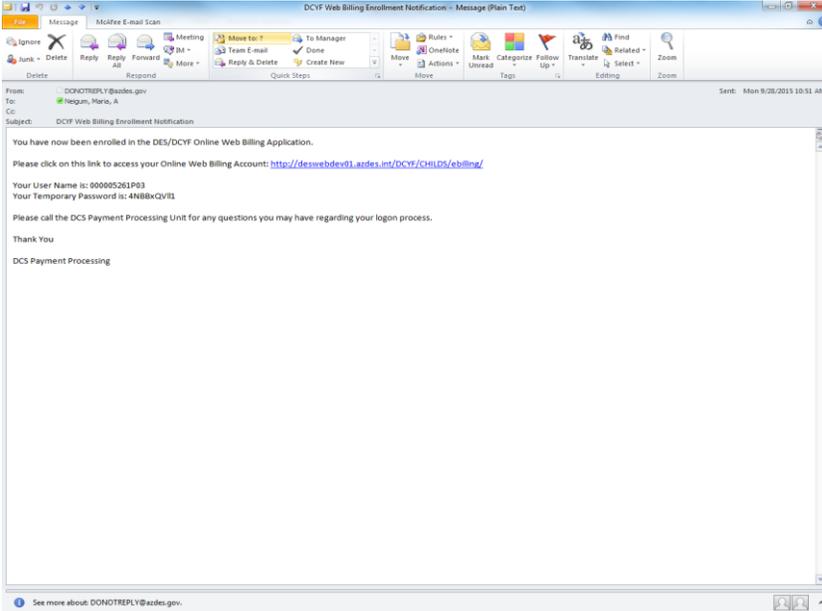


Arizona Department of Child Safety Children's Information Library & Data Source Provider/Financial Module – User Guide Online Web Billing

Provider Web Bill Processing

Initial Enrollment

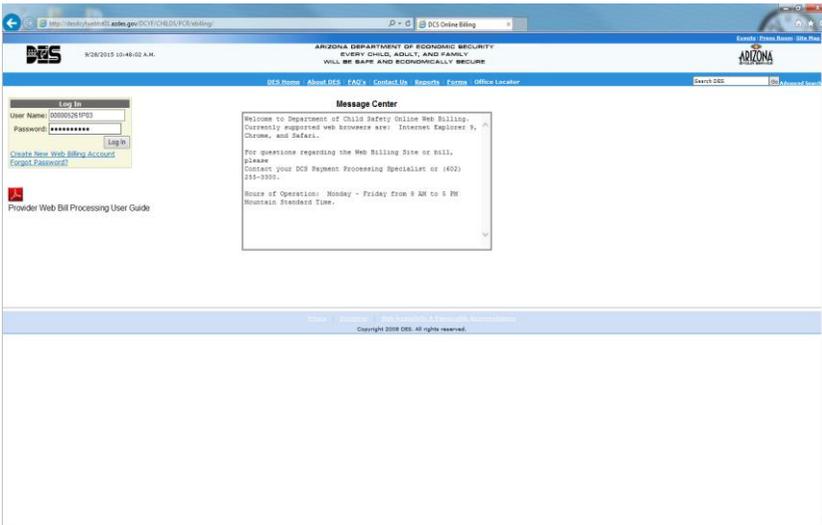
Enrollment Confirmation Email Message



- Once you are enrolled in DCS Online Billing Program, you will receive an email that contains you User Name, Password and the website address.

*****NOTE*****
The URL address is

<https://extranet.azdes.gov/DCYF/CHILDS/ebilling/>



Log In Web Page

- Enter User Name (from Enrollment Email)
- Enter Password (from Enrollment Email)
- Select Log In button

*****NOTE*****
User Name is case sensitive – this means you must enter the User Name exactly as it appeared in the enrollment email.
Password is case sensitive – this means you must enter your temporary password exactly as it appeared in the enrollment email



Arizona Department of Child Safety Children's Information Library & Data Source Provider/Financial Module – User Guide Online Web Billing

Provider Web Bill Processing

Establish Profile Web Page

- Select a Security Question from the drop list
- Enter a Security Answer
- Enter your Temporary Password (from Enrollment Email)
- Enter your New Password
- Confirm your New Password
- Select Change Password button

*****NOTE*****

All Passwords are case sensitive and must meet the DCS password requirements

>>>Password Requirements<<<

- *A user shall not reveal a password to anyone else. Procedures for user support shall be designed*
- *All passwords shall contain at least two alphabetic (at least one must be upper and one must be lowercase) and one non-alphabetic (numeric) character. Non-alphabetic characters include only numbers (0-9).*

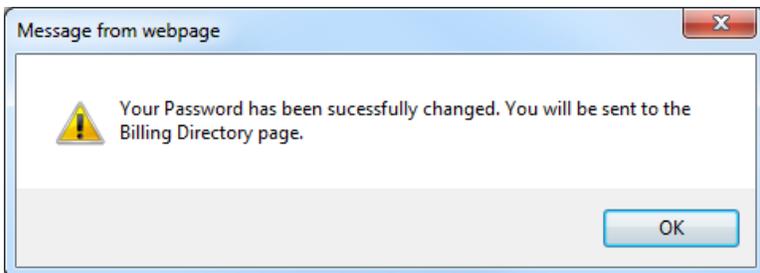
Passwords must be ten characters in length.

Password Change Confirmation Message

- Select OK

*****NOTE*****

You have now successfully completed the Initial Log In process. After selecting the OK button, you will be redirected to the DCS Billing Directory Web Page.



