer's Name: EMPLOYER	

Bank: BSB: A/c#

(* = GST Taxable)

Description	Side	Number/Code	Qty	Unit	Extended
*Siemens CIC	RIGHT	1234567890123456789012345	1	235.22	235.22
Subtotal					235.22
GST					23.52
Workers Pension					258.74
Total Paid					.00
Outstanding Balance					.00

Pay this amount -->

Client Signature _____

Date _____

5 Telehealth SHARE Option Enhancement

The Telehealth digital meeting tool has been enhanced. Within the APPOINTMENT DETAILS screen the Telehealth DETAILS button can be selected to access the TELEHEALTH INFORMATION window which now contains a SHARE icon allowing users to select either the PATIENT meeting details or the SPECIALIST meeting details. The PATIENT meeting URL will display when selecting the patient meeting details and the SPECIALIST meeting URL will display when selecting the specialist meeting details.

The screenshot displays the 'Appointment Details' window with the 'Telehealth' checkbox checked. A red arrow points from this checkbox to the 'Telehealth Information' window. In the 'Telehealth Information' window, the 'Web URL' field contains a long URL, and a red box highlights a 'Share' icon (a square with a right-pointing arrow) next to it. A second red box highlights the 'Web URL' field. A third red box highlights the 'Share With' section in the 'Direct Telehealth Message' window, which shows 'Abby Van Buren' selected. The 'Direct Telehealth Message' window also has 'Continue' and 'Cancel' buttons at the bottom.

6 New SMS Routing Code Configuration

A new option has been added to the CONFIGURE SYSTEM SETTINGS > SYSTEM > APPLICATION USERS > PATIENT NOTIFICATIONS > SMS CONFIGURATION screen called SMS ROUTE CODE. This is necessary for some countries if they wish to receive incoming SMS messages back from patients. Your SMS provider (Kapow) will let you know if your country requires a SMS Route Code and what your code is.

SMS Configuration

SMS User Name:	<input type="text" value="simphear"/>
SMS Password:	<input type="password"/>
Use SMS From ID:	<input type="checkbox"/>
SMS From ID:	<input type="text"/>
SMS Route Code:	<input type="text" value="1234"/>

7 Longer User ID's

Within CONFIGURE SYSTEM SETTINGS > SYSTEM > APPLICATION USERS the USER ID assignable to a new user has been increased to allow a maximum user code length of 30 characters. This allows the creation of user id's that can be full names or even email addresses and user's can then log in using this longer USERNAME below. (Note that existing User Id's cannot be edited and that this change only applies to new User Id's being created.)



The screenshot shows the Aurora Sign In interface. At the top, there is a dark header with the text "Sign In". Below the header is the Aurora logo, which consists of a circular icon with a stylized 'A' and the word "Aurora" in a bold, sans-serif font. Underneath the logo is a form with two input fields. The first field is labeled "Username" and contains the email address "sirgeorgemartin@email.com". This field is highlighted with a red rectangular border. The second field is labeled "Password" and contains a series of dots. To the right of the password field is a link that says "Forgot Password?". At the bottom of the form is a button labeled "Sign In".

8 New Listo Default Type and Hearing Screener Results Report

Clinics who subscribe to our Listo Screener tool can now configure that leads added to the Aurora database via Listo can be identified with a specific LEAD TYPE. Within CONFIGURE SYSTEM SETTINGS > SYSTEM > COMPANY PARAMETERS a clinic can indicate which of their available LEAD TYPES to assign to incoming leads from the Listo screener tool.

The screenshot shows the 'Company Parameters' window with various configuration options. The 'Listo Default Type' dropdown is highlighted with a red box and set to 'Listo Screener Application'.

Web Server Configuration:

- Enable Date Range Control: ☒
- System Date Format:
- Prevent Aging Of Non-Delivered Invoices: ☐
- Finance Charge %:
- Finance Charge Minimum:
- Respect CPA Check Format:
- Code Descriptions:
- Prompt To Complete In Recall Inquiry: ☒
- List Price By Location: ☐
- Cash In Store Processing: ☐
- Hide Costs: ☐ Yes ☒ No ☐ Order
- Enable File Attachments: ☒
- Directory:

A/P Billing

- Hide Auto Generated Bills: ☐
- Generate Bill From Repair Invoice: ☒
- Update Serial Cost From Bill: ☒
- Bill On Hold Default: ☐
- EDI Bill On Hold Default: ☐

Card Scanning

Scanner Number Of Tracks:

Convert Scanned Data To Upper Case: ☐

Prompt For Card To Scan:

- Scan Membership Cards Only: ☐
- Scan Driver's Licenses Only: ☐
- Scan Health Cards Only: ☐

Auto Add

- Referral Sources: ☐
- Hearing Specialists: ☐
- Physicians: ☐
- Practices: ☐
- Appointment Reasons: ☐
- Recall Reasons: ☐
- User-Defined Codes: ☐

Company Wide Patient Search:

- Duplicate Patient Check: ☒
- Log Patient/Lead Access: ☒

Listo Default Type:

Pure Tone Average Frequencies

	250	500	750	1000	1500	2000	3000	4000	6000	8000
PTA1:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PTA2:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Within REPORTS AND INQUIRIES > MARKETING AND CRM a new HEARING SCREENER RESULTS REPORT has also been added to support our Listo subscribers with evaluating their imported leads and the screener results. This new report has also been added as a report option within the REPORT SCHEDULER TOOL for those who wish to auto generate the HEARING SCREENER RESULTS REPORT as well.

The screenshot shows the 'Menu' window with a 'Fast Path' search bar. The 'Reports and Inquiries' menu item is expanded, and the 'Hearing Screener Results Report' is highlighted with a red box.

