

FINANCE AND CLAIMS

Bill what you did. Collect what you are owed.

Exact money, rules held as data, and views that show what has not been billed and what has not been paid. Nothing bills a patient by itself.

Billing

Money	Exact amounts with two decimals; tax rules and price lists as data; payments cannot exceed the balance; payments are idempotent; refunds are explicit.
Missing charges	A list of dispenses, completed stays, signed visits, completed lab orders and reported imaging that are on no live invoice. One action adds them to a draft invoice for the same patient; the same event cannot be billed twice.
Charge rules	Which catalogue item a visit, a test or an imaging modality is billed as, set by your billing team.
Payment terms	A due date when an invoice is issued, from terms your administrator sets. No default ships. Overdue invoices are listed.

Collections

Ageing	Unpaid invoices by age since issue (0 to 30, 31 to 60, 61 to 90, over 90 days), net collected per day and per method, the ten largest balances.
Claims by payer	Open claims by payer, claimed and approved-not-settled, with the oldest age.

Insurance

Pre-authorisation	Requests and decisions are recorded and decided by your staff. There is no electronic exchange with payers.
Claim cases	A checklist of what the payer needs, a frozen packet version, a receipt of how it was sent, payer queries tracked, and a claims assistant that proposes next steps and drafts a reply for staff to edit. It cannot submit.

What it does not do. No payment gateway is connected (payment links are a labelled simulator). Submission to a payer is recorded, not performed. Tax rules, prices and terms are yours to enter and to confirm with your accountant; the software ships no tax advice and no default terms.