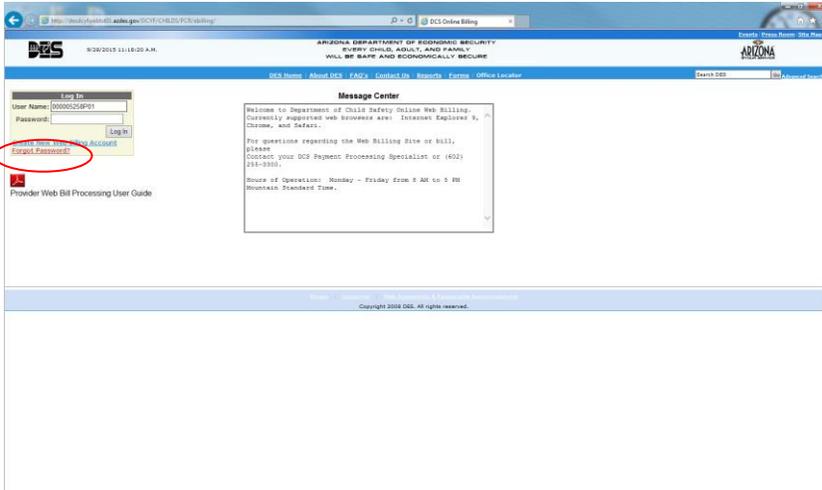


Arizona Department of Child Safety Children's Information Library & Data Source Provider/Financial Module – User Guide Online Web Billing

Provider Web Bill Processing

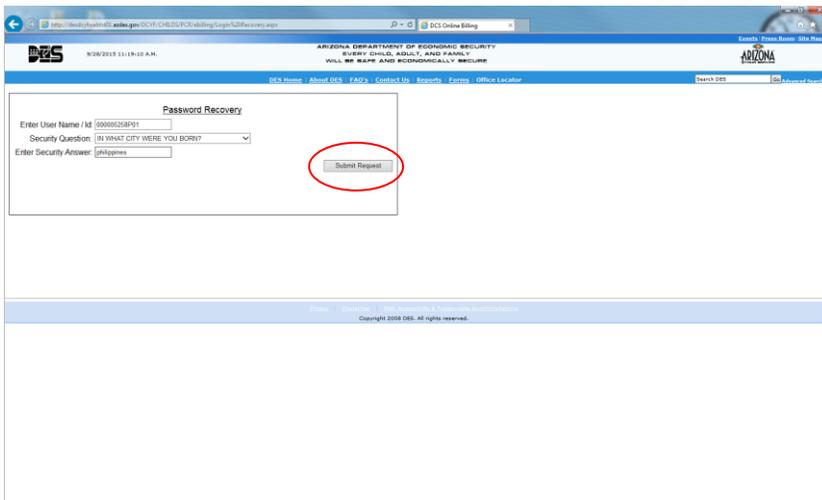
Log In Web Page

- Select Forgot Password link



Password Recovery Web Page

- Enter your User Name/ ID
- Select your Security Question
- Enter your Security Answer
- Select the Submit Request button

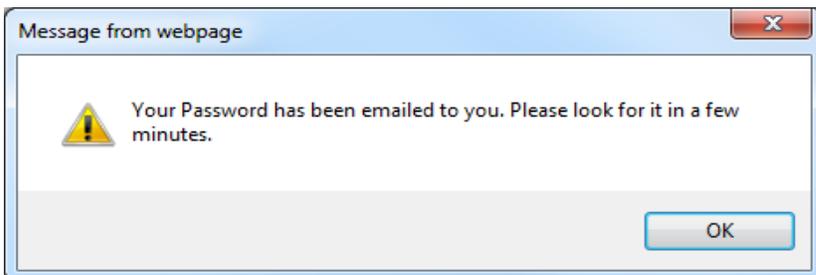


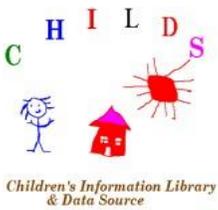
Password Confirmation Message

- Select OK

*****NOTE*****

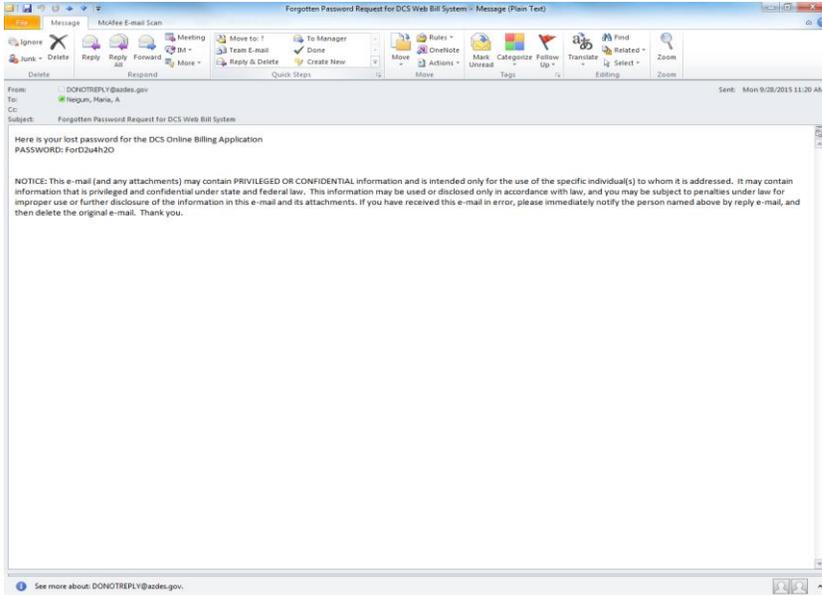
Once you select OK an email will be sent to you containing a temporary password and you will be redirected to the Log In Web Page.





Arizona Department of Child Safety Children's Information Library & Data Source Provider/Financial Module – User Guide Online Web Billing

Provider Web Bill Processing

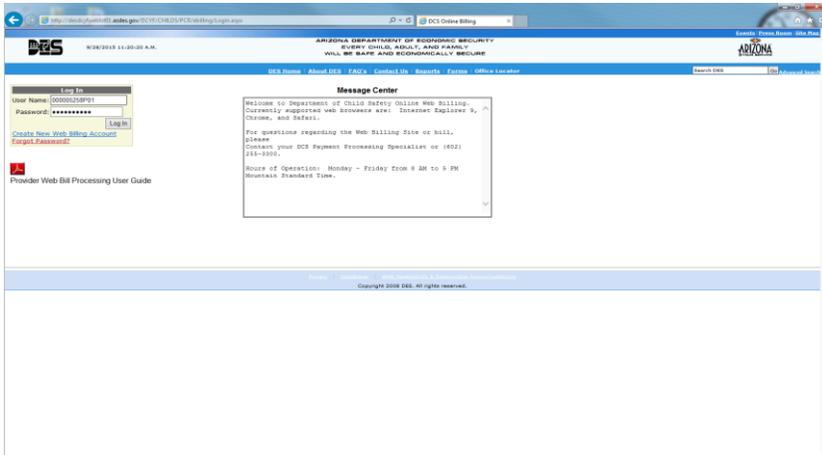


Forgotten Password Request Email

- Please make a note of your new password

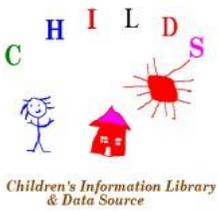
*****NOTE*****

When logging in with a temporary password, you will be forced to change it.