Menu

Fast Path:

- Patient
- Sales, Repairs and Orders
- Accounts Receivable
- Accounts Payable
- Inventory
- Reports and Inquiries
- Utilities
- Change User Password
- Configure System Settings
- Tasks
- Active User Sessions
- Change Control Management
- On Site Programming Changes

Marketing and CRM

- Accounting - Accounts Receivable
- Accounting - Accounts Payable
- Sales, Repairs and Orders
- Inventory
- General
- Report Scheduler

Reports and Inquiries

- Patient Inquiry
- Patient Notification Inquiry
- EARtrak Client Data Report
- Recall Inquiry
- Appointment Booking Report
- Patient Birthday Report
- Client Referral Report
- Survey Results Report
- Campaign Report
- Lead Conversion Report
- Visit Notes Report
- Goal Report
- Lead Import Report
- Hearing Screener Results Report

The PATIENT INFORMATION > ADDITIONAL INFORMATION screen has also been enhanced to include details for patients that were converted from leads. Information on when the patient was originally created as a lead and what lead type they were, will be displayed here.

The screenshot shows the Aurora 6.13.0 Patient Information > ADDITIONAL INFORMATION screen. The 'Additional' tab is selected in the left sidebar. The main form displays patient details for Mr. Ned Flanders (Patient Number: 6311). The 'Lead Created' section is highlighted with a red box, showing 'Lead Created Date: 10/07/2020', 'Lead Created Time: 08:51:45', and 'Lead Created Type: CAA Lead'.

Section	Field	Value
Patient Information	Patient Number	6311
	Status	ACTIVE
	Status Reason	
	Alternate Client Number	
	Membership Number	
	Date Of First Visit	
	Driver's License	
	Battery Club	Non Member
	No Account Statement	
	No Finance Charges	
3FAHL	Left / Right	
	3FAHL Date	
Wire Length	Receiver	
	OPT-OUTS	
Lead Created	Lead Created Date	10/07/2020
	Lead Created Time	08:51:45
	Lead Created Type	CAA Lead

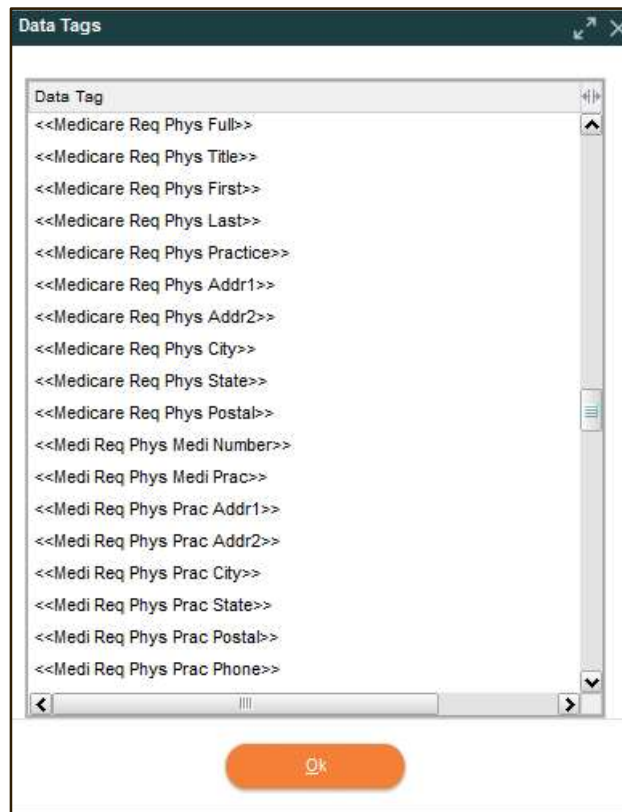
9 New Columns of data available on the Aged A/R Report

The AGED A/R REPORT has been enhanced to include PRICE LIST and the Price List DESCRIPTION when choosing to export it to Excel. If an invoice has an assigned price list, and has an outstanding accounts receivable balance due, then that price list will appear along with other invoice details when exported to Excel.

QA									
Aged Accounts Receivable									
Report Date: 22/07/2020 13:06									
Cut-Off Date: 22/07/2020									
Aging Date: 22/07/2020									
All Regions									
All Locations									
Account Number	Account Name	Price List	Description	Document Date	Document Number	Document Type	Patient Number	Bill Name	
253965	Merge, Missy			11-04-2016	1514	R			
9000090	NIHB, NIHB			07-06-2017	6398	I	1220	Edward, Liam	
1022	Neuman, Markus			20-12-2012	3422	I			
1022	Neuman, Markus	ACC	ACC	22-01-2013	3466	I			
1022	Neuman, Markus			10-02-2013	3580	I			

10 New Australian Medicare Data Tags

Within CONFIGURE SYSTEM SETTINGS > PATIENT > PATIENT LETTERS / PATIENT REPORT TEMPLATES / PATIENT FORMS our Australian clinics will notice new Data Tags relating to Australian Medicare Practices when creating or maintaining patient letters, reports and forms.



11 Patient Lead Information can now utilize the Kleber Address Validation Tool

The Kleber Address Validation Tool integration has been enhanced to also validate your clinics Leads. The Kleber integration is only available to clinics within Australia, New Zealand and Canada and it's main purpose is to maintain and ensure the data integrity of the addresses in your database. To learn more about what Kleber can do for your organization and learn more about subscriptions please review <https://kleber.com.au>

The screenshot shows the Aurora 6.13.0 interface with the Patient Lead Information screen. The 'Address' field is highlighted with a red box. A 'Search Results' window is open, displaying a list of addresses. A red box highlights the 'Search Results' window. A text box explains that users can now utilize the Kleber Address Validation tool within the PATIENTS screen to validate addresses and automatically populate the correct format.

