The CMS 1500 form is the Health Insurance Claim Form used to bill a private insurance for rendered services.

1. Log in to SanWITS.
2. Select your Agency and Facility

3. Go to Client List -> Enter First Name and Last Name -> Click Go -> click Client Profile.
4. Go to Payor Group Enrollment (PGE). Click Add Benefit Plan Enrollment.

**Payor Group Enrollment screen**

5. Select Payor-Type (Group Insurance) and Plan Group (Other Health Coverage (OHC) General. Select Relationship to Subscriber (Self).
   Enter Coverage Start (e.g. 03/01/2020)
   Enter Subscriber # or 000 if not available.
   Enter the OHC Policy # on the Policy # field when available.
   **NOTE:** If client is DMC Billable, please create a DMC PGE as well.
6. Go to Encounters (Outpatient services). Click Release to Billing.

**Encounter screen**

7. Select General [Other Health Coverage (OHC)]. Click Finish.
8. Go to Claim Item List. Select Plan Other Health Coverage. Item Status All Awaiting Review. Select your Facility -> Enter Service Date (e.g. 07012020:07312020) -> Click Go.

9. Check the box next to Item # then click Release & Update Status. Click **Create Facility Batches**.

**Claim Item List screen**

![Claim Item List screen](image)

**Create Facility Batch**

![Create Facility Batch](image)
10. Move the Available Plans to the right. Click Go.

![Choose Plan(s) for Batching](image)

11. Go to Claim Batch List. Select Plan OHC. Click Go. Hover over the pencil and click the Batch Profile.

**Claim Batch List screen**

12. Click Release. Click **Bill It**. Save and Finish.

**Note:** Outpatient providers are requested to contact the Billing Unit to let us know that you have claims to be billed to OHC.
Admin Action: Release

13. You will get this message below. You would select “NO” and insert the red/white form into the printer.

- If you click “Yes” it prints the form and the data. We have found that this print out is not acceptable but can be helpful to enter the data into an OHC billing system if they do accept the form.
• The CMS 1500 form’s print view will be in black and white, with no lines and field titles.

_Here is how the CMS 1500 print preview looks like:_
• If provider is able to obtain a copy of the client’s insurance card, please enter the insurance Policy # on the Payor Group Enrollment’s Policy # field.

![Sample: Top portion of the CMS 1500 field 1a (Insured’s ID #) and field 11 (Insured’s Policy #)](image)

• On the CMS 1500 red/white ink. The subscriber number prints in line 1A while the OHC policy number prints in line 11. Please see the sample below.
Quick Tips:

- Some insurance (OHC) payers may accept a CMS-1500 form with a black-and-white background, other payers may reject your claims if you do not use the CMS 1500 red/white form. We do not suggest printing the CMS-1500 form in grayscale.
- When using the CMS 1500 red/white ink, make sure your printer setting is correct so the claims data will print properly on the assigned fields.

Sample: Red/white CMS 1500 Form

Note:
For questions or comments, please contact the Billing Unit at phone # (619)338-2584 or email us at: ADSBillingUnit.HHSA@sdcounty.ca.gov.