Log In Web Page

- Enter your Username
- Enter your temporary Password
- Select Log In



Arizona Department of Child Safety Children's Information Library & Data Source Provider/Financial Module – User Guide Online Web Billing

Provider Web Bill Processing

Change Password Web Page

- Enter Old Password (this is your temporary password that was emailed to you)
- Enter New Password
- Confirm New Password by entering it again
- Select the Change Password button.

*****NOTE*****

All Passwords are case sensitive and must meet the DCS password requirements

>>>Password Requirements<<<

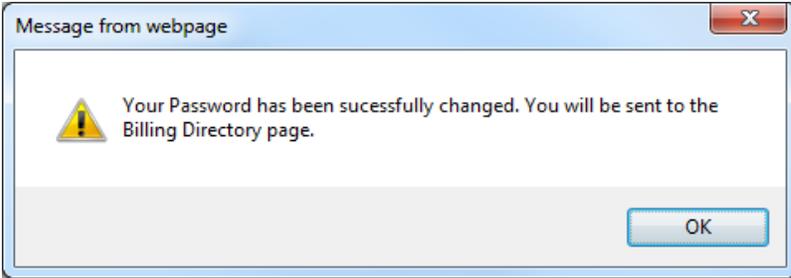
- *A user shall not reveal a password to anyone else. Procedures for user support shall be designed.*
- *All passwords shall contain at least two alphabetic (at least one must be upper and one must be lowercase) and one non-alphabetic (numeric) character. Non-alphabetic characters include only numbers (0-9).*

Passwords must be ten characters in length.



Arizona Department of Child Safety Children's Information Library & Data Source Provider/Financial Module – User Guide Online Web Billing

Provider Web Bill Processing



Password Change Confirmation Message

- Select OK button

*****NOTE*****

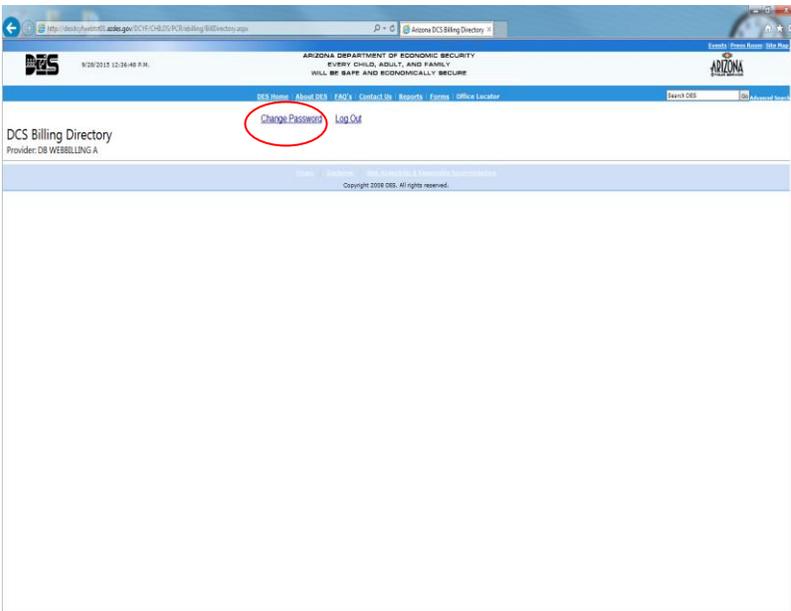
After selecting the OK button, you will be redirected to the DCS Billing Directory Web Page.

You can also change your password by following the same directions on the DCS CHILDS Online Billing Form Web Page



DCS Billing Directory Web Page

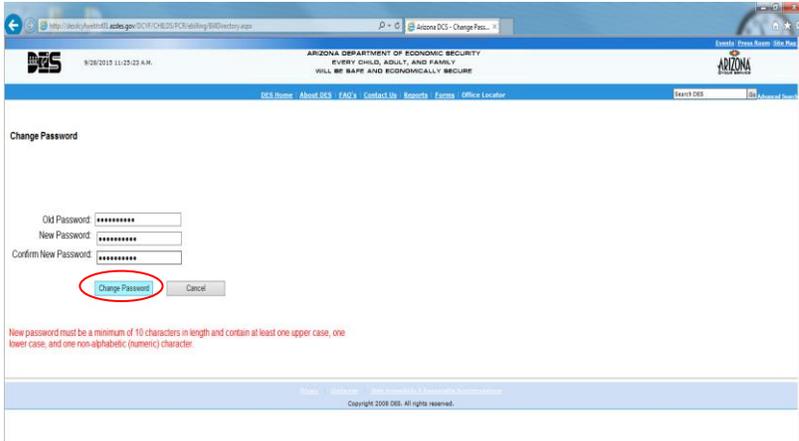
- Select Change Password





Arizona Department of Child Safety Children's Information Library & Data Source Provider/Financial Module – User Guide Online Web Billing

Provider Web Bill Processing



Change Password Web Page

- Enter Current Password
- Enter New Password
- Confirm New Password by entering it again
- Select Change Password button

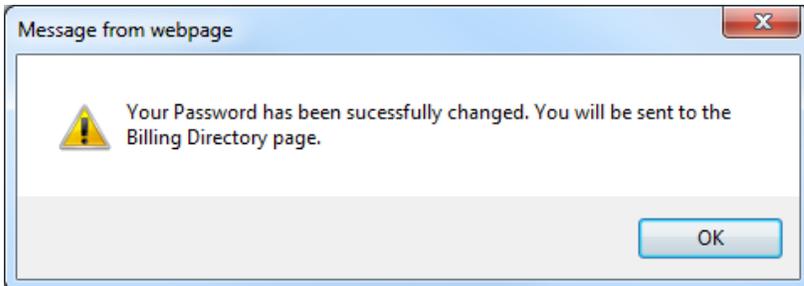
*****NOTE*****

All Passwords are case sensitive and must meet the DCS password requirements

>>>Password Requirements<<<

- *A user shall not reveal a password to anyone else. Procedures for user support shall be designed*
- *All passwords shall contain at least two alphabetic (at least one must be upper and one must be lowercase) and one non-alphabetic (numeric) character. Non-alphabetic characters include only numbers (0-9).*

Passwords must be ten characters in length.