Search Results

Address
112 Main St, ARDATH, WA, 6419
112 Main St, ATHERTON, QLD, 4883
112 Main St, BACCHUS MARSH, VIC, 3340
112 Main St, BEVERLEY, SA, 5009
112 Main St, BLACKTOWN, NSW, 2148
112A Main St, BLACKTOWN, NSW, 2148
112B Main St, BLACKTOWN, NSW, 2148
112 Main Rd, CAMPBELLS CREEK, VIC, 3451
112 Main Rd, CARDIFF HEIGHTS, NSW, 2285
112 Main Rd, CLAREMONT, TAS, 7011
112-116 Main Rd, CLAYTON SOUTH, VIC, 3169
112 Main Rd, CLIFTON, NSW, 2321
112-118 Main St, CRESSY, TAS, 7302
110-112 Main St, CROYDON, VIC, 3136
112 Main St, CURRE, TAS, 7256

New within the LEADS screen, users have the ability to utilize the same Kleber Address Validation tool that is available within the PATIENTS screen. This means when a user types in the partial or full address for a LEAD or PATIENT, the Kleber Address Validation tool will present the SEARCH RESULTS window (shown here) allowing the user to select the correct address and have it populate in the correct format automatically.

Select Cancel

12 New option for HSP Validation Rule “Can Only Be Claimed Every 12 Months”

Within CONFIGURE SYSTEM SETTINGS > SYSTEM > HSP PARAMETERS > HSP VALIDATION RULES our Australian clinics will see that the former "CAN ONLY BE CLAIMED EVERY 12 MONTHS" rule has been divided into two groups of rules. Now available is "CAN ONLY BE CLAIMED EVERY 12 MONTHS GROUP 1" and "CAN ONLY BE CLAIMED EVERY 12 MONTHS GROUP 2." This allows the configuration of HSP ITEMS 700, 710, 711 and 722 to be configured for Group 1 and 930 and 940 to be configured as Group 2. Now that the two groups are separate, a patient can claim an item from Group 1 and Group 2 within the same 12 month span if necessary.

HSP Parameters

HSP Claim Funding Source: HSP
 HSP Number: company ohs number
 File Directory: \\auditdata\v01\DocShare\QA\export
 Minor Customer ID: MARICO
 Address Information To Print: Company Location
 HSP Renewal Letter: B&M
 DVA Renewal Letter: DVA Renewal Letter
 OHS Renewal Letter: OHS Renewal Letter
 DVA Payment Reminder Letter: DVA Renewal Letter
 Process Return Voucher Requests Centrally: ☒ Use Details From
 Process HSP Claims Centrally: ☐ Use Details From
 Process Payments By Location: ☐ Region ☒ Location
 Claim Generation By: ☐ Region ☒ Location
 HSP Claims Require Confirmation: ☐
 Suppress HSP Details On Client Invoice: ☐
 Reset Fitting Date Upon Quote Convert: ☐ Yes ☐ No
 HS Card: ☐
 Cost: 45.00 Effective Date: 01/07/2020
 GST: 2.25 New Cost:
 Total Amount: 47.25 Total Amount:

HSP Validation Rules

HSP Voucher Number is Required: ☒
 Validate HSP Voucher Number: ☒

HSP Claim Validation Rules

Seq	Rule	Item Numbers
18	Initial assessment items	600
19	Maintenance plan expiry date set based on item date	630, 631, 640, 641, 700, ETC.
20	Items which can only be claimed once	700, 710, 777
21	Items which print Maintenance Agreement	760, 761, 770, 771
22	Subsequent Binaural Fitting Items	555, 700, 710, 711, 722, ETC.
23	Items exempt from HSP Voucher validation	700, 710, 711, 722
24	Can only be claimed once every 12 months (Group 1)	930, 940
25	Can only be claimed once every 12 months (Group 2)	

New GROUP 1 and GROUP 2 options for the "Can only be claimed every 12 months" HSP validation rules

13 New columns of data available on the Product Sales Report

The PRODUCT SALES REPORT has been enhanced when exported to Excel. The Excel output when run by CATEGORY in either DETAIL or MARGIN ANALYSIS format will now include "REVENUE ACCOUNT" and "REPAIR REVENUE ACCOUNT". Our Australian clinics will additionally see "HSP REVENUE ACCOUNT" and "TOP UP ACCOUNT" on the PRODUCT SALES REPORT.

Product Sales Report										
Report Date: 11/08/2020 10:55										
Date Range: 10/08/2020 - 11/08/2020										
All Locations										
						All Countries		Australia Only		
Location	Description	Parent Location	Description	Category	Description	Revenue Account	Repair Revenue Account	HSP Revenue Account	Top Up Revenue Account	Invoice Type
G	Guelph			02	OHS	10-HSP	10-REP	10-HSP	10-REV	Invoice
G	Guelph			02	OHS	10-HSP	10-REP	10-HSP	10-REV	Invoice
G	Guelph			102	HiTech Hearing Products	REV	REPAIRREV	HSPREV	TOPUPREV	Invoice

14 New default price list available on the Patient Information screen

An enhancement has been applied to the PATIENT INFORMATION screen, allowing clinics to associate and save a DEFAULT PRICE LIST to a patient file. This patient DEFAULT PRICE LIST association will allow clinics to be certain a patient's price list is automatically applied to both INVOICES AND QUOTES and FAST TRACK INVOICES. To aid clinics who wish to utilize this enhanced functionality, we have also added that DEFAULT PRICE LIST can be configured as a MANDATORY FIELD within the PATIENT INFORMATION screen. (Mandatory fields are managed within CONFIGURE SYSTEM SETTINGS> SYSTEM > DOCUMENT PARAMETERS > MANDATORY FIELDS.)

The screenshot shows the Patient Information screen with various fields for patient details, funding, and appointments. A red box highlights the 'Default Price List' field, which is currently set to 'ODSP'. A callout note states: 'Choose the default price list that should be applied to this patient's new invoices automatically. If left blank, no default price list will be applied to an invoice by default.'

