



Submitting a Portal Claim via the HSO portal

What access do I need?

SP Claims role

What else do I need?

Claim for Payment Tax Invoice – fully completed
Linked to the client in the HSO portal

Open the Client Details screen

Log in to the portal and bring up the client details screen. To check what has been previously claimed, click the **View All** button under the **Claims History** accordion.

Entering a manual claim in HSO

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

Client Details

Name	John Smith
Date of Birth	01/01/1900
Eligibility Number	200000000X
Eligibility Type	Centrelink Pensioner Concession Card (PCC)
Voucher Number*	<input type="text"/>
Date of Service*	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>
Provider Reference Number	<input type="text"/>

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

Select the correct voucher issue date*. Select the Date of Service*.

Service Provider Details

Organisation Name*	<input type="text"/>
Practitioner Number*	<input type="text" value="Start typing to select the practitioner number"/>
Site ID*	<input type="text" value="Please Select"/>

In the **Provider Reference Number** field, enter your client number if applicable.

Under **Service Provider Details**, please check or enter the Organisation Name*. Enter the Practitioner Number* and select the Site ID*.

Claim Details

[View Claims History](#)

Claim Status	New Claim
Claim Type*	<input type="text" value="Manual Claim"/>
Item Number*	<input type="text" value="Please Select..."/>

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

Fitting Details

Left or Right Ear Fitting?	<input type="radio"/> Left <input type="radio"/> Right
Date of Fitting*	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>
Device Code*	<input type="text"/>
Left Ear - 3 FAHL*	<input type="text"/>

Under **Fitting Details**, select left or right. Select the Date of Fitting*. Enter the Device Code*. Enter the 3FAHLS* for that ear. Repeat if other ear has been fitted.

Read and tick the certification box before clicking the **Submit** button.

[Conditions for Claiming](#) can assist you on submitting claim item(s) successfully.

*Please select an option from the drop down menu.