Password Change Confirmation Message

- Select OK button

*****NOTE*****

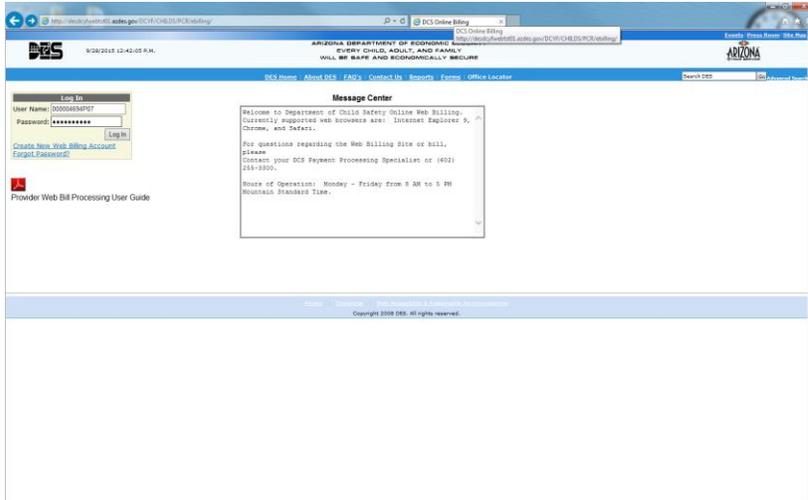
After selecting the OK button, you will be redirected to the DCS Billing Directory Web Page.

You can also change your password by following the same directions on the DCS CHILDS Online Billing Form Web Page



Arizona Department of Child Safety Children's Information Library & Data Source Provider/Financial Module – User Guide Online Web Billing

Provider Web Bill Processing



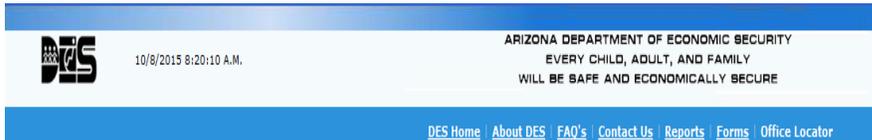
Log In Web Page

- Enter User Name (from Enrollment Email)
- Enter Password (from Enrollment Email)
- Select Log In button

*****NOTE*****

User Name is case sensitive – this means you must enter the User Name exactly as it appeared in the enrollment email.

Password is case sensitive – this means you must enter your temporary password exactly as it appeared in the enrollment email



DCS Billing Directory Web Page

- Select the Bill Number

[Change Password](#) [Log Out](#)

DCS Billing Directory

Provider: AT INVOICE S

Bill Number	Facility	Bill Status	Month/Year	Amount Billed
3001	AT INVOICE S	OPEN	12/2014	\$33.60
2973	AT INVOICE S	SUBMITTED	11/2014	\$33.60

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Arizona Department of Child Safety Children's Information Library & Data Source Provider/Financial Module – User Guide Online Web Billing

Provider Web Bill Processing

DCS Online Billing Form

- Select the “Don't Pay” checkbox for any line items that should not be paid.

Provider Web Bill Processing User Guide
 Bill Number: 3000
 Current Status of Bill: OPEN
 Payment Processing Status: OPEN
 ITEMS

Arizona Dept. of Economic Security
 DCS Child Care Billing Form

Change Password Log Out
 License Expires: 6/30/2015

Care for the Month: 12/2014
 Current Address: 3442 W APPLE PEORIA, AZ 85012 MNRJLM@AZDES.GOV

Provider Name: AT PHASE II WB A
 Facility Name: AT PHASE II WB A
 Phone: (602) 465-1321 Ext.

INSTRUCTIONS:
 PLEASE VERIFY THAT THE INFORMATION RECORDED IN EACH ROW BELOW IS ACCURATE. IF THE INFORMATION IN ANY BOX IS INCORRECT, PLEASE RECORD THE CORRECT INFORMATION IN THE BOX DIRECTLY BELOW. THE UNITS AUTHORIZED MUST BE VERIFIED BY FILING IN THE CORRECT NUMBER OF UNITS IN THE BOX BELOW, EVEN IF THERE IS NO CHANGE. IF THERE IS A CHANGE TO THE UNITS AUTHORIZED, RECORD THE CORRECT NUMBER IN THE BOX BELOW AND RECORD THE REVERSE START AND END DATES. IF THE CHILD IS NO LONGER IN YOUR CARE, PLEASE CHECK THE "DON'T PAY" BOX IN THE CORRESPONDING ROW. IF YOU MAKE ANY CORRECTIONS, PLEASE NOTIFY THE PARTICIPANT'S CASE MANAGER.
 IF YOU HAVE ANY QUESTIONS ABOUT THE CLAIMS BELOW, PLEASE CONTACT YOUR CASE WORKER, LICENSING WORKER, OR PAYMENT UNIT AT (602) 465-1300 OPTION 7.
 IF YOU REQUIRE ASSISTANCE WITH THE WEB PAGE FUNCTIONALITY PLEASE CONTACT THE CHILD HELP DESK AT (602) 462-8667.

Don't Pay	Line Item	Participant ID	Participant First Name	Participant Last Name	Contract ID	Service Start Date	Service End Date	Service	Units Auth.	Unit of Measure	Unit Rate
<input type="checkbox"/>	52	A2348	AUGUST	NYTD		12/1/2014	12/31/2014	FAM FHM DAY	31.00	DAY	31.72
<input type="checkbox"/>	52	A2348	AUGUST	NYTD		12/1/2014	12/31/2014	CLOTHING ALLOW	13.00	DAY	1.62
<input type="checkbox"/>	52	A2348	AUGUST	NYTD		12/1/2014	12/31/2014	PERSONAL ALLOW	13.00	DAY	8.72

- Service Start Date & Service End Date may be edited by directly typing into the date fields or by selecting the ellipsis (“...”) to use the calendar tool.