An enhancement has also been applied to INVOICES AND QUOTES, FAST TRACK INVOICE and REPAIRS that updates the SPECIALIST association on a sale to the SPECIALIST of an associated APPOINTMENT. For example, if a patient has SPECIALIST A listed as their default specialist within PATIENT INFORMATION, however the patient's APPOINTMENT associated to the sale was associated to SPECIALIST B, then the sales document will automatically be updated to show SPECIALIST B on that sale. If no appointment is associated to the sale, then the patient listed SPECIALIST within PATIENT INFORMATION will default as expected.

The screenshot shows the Invoices and Quotes screen with various fields for document details, location, and appointment. A red box highlights the 'Specialist' field, which is currently set to 'Abby Van Buren'. A callout note states: 'When an appointment is associated to a sale, the SPECIALIST field will automatically update to reflect the specialist allocated to the selected appointment.'

15 Practice and Medicare Enhancements

Practice management has been enhanced to include address information. This means within CONFIGURE SYSTEM SETTINGS > PATIENT > PRACTICES users can now include the Practices full address information.

Physicians management has also been enhanced for our Australian clinics to only display the address information on the associated Physician Medicare Numbers. Editing of this Practice address information is now only editable within PRACTICE management. This improves the process flow for maintaining Physicians who have associated Practices and Medicare Numbers.

The screenshot shows two windows. The 'Physicians' window has a 'Medicare Numbers' column highlighted with a red box. The 'Medicare Numbers' window shows details for a specific Medicare Number, including a dropdown for 'Practice' and a text box for 'Address'. A red box highlights the 'Practice' dropdown and the 'Address' text box. A callout box states: 'Once the Practice is selected, the details shown are "display only" and to edit Practice details users must edit within PRACTICES.'

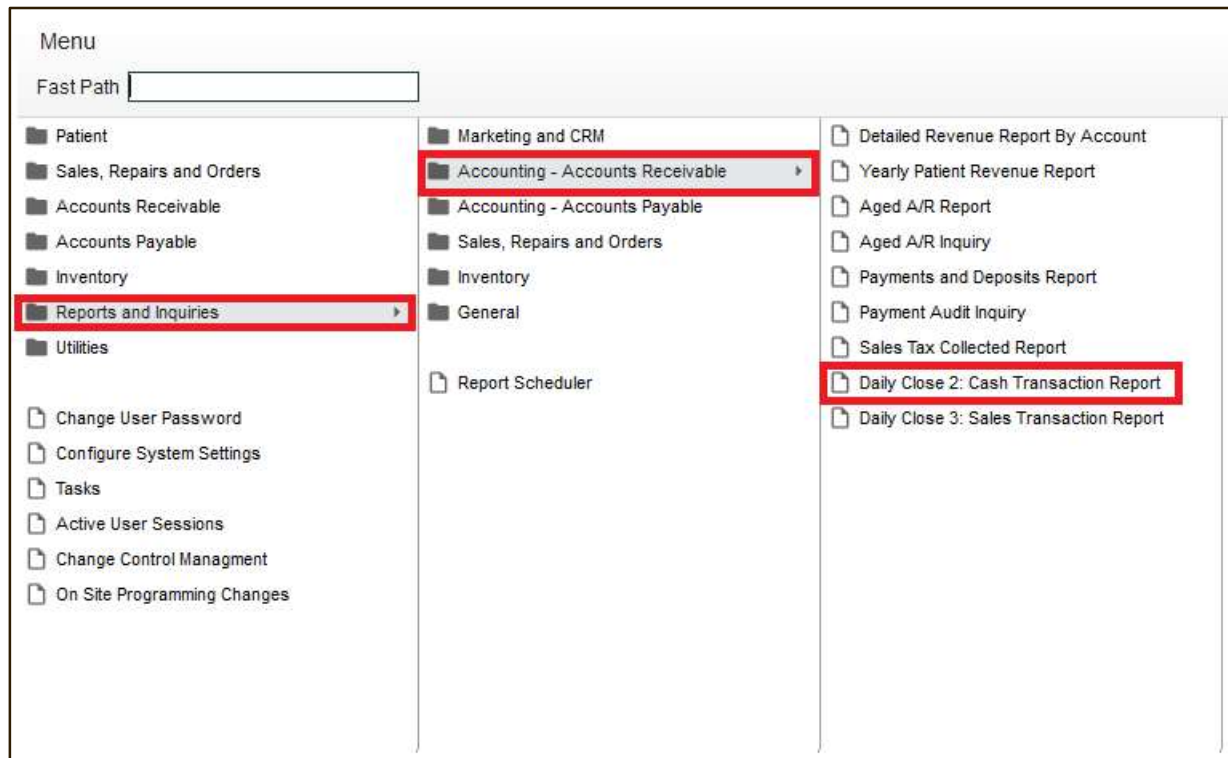
Within both PATIENT INFORMATION and PATIENT LEAD INFORMATION, users can associate a REFERRING PHYSICIAN MEDICARE NUMBER and a REQUESTING PHYSICIAN MEDICARE NUMBER within the MEDICARE NUMBER details icon and a MEDICARE REFERRAL END DATE can be set even when a REFERRAL START DATE has not been set. This will now allow the first MEDICARE flagged invoice for the patient to apply the INVOICE DATE as the REFERRAL START DATE as assume patient MEDICARE end date based on the configuration of either "3 months", "12 months" or "Indefinite" as selected on within PATIENT INFORMATION > MEDICARE NUMBER.

The screenshot shows two windows. The 'Patient Information' window has a 'Medicare Number' field highlighted with a red box. The 'Medicare Information' window shows details for a specific Medicare Number, including a dropdown for 'Practice' and a text box for 'Address'. A red box highlights the 'Practice' dropdown and the 'Address' text box. A callout box states: 'Once the Practice is selected, the details shown are "display only" and to edit Practice details users must edit within PRACTICES.'

