

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 [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://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 must include **SWF#**



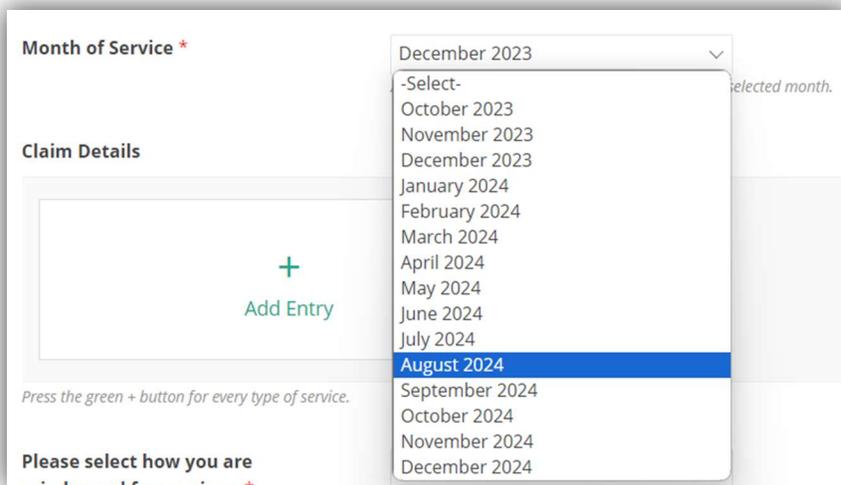
Referral Number *

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 **one** claim form. Please reference the video for clarification.



Month of Service *

December 2023

-Select-

October 2023

November 2023

December 2023

January 2024

February 2024

March 2024

April 2024

May 2024

June 2024

July 2024

August 2024

September 2024

October 2024

November 2024

December 2024

Claim Details

+
Add Entry

Press the green + button for every type of service.

Please select how you are reimbursed for services *

Step 4:

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

Step 5:

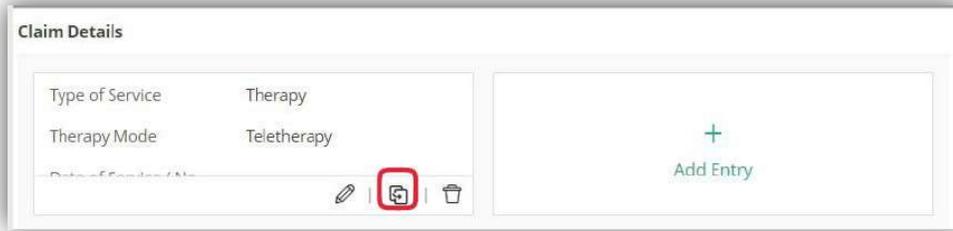
- Select the type of service.
*Please note, only one type can be selected at a time and "Cost" will populate automatically.
- Select the therapy mode.
- Select the date of service for the type of service.
- Please number the session 1-12 or 13-20 if an extension was approved.
*If a client **NS/CA** the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

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"

Step 7:

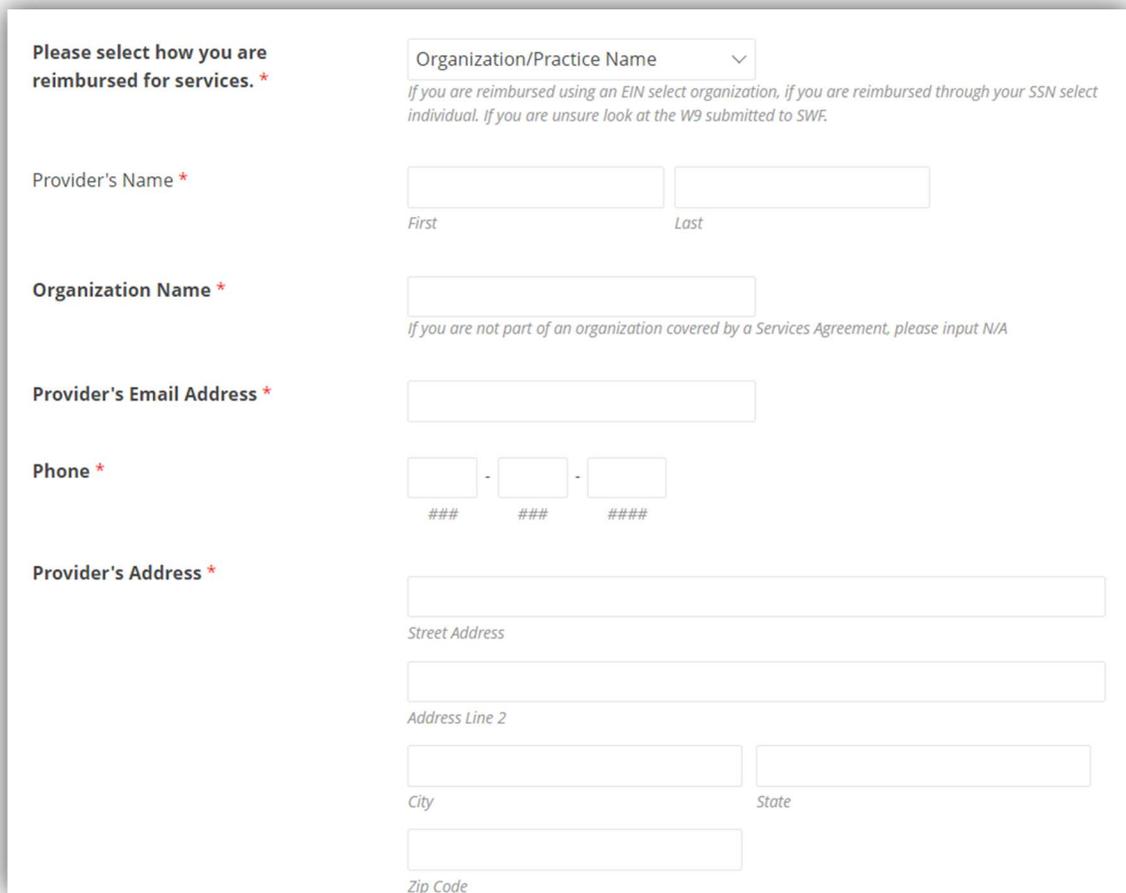
- Repeat steps 4-6 for all sessions in the same month as indicated on step 3.



Helpful Tip if you are submitting multiple claim details for the same month, you can also duplicate (circled in red) 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
 - Enter Provider's Phone Number
 - Enter Provider's Address (this address should match your W9)

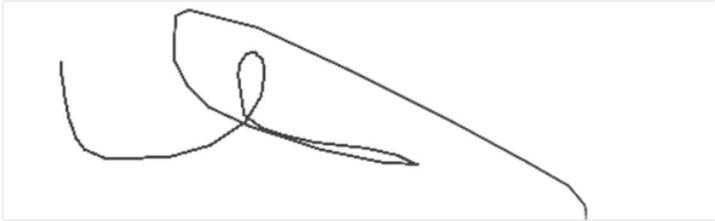


Step 9:

- Sign it and press Submit Claim.

If this claim includes **Session Number 1** for this referral please ensure you have uploaded the **SWF ROI/Waiver of Liability** in the claim details section! We are unable to pay claims until the completed ROI/Waiver is received.

Provider's Signature *



[Clear](#)

Date *



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.