Don't Pay	Line Item	Participant ID	Participant First Name	Participant Last Name	Contract ID	Service Start Date	Service End Date	Service	Units Auth.	Unit of Measure	Unit Rate
<input type="checkbox"/>	52	A2348	AUGUST	NYTD		12/1/2014	12/31/2014	FAM FHM DAY	31.00	DAY	31.72
<input type="checkbox"/>	52	A2348	AUGUST	NYTD		12/1/2014	12/31/2014	CLOTHING ALLOW	13.00	DAY	1.62
<input type="checkbox"/>	52	A2348	AUGUST	NYTD		12/1/2014	12/31/2014	PERSONAL ALLOW	13.00	DAY	8.72
<input type="checkbox"/>	A2322	DECEMBER	NYTD			12/1/2014	12/31/2014	FAM FHM DAY	31.00	DAY	31.72
<input type="checkbox"/>	A2322	DECEMBER	NYTD			12/1/2014	12/31/2014	CLOTHING ALLOW	13.00	DAY	1.62
<input type="checkbox"/>	A2322	DECEMBER	NYTD			12/1/2014	12/31/2014	PERSONAL ALLOW	13.00	DAY	8.72
<input type="checkbox"/>	A2326	FEBRUARY	NYTD			02/19/2014	02/19/2014	FAM FHM DAY	13.00	DAY	31.72
<input type="checkbox"/>	A2326	FEBRUARY	NYTD			02/19/2014	02/19/2014	CLOTHING ALLOW	13.00	DAY	1.62
<input type="checkbox"/>	A2326	FEBRUARY	NYTD			02/19/2014	02/19/2014	PERSONAL ALLOW	13.00	DAY	8.72
<input type="checkbox"/>	A2326	FEBRUARY	NYTD			02/19/2014	02/19/2014	CLOTHING ALLOW	13.00	DAY	1.62
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<input type="checkbox"/>	A2326	FEBRUARY	NYTD			02/19/2014	02/19/2014	PERSONAL ALLOW	13.00	DAY	8.72
<input type="checkbox"/>	A2326	FEBRUARY	NYTD			02/19/2014	02/19/2014	CLO			



Arizona Department of Child Safety Children's Information Library & Data Source Provider/Financial Module – User Guide Online Web Billing

Provider Web Bill Processing

- When all line items have been worked, select the “Save” button.

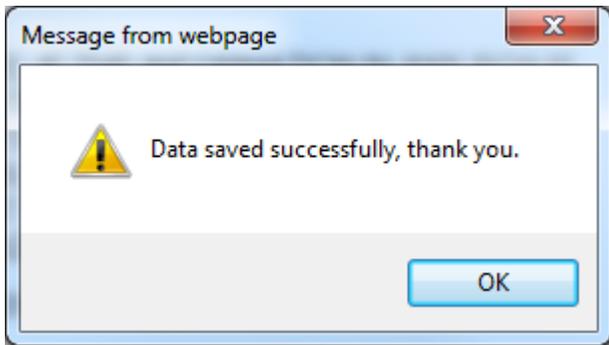
*****NOTE*****

You may select the “Save” button at any time while working your bill. If you must close out of your bill for any reason and have not completed all line items, please select “Save”; this will prevent you from losing any line items already completed prior to submission.

The screenshot shows a web browser window with a billing form. At the top, there are two line items for 'CLOTHING ALLOW' and 'PERSONAL ALLOW'. Below them is a table with columns: Participant ID, Participant First Name, Participant Last Name, Contact ID, Service Start Date, Service End Date, Service, Units Auth Used, Unit of Measure, Unit Rate, and Amount Billed. The 'Original Total' is \$3,800.52. At the bottom, there is a 'Name' field, a 'Verify' checkbox, a 'Submit Date' of 9/28/2015, and a 'Print Bill' button. The 'Save' button is circled in red.

Save Confirmation Message

- Select the “OK” button in the Save Confirmation Message window.



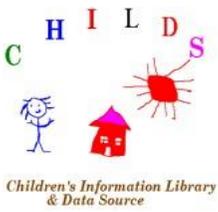
DCS Online Billing Form

- When you have completed all the line items on your bill, enter your full name in the Name box (this is your legal digital signature).
- Select the Verify box (this verifies that you agree with all changes made to this bill).
- Select the Submit button (this submits your bill for final processing by PPU).

*****NOTE*****

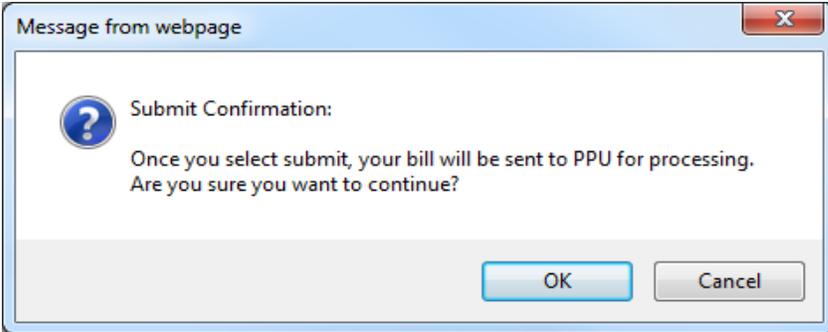
You will receive a confirmation window following the submission of your bill.

This screenshot is similar to the first one, but the 'Save', 'Submit', and 'Cancel' buttons at the bottom left are highlighted with a red rectangular box.



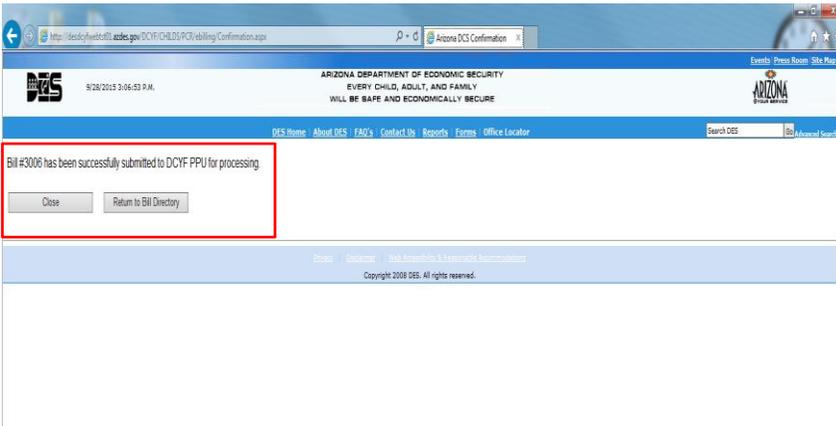
Arizona Department of Child Safety Children's Information Library & Data Source Provider/Financial Module – User Guide Online Web Billing

