



Billing Procedure

All claims are submitted digitally and hosted through SWF's secured database, Zoho. **As always, all claim forms must be submitted within 60 days of the date you are billing SWF.** You only need to submit this claim form to receive reimbursement. Please do not submit anything through bill.com. **Please also be sure to include the SWF ROI/Waiver when billing for your first session!**

****Disclaimer**

All claims are submitted for each referral and broken out by service month. This helps SWF associate which months have the highest therapy fees. Additionally, each **"Claim Detail"** indicates the type of service that was administered during the session. This means you will need to add multiple "Claim Details" for sessions that include travel and SIQs.

Please watch this [demonstration video](#) before completing the form on your own.

Step 1:

Please click on the link below to access the SWF Claim Form via our secured database, Zoho.

https://forms.zohopublic.com/secondwindfund/form/ProductReview/formperma/5-wQv8peNt4GFK-vYs-JqPK6LVd1BCIMhpAtf6VL_Uc



OR scan this QR code and complete it on your phone!
This is most helpful if you are also submitting a SIQ.
You can take a picture right from your phone.

Step 2:

At the top of the page, in the first box, please input the SWF#00000.

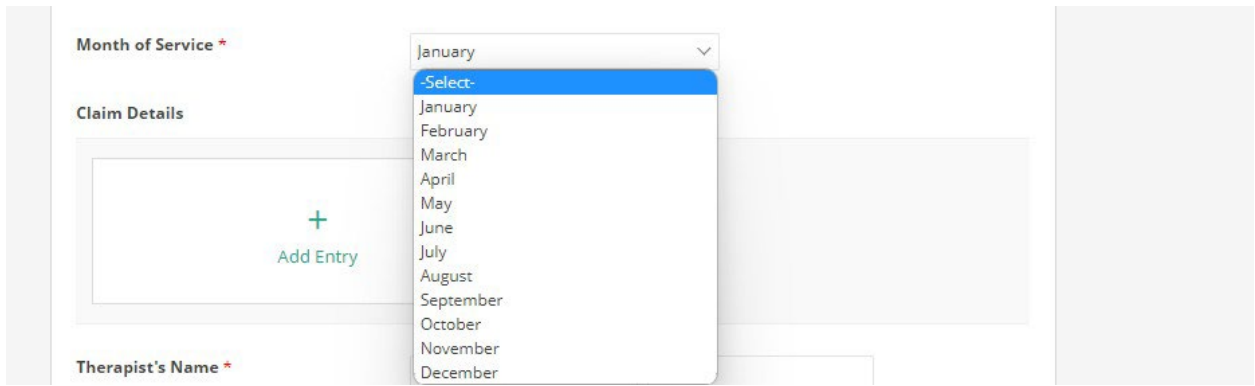
*Please note, this referral number must include SWF#

Referral Number *

Step 3:

Please select the date of service.

*Please note, all sessions for your client in one month will go on **one** claim form. Please reference the video for clarification.



Step 4:

Please select the green "+ Add Entry". This will populate a pop-out page.

Press the green + button for every type of service.

Type of Service *	<input type="radio"/> Therapy	<input type="radio"/> Travel (please enter address below)
	<input type="radio"/> Cancellation / No Show	<input type="radio"/> SIQ (please upload below)
Cost	<input type="text" value="0"/> \$	
Therapy Mode *	<input type="checkbox"/> In person <input type="checkbox"/> Teletherapy	
Date of Service / No Show	<input type="text" value=""/> <small>dd-MMM-yyyy</small>	
<small>All claims for this SWF Referral must be within the selected month. *</small>		
Session Number	<input type="text"/>	
<small>If this is a NS/CA, please use session 0. If this is for session 1, please upload the SWF ROI/Waiver below. *</small>		
Upload Survey(s) if SIQ is selected above or SWF ROI/Waiver of Liability if submitting for session 1	<input type="text" value="Choose File(s)"/>	<input type="button" value="↑"/>

Step 5:

Select the type of service.

*Please note, only one can be selected at a time.

Select the therapy mode.

Select the date of service for the type of service.

Please number the session 1-12 or 12-20 if an extension was approved.

* Please note, if a client **NS/CA** the session number will be **0**.*

*If you are submitting a claim for session 1, please upload the SWF ROI/Waiver of Liability**

Press "Done" in the blue box.

Step 6:

Repeat step 5 for travel and input the address at the bottom of the pop-out page.
Repeat step 5 for SIQ and upload the file directly into the pop-out page.
Press “Done” in the blue box once completed.

Claim Details

Type of Service *
 Therapy Travel
 Cancellation / No Show SIQ

Therapy Mode *
 In person
 Teletherapy

Date of Service / No Show *
[Calendar icon]
dd-MMM-yyyy
Choose a date.

Session Number *
[Input field]

Upload Survey(s)
Choose File(s) [Upload icon]

Address or school name of off-site-visit only. Must travel a minimum of 2 miles.
SWF School
School Name
123 SWF School Drive
Street Address
Denver 80321
City Zip Code

Done

Step 7:

Repeat steps 4-6 for all sessions in the same month as indicated on step 3.

Helpful Tip if you are submitting multiple claim details for the same month, you can also duplicate (circled in red below) the claim detail and change the date and session number instead of selecting the green + button each time.

Claim Details

Type of Service	Therapy
Therapy Mode	Teletherapy
Date of Service / No Show	[Input field]
[Edit icon]	[Duplicate icon]

+
Add Entry

Step 8:

If there are no more claims to submit for that referral for that month, you can move onto the bottom part of the page.

Reminder* If you are submitting for your first session with a SWF youth, please make sure the SWF ROI/Waiver is uploaded to receive reimbursement.*

Select how you are reimbursed for payment (this must match Line 1 on your W9)

If your name is on the W9 submitted to SWF, you will select the first option. If your group practice is on the W9 submitted to SWF, please select the second option and enter the organization's name.

Enter your mail address

Enter your phone number

Please select how you are reimbursed for services. *

Provider's Email Address *

Phone *

Provider's Address *

Address must match W9. New Address? Please submit a new W-9 Form

Step 9:

Complete steps 1-9 for the same referral but different months.

Complete steps 1-9 for other SWF referrals.

If you have any questions, please email program@thesecondwindfund.org.