



SIMS

SIMS Foundation P.O. Box 2152 Austin, TX 78768-2152
 Confidential Client/Provider Numbers Phone 512-494-1007
 Fax 512-542-9965
 www.simsfoundation.org

PROVIDER CLAIM FORM
 (Please Print)

Date claim sent by Provider:	Sent by: Fax E- Mail
Provider Name:	
Group Practice Name:	
Mailing Address (if changed):	
City, State, Zip:	
Phone #:	Fax # (if confidential):

UPDATE: How many SIMS clients do you have on your caseload at this time?

If you are willing to accept more SIMS clients, how many?

- I certify that my professional licensure(s) and/or permit(s) to practice are current as of this date.
- I certify that my professional liability and/or malpractice insurance is current as of this date.

PROVIDER BILLING SCHEDULE

Category of Sessions: A-Initial Visit/Assessment; I-Individual; C-Couple; F-Family; M-Minor Child/Adolescent; G-Group

Client Co-Pay	\$15	\$20	\$25	\$30	\$35	\$40
SIMS Co-Pay	\$30	\$25	\$20	\$15	\$10	\$5
Total Amount to Provider	\$45	\$45	\$45	\$45	\$45	\$45

PLEASE NOTE: Initial Sessions are reimbursed at the rate of \$55, so remember to add the extra \$10 to SIMS portion of the co-pay. Do not add the \$10 to the client co-pay.
GROUP SESSION REIMBURSEMENT RATES ARE \$35.00 with the client paying the normal co-pay amount up to \$35 and SIMS paying the remainder, if any.

CLAIM SECTION

Client #	Date of Service	Category of Session	Session Number	Client Co-Pay	SIMS Co-Pay	Total to Provider	SIMS STAFF ONLY	
							Auth	Comment

Submit claims within 30 days of services; payment of claims submitted 45 days beyond the date of service may be delayed; **claims submitted 90 days after the date of service will not be paid.** If you have questions about submitting claims, please contact our clinical staff on the confidential client/provider line at 512-494-1007.