Provider Web Bill Processing



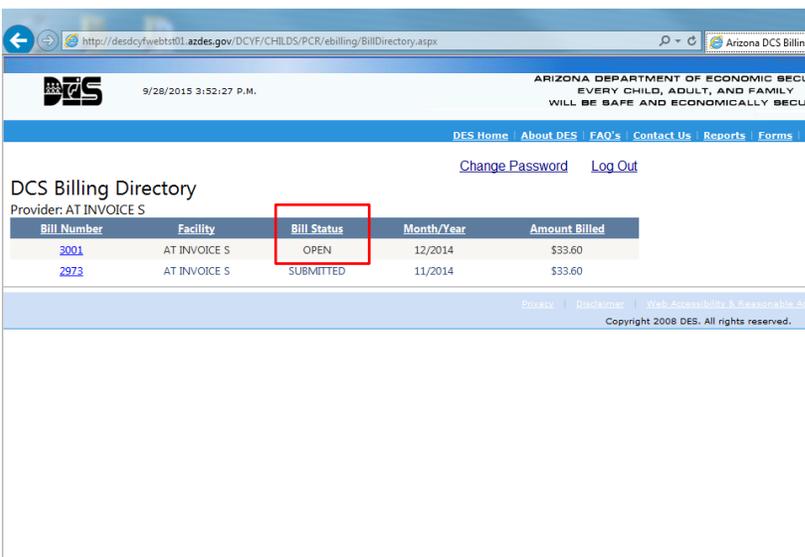
Submit Confirmation

- Select OK to submit your bill
- Select Cancel to return to your bill



DCS Web Bill Submission Confirmation Message

- Select Close to close the window OR
- Select Return to Bill Directory to navigate back to the DCS Billing Directory Web Page.



*****NOTE*****
"BILL STATUS"

Open

The Bill Status of a new Online Web Bill in the DCS Billing Directory will display as "OPEN".



Arizona Department of Child Safety Children's Information Library & Data Source Provider/Financial Module – User Guide Online Web Billing

Provider Web Bill Processing

When you select a bill listed in the DCS Billing Directory with a Bill Status of "OPEN" and open the bill, the **Current Status of Bill:** in top left corner of the bill, it will display as "OPEN".

Provider Web Bill Processing User Guide
 Bill Number: 3001
 Current Status of Bill: OPEN
 Payment Processing Status: OPEN ITEMS

Arizona Dept. of Economic Security
 DCS CHILDS Online Billing Form

Care for the Month: 12/2014

Provider Name: AT INVOICE S
 Facility Name: AT INVOICE S
 Phone: (602) 266-2222 Ext.

Current Address
 3443 N S
 PHX, AZ 85022
 MNEIGUM@AZDES.GOV

INSTRUCTIONS:
 PLEASE VERIFY THAT THE INFORMATION RECORDED IN EACH ROW BELOW IS ACCURATE. IF THE INFORMATION IN ANY BOX IS INCORRECT, PLEASE RECORD THE CORRECT INFORMATION IN THE BOX DIRECTLY BELOW. THE UNITS AUTHUSED MUST BE VERIFIED BY FILLING IN THE CORRECT NUMBER OF UNITS IN THE BOX BELOW. EVEN IF THERE IS NO CHANGE. IF THERE IS A CHANGE TO THE UNITS AUTHUSED, RECORD THE CORRECT NUMBER IN THE BOX BELOW, AND RECORD THE REVISED START AND END DATES. IF THE CHILD IS NO LONGER IN YOUR CARE PLEASE CLICK THE "DON'T PAY" BOX IN THE CORRESPONDING ROW. IF YOU MAKE ANY CORRECTIONS, PLEASE NOTIFY THE PARTICIPANT'S CASE MANAGER.

Don't Pay	Participant ID	Participant First Name	Participant Last Name	Contract ID	Service Start Date	Service End Date	Service	Units Auth Used	Unit of Measure	Unit Rate
<input type="checkbox"/>	38862	CHILD C	AT INVOICE S		12/1/2014	12/31/2014	UNLIC REL-FC	30.00	DAY	0.000
					12/1/2014	12/31/2014		0		
<input type="checkbox"/>	38862	CHILD C	AT INVOICE S		12/1/2014	12/31/2014	CLOTHING ALLOW	30.00	DAY	0.790
					12/1/2014	12/31/2014		0		
<input type="checkbox"/>	38862	CHILD C	AT INVOICE S		12/1/2014	12/31/2014	PERSONAL ALLOW	30.00	DAY	0.330
					12/1/2014	12/31/2014		0		
Original Total:										\$33.60

Once you open a bill in "OPEN" status, scroll down to the bottom of the bill and then scroll to the right to see the Payment Status of your claim which should display as "SCHD".

Provider Web Bill Processing User Guide
 Bill Number: 3001
 Current Status of Bill: OPEN
 Payment Processing Status: OPEN ITEMS

Arizona Dept. of Economic Security
 DCS CHILDS Online Billing Form

Care for the Month: 12/2014

Provider Name: AT INVOICE S
 Facility Name: AT INVOICE S
 Phone: (602) 266-2222 Ext.

Current Address
 3443 N S
 PHX, AZ 85022
 MNEIGUM@AZDES.GOV

INSTRUCTIONS:
 PLEASE VERIFY THAT THE INFORMATION RECORDED IN EACH ROW BELOW IS ACCURATE. IF THE INFORMATION IN ANY BOX IS INCORRECT, PLEASE RECORD THE CORRECT INFORMATION IN THE BOX DIRECTLY BELOW. THE UNITS AUTHUSED MUST BE VERIFIED BY FILLING IN THE CORRECT NUMBER OF UNITS IN THE BOX BELOW. EVEN IF THERE IS NO CHANGE. IF THERE IS A CHANGE TO THE UNITS AUTHUSED, RECORD THE CORRECT NUMBER IN THE BOX BELOW, AND RECORD THE REVISED START AND END DATES. IF THE CHILD IS NO LONGER IN YOUR CARE PLEASE CLICK THE "DON'T PAY" BOX IN THE CORRESPONDING ROW. IF YOU MAKE ANY CORRECTIONS, PLEASE NOTIFY THE PARTICIPANT'S CASE MANAGER.