With this enhanced MEDICARE functionality, it is important to also note that an INVOICE flagged as MEDICARE will archive the PRACTICE address at the time the invoice was saved. This means if the practice address changes after an invoice is saved, the invoice will always refer to the practice address at the time of the invoice. To support this change the PATIENT INQUIRY has also been enhanced to include REFERRING PRACTICE ADDRESS information and has been added to the exportable patient information output.

16 New Daily Close 2: Cash Transaction Report

A new report has been added to the REPORTS AND INQUIRES > ACCOUNTING - ACCOUNTS RECEIVABLE menu titled "DAILY CLOSE 2: CASH TRANSACTION REPORT". Within the report selection criteria, clinics can select to print a detailed report of what transactions were included in a specific Daily Close 2 batch.



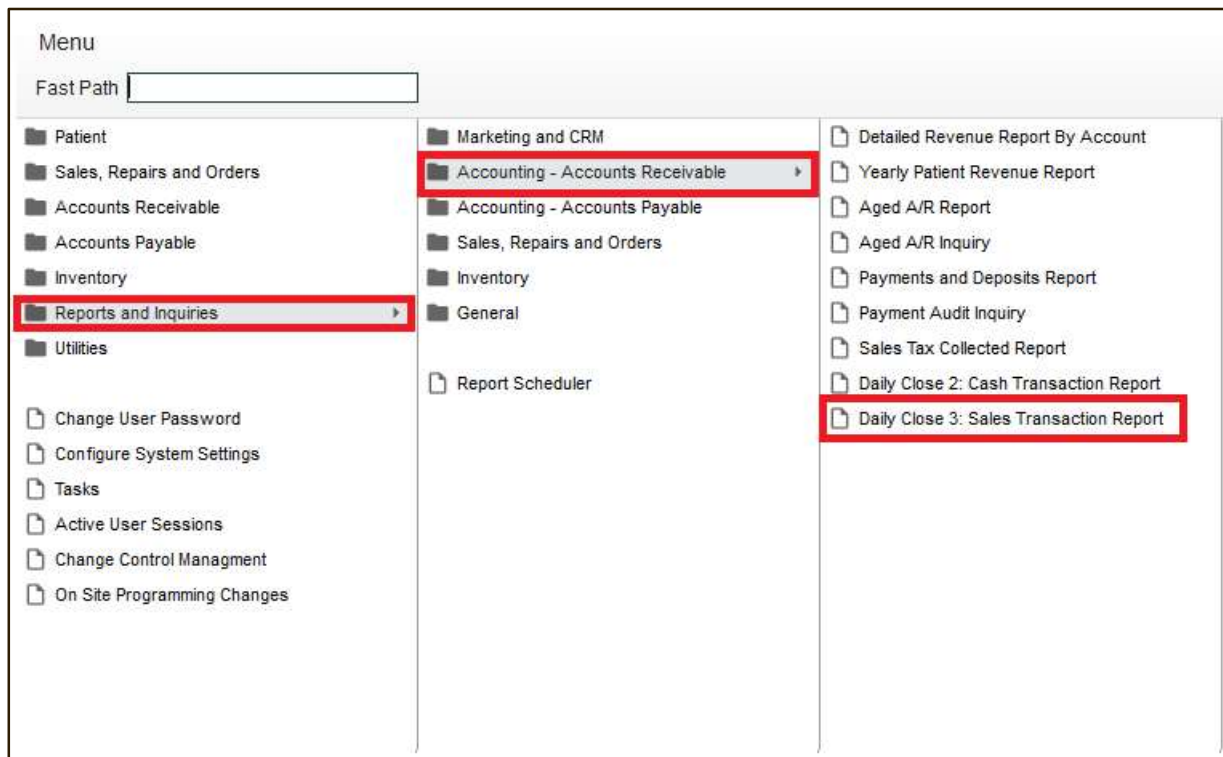
Clinics that are configured to export to Navision or Quickbooks will see more detailed information relating to Invoice Types, Invoice Numbers and other details such as Payment Reference and Payment Note details. Clinics configured to export to Xero will see details such as export success and error details if applicable.

To run the DAILY CLOSE 2: CASH TRANSACTION REPORT select which TRX NUMBER to see in detail and press CONTINUE.

An EXCEL file opens displaying the detailed transactional information for the selected DC2 TRX Number.

17 New Daily Close 3: Sales Transaction Report

A new report has been added to the REPORTS AND INQUIRIES > ACCOUNTING - ACCOUNTS RECEIVABLE menu titled the DAILY CLOSE 3: SALES TRANSACTION REPORT and it has been designed to give a more detailed transactional report on any selectable Daily Close 3 batch.



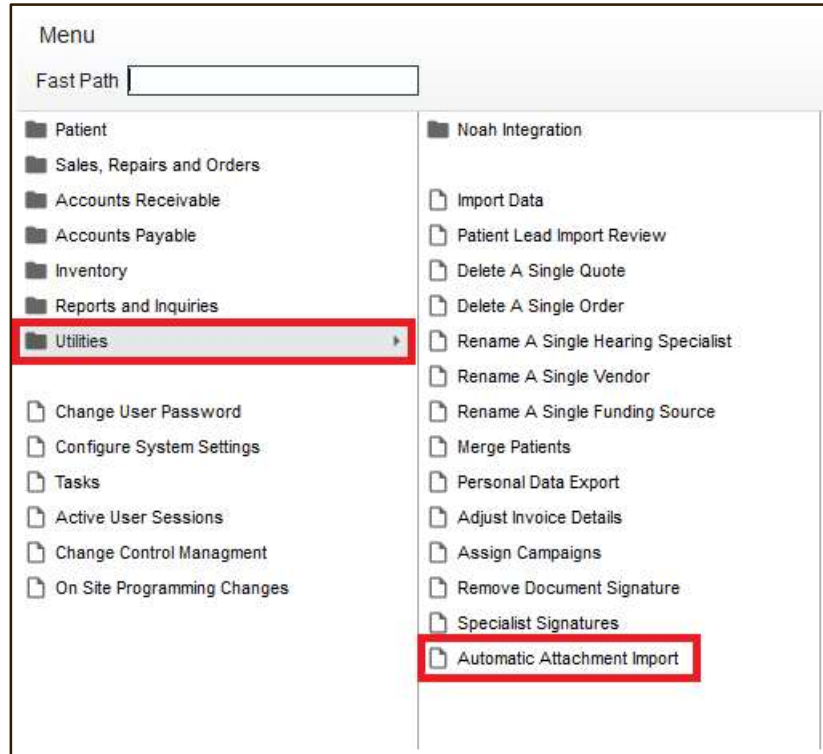
Clinics configured to export to Navision or Quickbooks will see more detailed information relating to Document Types, Patient details and Tax Code details as well as detailed sales accounting information. Clinics configured to export to Xero will see details such as export success and error details if applicable.

