

SWF Billing Procedure

Welcome to the SWF Provider Network! The next few pages are written directions for the SWF billing procedure. Please note, all claim forms must be **submitted within 60 days** of the date you are billing us for. **Please be sure to include the SWF ROI/Waiver when billing for your first session.**

**Disclaimer

All claims are submitted for each referral and are broken out by month of service. 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, SIQs, and SWF ROI/Waiver.

Please watch this <u>demonstration video</u> before completing the form on yourown.

Step 1:

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

https://zfrmz.com/njgBx5g3451KnBumxsfM

Step 2:

At the top of the page, in the first box, please input the SWF#00000.
 *Please note, this referral number <u>must</u> include <u>SWF#</u>

Referral Number *

SWF#00000

Please input SWF# before typing the referral number.

Step 3:

Select the month of service.

*All sessions for each client in one month will go on **<u>one</u>** claim form. Please reference the video for clarification.

Month of Service *	December 2023	\sim
	-Select-	elected month.
	October 2023	
Claim Dataila	November 2023	
claim Details	December 2023	
	January 2024	
+	February 2024	
	March 2024	
	April 2024	
	May 2024	
Add Entry	June 2024	
	July 2024	
	August 2024	
Press the green + button for every type of service.	September 2024	
	October 2024	
	November 2024	
Please select how you are	December 2024	

Step 4:

• Select the green "+ Add Entry". This will populate a pop-out page.

Step 5:

- Select the type of service. *Please note, only one type can be selected at a time and "Cost" will populate automatically.
- Select the therapy mode.
- Select the date of service for the type of service.
- Please number the session 1-12 or 13-20 if an extension was approved.
 *If a client NS/CA the session number will be 0, regardless of what session it would have been.

	Press the g	Claim Details green + button for every type of service.
Type of Service *	○ Therapy	 Travel (please enter address below)
	○ Cancellation / No Show	 SIQ (please upload below)
Cost	0	\$
Therapy Mode *	In personTeletherapy	
Date of Service / No Show		
All claims for this SWF Referral must be within the selected month. *	аа-мимл-уууу	
Session Number		
If this is a NS/CA, please use session 0. If this is for session 1, please upload the SWF ROI/Waiver below.		

Step 6:

- Repeat step 5 for travel and input the address at the bottom of the pop-out page.
- Repeat <u>step 5</u> for SIQ and upload the file directly into the pop-out page.
- Press "Done"

Upload Survey(s) if SIQ is selected above	Choose File(s)		(†
lf you are submitting a claim for session 1 upload SWF ROI/Waiver of Liability	Choose File(s)		(†
If travel is selected above, input the address or school name of off-site- visit only. Must travel a minimum of 2 miles. No home therapy allowed.	School Name		
	Street Address		
	City	Zip Code	
	Done		

Step 7:

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

Type of Service	Therapy		
Therapy Mode	Teletherapy	+	

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

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 Reimbursement Option
 - Input your name
 - Organization (type N/A if not part of group practice)
- Enter Provider's Email Address
- o Enter Provider's Phone Number
- Enter Provider's Address (this address should match your W9)

Please select how you are	Organization/Practice Name
reimbursed for services. *	If you are reimbursed using an EIN select organization, if you are reimbursed through your SSN select
	individual. If you are unsure look at the W9 submitted to SWF.
Provider's Name *	
	First Last
Our station News *	
Organization Name *	If you are not part of an organization covered by a Services Agreement, please input N/A
	i jou die net part of an organization correct of a service reference prease inpart and
Provider's Email Address *	
Phase 4	
Phone ^	
	11.11.11 11.11.11.11 11.11.11 11.11.11
Provider's Address *	
	Street Address
	Address Line 2
	City State
	Zip Code

Step 9:

• Sign it and press Submit Claim.

If this claim includes Session Nu Liability in the claim details sect	mber 1 for this referral please ensure you have uploaded the SWF ROI/Waiver of ion! We are unable to pay claims until the completed ROI/Waiver is received.
Provider's Signature *	
Date *	28-Feb-2024 dd-MMM-yyyy
	Submit Claim

Step 10:

- 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.