Contract	Service Start Date	Service End Date	Service	Units Auth Used	Unit of Measure	DES CO PAY	DES PAYMENT AMOUNT	Warrant #	Payment Status	
	12/1/2014	12/31/2014	UNLIC REL-FC	30.00	DAY	0.000	0.00		SCHD	
	12/1/2014	12/31/2014		0						
	12/1/2014	12/31/2014	CLOTHING ALLOW	30.00	DAY	0.790	0.00	\$23.70	SCHD	
	12/1/2014	12/31/2014		0						
	12/1/2014	12/31/2014	PERSONAL ALLOW	30.00	DAY	0.330	0.00	\$9.90	SCHD	
	12/1/2014	12/31/2014		0						
Original Total:										\$33.60



Arizona Department of Child Safety Children's Information Library & Data Source Provider/Financial Module – User Guide Online Web Billing

Provider Web Bill Processing

Print Date: 9/28/2015 3:59:53 PM

**Arizona Department of Economic Security
Division of Children Youth and Families
CHILDS Billing Form**

Current Status of Bill: OPEN
Payment Processing Status: OPEN ITEMS

Care for the Month: 12/2014 License Expires:

Current Address: 3443 N S Bill Number: 3001

Provider Name: AT INVOICE S
Facility Name: AT INVOICE S
Phone: (602)266-2222 Ext. PHX AZ 85022

Participant ID	Last Name	First Name	Start Date	End Date	Service	Units	Unit of Measure	Rate	DES CoPay	DES Payment Amount	Status	Warrant No.
38862	AT INVOICE S	CHILD C	12/1/2014	12/31/2014	CLOTHING ALLOW	30.00	DAY	\$0.79	\$0.00	\$23.70	SCHEDULED	
38862	AT INVOICE S	CHILD C	12/1/2014	12/31/2014	PERSONAL ALLOW	30.00	DAY	\$0.33	\$0.00	\$9.90	SCHEDULED	
38862	AT INVOICE S	CHILD C	12/1/2014	12/31/2014	UNLIC REL- FC	30.00	DAY	\$0.00	\$0.00	\$0.00	SCHEDULED	

Submission Date: Total: 33.60

I CERTIFY that the services listed on this statement were rendered on behalf of the above named persons; that this claim constitutes the full and complete charge for said services described above; that I will make no further claim for payment of these services; that these services have been provided without discrimination based upon age, race, color, creed, sex religion or national origin; that this statement is subject to Federal and State auditor review.

Page 1 of 1

When you **"PRINT"** an Online Web Bill listed in the DCS Billing Directory as **"OPEN"**, the Current Status of Bill: at the top left corner of the printed bill, will display as **"OPEN ITEMS"** until all outstanding claims (this includes any claims on **HOLD**) are processed by the Payment Processing Unit for payment.

Arizona DCS Billing Directory

9/28/2015 4:01:24 P.M.

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
EVERY CHILD, ADULT, AND FAMILY
WILL BE SAFE AND ECONOMICALLY SECURE

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DCS Billing Directory
Provider: AT INVOICE S

Bill Number	Facility	Bill Status	Month/Year	Amount Billed
3001	AT INVOICE S	OPEN	12/2014	\$33.60
2973	AT INVOICE S	SUBMITTED	11/2014	\$33.60

[Privacy](#) | [Disclaimer](#) | [Web Accessibility & Reasonable Accommodations](#)

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*****NOTE*****
"BILL STATUS"

Submitted

The Bill Status on the DCS Billing Directory will change from **"OPEN"** to **"SUBMITTED"** once the bill has been Saved and Submitted (not just Saved).

If you receive new claims (supplemental) on an already submitted bill, the bill will still display as **"SUBMITTED"** in the DCS Billing Directory.



Arizona Department of Child Safety Children's Information Library & Data Source Provider/Financial Module – User Guide Online Web Billing

Provider Web Bill Processing

Provider Web Bill Processing User Guide
 Bill Number: 3009
 Current Status of Bill: **SUBMITTED**
 Payment Processing Status: **OPEN ITEMS**

Arizona Dept. of Economic Security
 DCS CHILDS Online Billing Form

Care for the Month: 12/2014

Current Address
 3443 N APPLE
 PEORIA, AZ 85012
 MNEKUMBAZDES.GOV

INSTRUCTIONS:
 PLEASE VERIFY THAT THE INFORMATION RECORDED IN EACH ROW BELOW IS ACCURATE. IF THE INFORMATION IN ANY ROW IS INCORRECT, PLEASE RECORD THE CORRECT INFORMATION IN THE BOX DIRECTLY BELOW THE UNITS AUTHORIZED. UNITS AUTHORIZED MUST BE VERIFIED BY FILE IN THE CORRECT NUMBER OF UNITS IN THE BOX BELOW. EVEN IF THERE IS NO CHANGE. IF THERE IS A CHANGE TO THE UNITS AUTHORIZED, RECORD THE CORRECT NUMBER IN THE BOX BELOW, AND RECORD THE REVISED START AND END DATES. IF THE CHILDS NO LONGER IN YOUR CARE, PLEASE CLICK THE "NO LONGER IN CARE" BOX IN THE CORRESPONDING ROW. IF YOU MAKE ANY CORRECTIONS, PLEASE NOTIFY THE PARTICIPANT'S CASE MANAGER.

IF YOU HAVE ANY QUESTIONS ABOUT THE CLAIMS BELOW, PLEASE CONTACT YOUR CASE WORKER, LICENSING WORKER, OR PAYMENT UNIT AT 602.954.3300 OPTION 2.

IF YOU REQUIRE ASSISTANCE WITH THE WEB PAGE FUNCTIONALITY PLEASE CONTACT THE CHILDS HELP DESK AT 602.942.8867 OPTION 1.

Don't Pay	Participant ID	Participant Last Name	Participant First Name	Contract ID	Service Start	Service End	Service	Units of Measure	Unit Rate	Unit Rate
Y	82348	AUGUST	NYTD		12/10/2014	12/30/2014	FAM FIRM DAY	25.00	DAY	27.00
Y	82348	AUGUST	NYTD		12/10/2014	12/30/2014	CLOTHING ALLOW	25.00	DAY	1.625
Y	82348	AUGUST	NYTD		12/10/2014	12/30/2014	PERSONAL ALLOW	25.00	DAY	0.750
Y	82392	FEBRUARY	NYTD		03/10/2014	03/10/2014	FAM FIRM DAY	53.00	DAY	51.00

When you select a bill listed in the DCS Billing Directory with a Bill Status of **"SUBMITTED"** and open the bill, the Current Status of Bill: in the top left corner of the bill, will display as **"SUBMITTED"**. This also applies to previously submitted bills which may now contain new claims (Supplementals are referred to as new claims).