To run the DAILY CLOSE 3: SALES TRANSACTION REPORT select which TRX NUMBER to see in detail and press CONTINUE.

An EXCEL file opens displaying the detailed transactional information for the selected DC3 TRX Number.

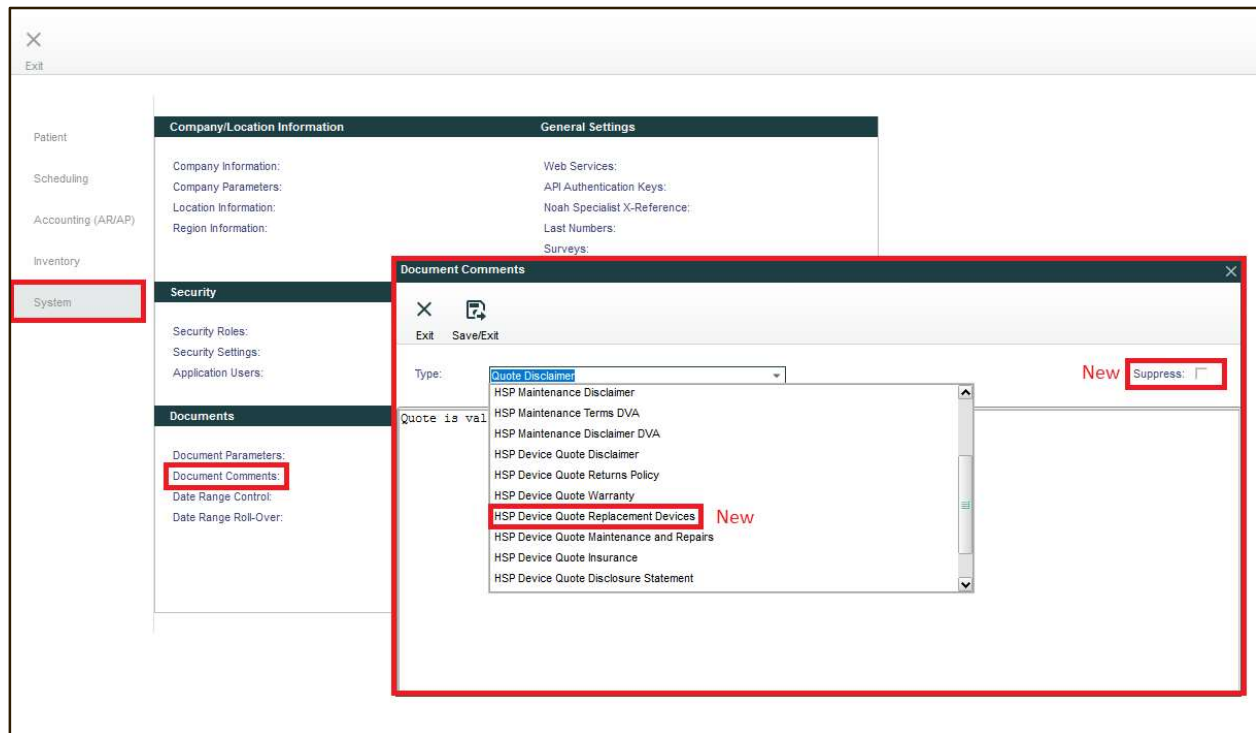
18 New Automatic Attachment Processing

A new function allowing clinics to mass import Patient Attachments to existing patient records. The new menu option within the UTILITIES menu "AUTOMATIC ATTACHMENT IMPORT" facilitates the import of attachments to patient record via an XML file that states the patient details and attachment details. Clinics can create their XML import file using a predefined list of data tags that will then be imported into the system. If your clinic is interested in the mass importing of patient attachments, please contact your Auditdata Support Representative.



19 New HSP Device Quote Comments for “HSP Device Quote Replacement Devices”

Our Australian clinics have a new DOCUMENT COMMENT available within CONFIGURE SYSTEM SETTINGS > SYSTEM > DOCUMENT COMMENTS called "HSP DEVICE QUOTE REPLACEMENT DEVICES" that controls customizable text to appear on the HSP DEVICE QUOTE print option under the REPLACEMENT portion.



As part of this change the option to SUPPRESS any DOCUMENT COMMENT has also been introduced within the maintenance screen of DOCUMENT COMMENTS. This "SUPPRESS" option will control whether this selected header or text will appear on a printed DEVICE QUOTE.

20 New notification parameter to limit non-telehealth messages

A new Telehealth parameter has been added to CONFIGURE SYSTEM SETTINGS > PATIENT > PATIENT NOTIFICATIONS. The parameter is called "RESTRICT TELEHEALTH APPT NOTIFICATIONS" and when enabled, will disable any patient notifications that are NOT Telehealth when the appointment is flagged as Telehealth. This will prevent your patient or lead from getting regular non-Telehealth notifications on the same appointment that they are getting Telehealth notifications on. This prevents possible unnecessary or confusing notifications from being sent to a patient or lead.

The screenshot displays the 'Patient Notifications' configuration window. On the left, a sidebar lists various settings categories, with 'Patient' and 'Patient Notifications' highlighted. The main window has a 'Configuration' tab selected, showing three configuration sections: Email, SMS, and IVR. The 'Restrict Telehealth Appt Notifications' checkbox is checked and highlighted with a red box, with a 'New' label next to it.

Day	Start Time	End Time
Monday	01:00:00	11:00:00
Tuesday	01:00:00	11:00:00
Wednesday	01:00:00	11:00:00
Thursday	01:00:00	11:00:00
Friday	01:00:00	11:00:00
Saturday	08:00:00	17:00:00
Sunday	12:00:00	17:00:00

21 New Notes functionality within Convert Quote To Order screen

Users when creating a quotation and wish to use the CONVERT QUOTE TO ORDER option will now see a new NOTES icon where notes for that specific order can be entered.

The screenshot displays the 'Convert Quote To Order' screen. At the top, there is a toolbar with icons for Exit, Continue, Cancel, and Exp/Con. A red box highlights a new 'Notes' icon (three horizontal lines) in the toolbar. Below the toolbar, the 'Quote Number' is 8806 and the 'Delivery Date' is 22/10/2020. The user name 'Liam Edward' is also visible. A table lists the quote items:

Seq	Product Description	Qty Order	Order Qty	UOM	Vendor	Cost Level
0001	70-5 Siemens CIC	1	1	✓	Siemens	

A red arrow points from the 'Notes' icon to a modal dialog box titled 'Notes'. The dialog box contains a text area with the text 'Model #572 Black with Silver Case' and two buttons at the bottom: 'Continue' and 'Cancel'.

(Notes entered here will be applied to ALL orders, even in the case multiple vendors. Notes entered within the CONVERT QUOTE TO ORDER screen will also flow through to EDI Order Processing files as well.)

22 New Notes enhancement available within the Patient/ Lead Information screen

The NOTES screen within both the PATIENT INFORMATION and PATIENT LEAD INFORMATION has been enhanced to commit notes entered within the NOTES screen to the database immediately when the users clicks CONTINUE, instead of when the entire patient or lead is saved. This will lower the chance of losing notes when the patient or lead file is exited without being saved.

The screenshot displays the Patient/Lead Information screen with a sidebar on the left containing links like Summary, Details, Contact, Funding, Documents, History, Marketing, Goals, and Additional. The main area shows patient details and a list of notes. A 'Maintain Note' dialog box is open, allowing users to edit a note. The dialog includes fields for Date, Description, Created By, Category, and Sensitive Data. The 'Continue' button is highlighted with a red box, indicating that clicking it will save the note immediately.

Date	Description
08/09/2020	Un
04/09/2020	po
04/09/2020	Ca
04/09/2020	2n
16/08/2020	Ca
15/05/2020	Al
15/05/2020	Al
15/05/2020	Al
14/01/2020	ac
13/11/2019	Th

Maintain Note

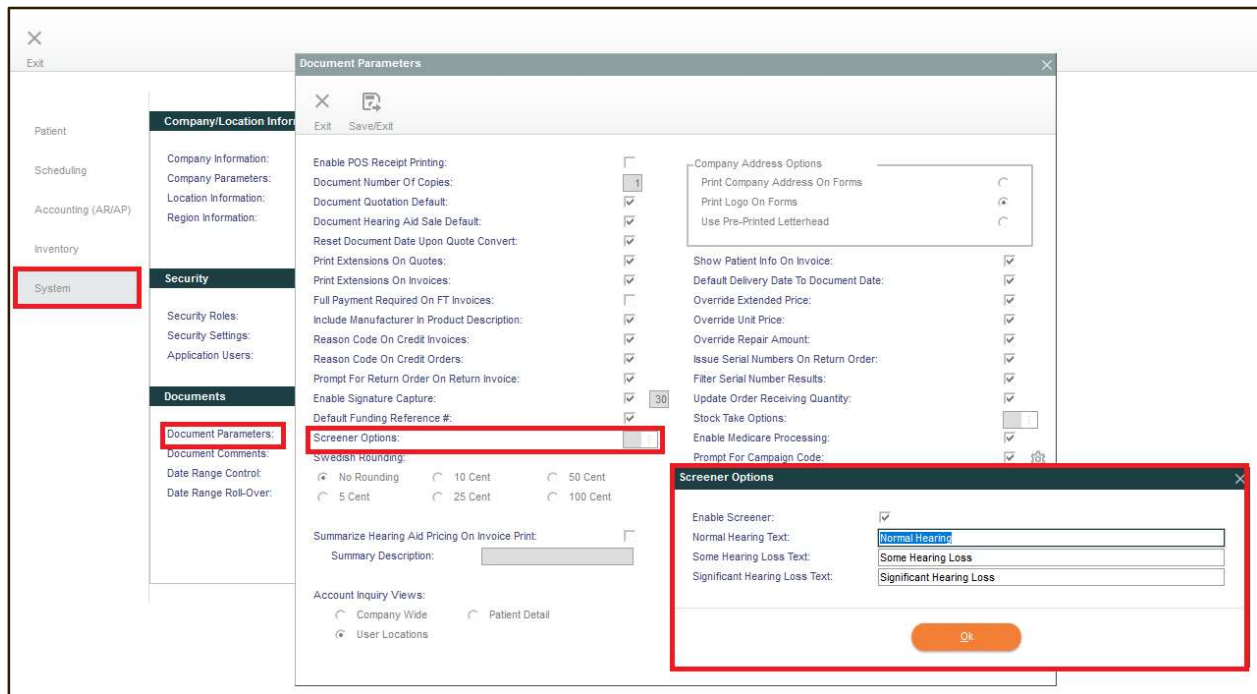
Date: 22/10/2020
Description: first visit summary
Created By: Ryan Swartz
Category: Unassigned
Sensitive Data: ☐

Patient referred after work place ear injury.

Print Delete Continue Cancel

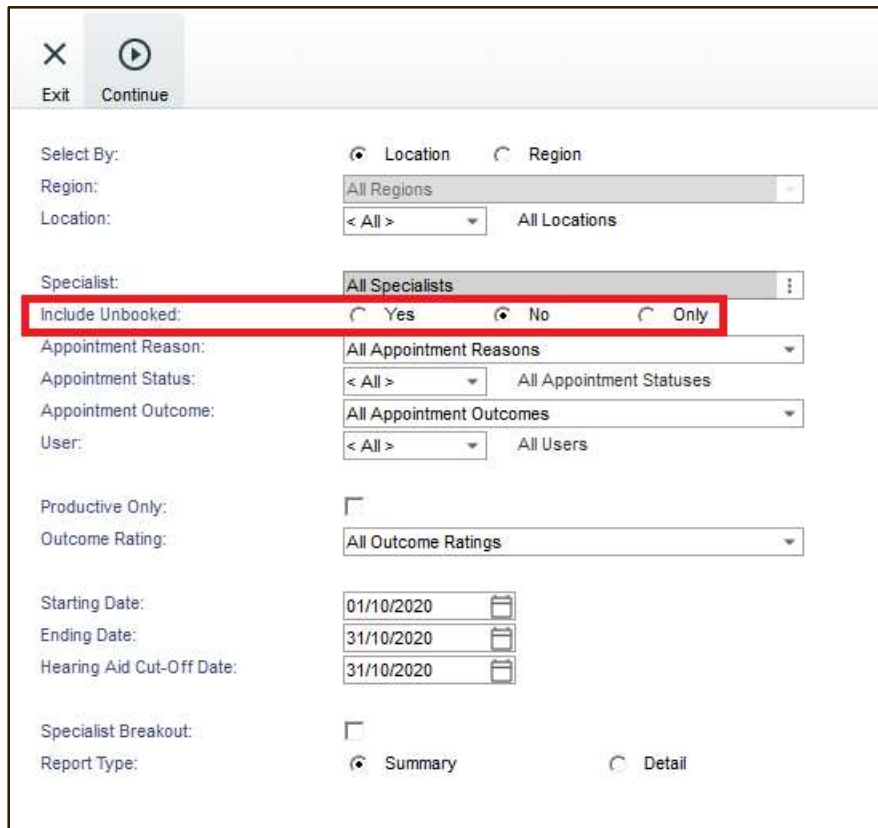
23 New Option to manage Listo Screener Report hearing test result values

A new Listo - Screener Options configuration screen has been added to CONFIGURE SYSTEM SETTINGS > SYSTEM > DOCUMENT PARAMETERS. This new SCREENER OPTIONS utility allows clinics to customize what the SCREENER REPORT will display in terms of hearing test result values.



24 New option for Specialist Productivity Report to show “Unbooked” appointments

Within the REPORTS AND INQUIRIES > GENERAL menu the SPECIALIST PRODUCTIVITY REPORT has been enhanced to include a new option for running the report comparing UNBOOKED time. This new option will clearly show appointment time slots that were unbooked as well as booked. Unbooked time is any time that a specialist was available for work, but did not have an appointment booked. For clinics configured to use our SPECIALIST ROSTER utility, the available time for a specialist is calculated based on their rostered time. For clinics not utilizing the SPECIALIST ROSTER the specialist available time calculation is based on the opening and closing times configured for a location. Running the SPECIALIST PRODUCTIVITY REPORT using the UNBOOKED parameter allows clinics to evaluate missed opportunities that may have occurred within a selected date range.



The screenshot shows the configuration window for the Specialist Productivity Report. The window has a title bar with 'Exit' and 'Continue' buttons. The main area contains various filters and options:

- Select By:** Radio buttons for **Location** (selected) and **Region**.
- Region:** A dropdown menu showing **All Regions**.
- Location:** A dropdown menu showing **< All >** and **All Locations**.
- Specialist:** A dropdown menu showing **All Specialists**.
- Include Unbooked:** A section highlighted with a red box, containing radio buttons for **Yes**, **No** (selected), and **Only**.
- Appointment Reason:** A dropdown menu showing **All Appointment Reasons**.
- Appointment Status:** A dropdown menu showing **< All >** and **All Appointment Statuses**.
- Appointment Outcome:** A dropdown menu showing **All Appointment Outcomes**.
- User:** A dropdown menu showing **< All >** and **All Users**.
- Productive Only:** A checkbox that is currently unchecked.
- Outcome Rating:** A dropdown menu showing **All Outcome Ratings**.
- Starting Date:** A date field showing **01/10/2020**.
- Ending Date:** A date field showing **31/10/2020**.
- Hearing Aid Cut-Off Date:** A date field showing **31/10/2020**.
- Specialist Breakout:** A checkbox that is currently unchecked.
- Report Type:** Radio buttons for **Summary** (selected) and **Detail**.

25 New enhanced NDIS functionality

Our Australian clinics will find a new parameter within CONFIGURE SYSTEM SETTINGS > SYSTEM > DOCUMENT PARAMETERS for "NDIS PRICE LIST" which allows the selection of a default price list to be associated to NDIS. Also included with this change is the ability to record a NDIS registration number within CONFIGURE SYSTEM SETTINGS > SCHEDULING > SPECIALISTS for your specialists by location. This means one specialist can have a different NDIS numbers for each location if required. The result of these changes is a more robust 3rd Party printed Invoice that includes the NDIS number for the specialist based on the location of the invoice, as well as the NDIS codes relative to the products selected.