Print Date: 8/26/2015 3:13:44 PM

Current Status of Bill: **SUBMITTED**
 Payment Processing Status: **OPEN ITEMS**

Care for the Month: 12/2014

Current Address:
 3443 N APPLE
 PEORIA, AZ 85012

License Expires: 6/30/2015
 Bill Number: 3006

Provider Name: AT PHASE II WB A

Facility Name: AT PHASE II WB A
 Phone: (602)465-1321 Ext.

Participant ID	Last Name	First Name	Start Date	End Date	Service	Units	Unit of Measure	Rate	DCS Copy	DCS Payment	Status	Warrant No.
82340	NYTD	AUGUST	12/10/2014	12/30/2014	FAM FIRM DAY	25.00	DAY	\$21.72	\$0.00	\$243.00	SCHEDULED	
82340	NYTD	AUGUST	12/10/2014	12/30/2014	CLOTHING ALLOW	25.00	DAY	\$1.62	\$0.00	\$25.50	SCHEDULED	
82340	NYTD	AUGUST	12/10/2014	12/30/2014	PERSONAL ALLOW	25.00	DAY	\$0.75	\$0.00	\$18.00	SCHEDULED	
82332	NYTD	DECEMBER	12/10/2014	12/31/2014	FAM FIRM DAY	31.00	DAY	\$21.72	\$0.00	\$673.32	SCHEDULED	
82332	NYTD	DECEMBER	12/10/2014	12/31/2014	CLOTHING ALLOW	31.00	DAY	\$1.62	\$0.00	\$33.82	SCHEDULED	
82332	NYTD	DECEMBER	12/10/2014	12/31/2014	PERSONAL ALLOW	31.00	DAY	\$0.75	\$0.00	\$23.25	SCHEDULED	
82326	NYTD	FEBRUARY	12/10/2014	12/31/2014	FAM FIRM DAY	10.00	DAY	\$21.72	\$0.00	\$230.30	SCHEDULED	

When you **"PRINT"** an Online Web Bill listed in the DCS Billing Directory as **"SUBMITTED"**, the Current Status of Bill: at the top left corner of the printed bill, will display as **"OPEN ITEMS"**; and the claim line item Status to the right of the claim will display as **"SCHEDULED"** until all of the claims (this includes any claims on HOLD) are processed by the Payment Processing Unit for payment.

DCS Billing Directory
 Provider: AT PHASE II WB A

Bill Number	Facility	Bill Status	Month/Year	Amount Billed
2806	AT PHASE II WB A	SUBMITTED	12/2014	\$3,800.52
2829	AT PHASE II WB A	PAPER BILL	11/2014	\$4,055.12
2843	AT PHASE II WB A	PAPER BILL	10/2014	\$4,504.32
2770	AT PHASE II WB A	PAPER BILL	09/2014	\$1,947.44
2780	AT PHASE II WB A	PAPER BILL	07/2014	\$1,222.54
2785	AT PHASE II WB A	PAPER BILL	06/2014	\$1,200.94

*****NOTE*****
"BILL STATUS"

Paper

The Bill Status on the DCS Billing Directory also displays **PAPER BILLS**. You can open them and print them, but there is no edit capability.



Arizona Department of Child Safety Children's Information Library & Data Source Provider/Financial Module – User Guide Online Web Billing

Provider Web Bill Processing

When you select a bill listed in the DCS Billing Directory with a Bill Status of "PAPER BILL" and open the bill, the Current Status of Bill: in the top left corner of the bill, will display as "PAPER BILL".

Provider Web Bill Processing User Guide
 Bill Number: 2014
 Current Status of Bill: **PAPER BILL**
 Payment Processing Status: **VALIDATED**

Arizona Dept. of Economic Security
 DCS CHILDS Online Billing Form

Care for the Month: 11/2014
 Current Address: 3443 N APPLE PEORIA, AZ 85012 MNEIGUM@AZDES.GOV

INSTRUCTIONS:
 PLEASE VERIFY THAT THE INFORMATION RECORDED IN EACH ROW BELOW IS ACCURATE. IF THE INFORMATION IN ANY BOX IS INCORRECT, PLEASE RECORD THE CORRECT INFORMATION IN THE BOX DIRECTLY BELOW. THE UNITS AUTHORIZED MUST BE VERIFIED BY FILING IN THE CORRECT NUMBER OF UNITS IN THE BOX BELOW, EVEN IF THERE IS NO CHANGE. IF THERE IS A CHANGE TO THE UNITS AUTHORIZED, RECORD THE CORRECT NUMBER IN THE BOX BELOW, AND RECORD THE REVISED START AND END DATES. IF THE CHILD IS NO LONGER IN YOUR CARE, PLEASE CLICK THE "DON'T PAY" BOX IN THE CORRESPONDING ROW IF YOU MAKE ANY CORRECTIONS, PLEASE NOTIFY THE PARTICIPANT'S CASE MANAGER.

Don't Pay	Participant ID	Participant First Name	Participant Last Name	Contract ID	Service Start Date	Service End Date	Service	Units Auth Used	Unit Measure	Unit Rate
<input type="checkbox"/>	82348	AUGUST	NYTD	11592014	11592014	11592014	FAM FRM DAY	0.00	DAY	21.72
<input type="checkbox"/>	82348	AUGUST	NYTD	11592014	11592014	11592014	CLOTHING ALLOW	0.00	DAY	1.020
<input type="checkbox"/>	82348	AUGUST	NYTD	11592014	11592014	11592014	PERSONAL ALLOW	0.00	DAY	0.720
<input type="checkbox"/>	82392	DECEMBER	NYTD	11592014	11592014	11592014	FAM FRM DAY	0.00	DAY	21.72

*****NOTE*****

"CLAIM STATUS"

Once you open a bill, scroll down to the bottom of the bill, and scroll to the right to see the Payment Status of your claim.

12/1/2014	12/31/2014	FAM FRM DAY	31.00	DAY	21.72	0.00	\$673.32	SCHD
12/1/2014	12/31/2014	CLOTHING ALLOW	31.00	DAY	1.020	0.00	\$31.62	SCHD
12/1/2014	12/31/2014	PERSONAL ALLOW	31.00	DAY	0.720	0.00	\$22.32	SCHD
12/1/2014	12/31/2014	FAM FRM DAY	31.00	DAY	21.72	0.00	\$673.32	SCHD
12/1/2014	12/31/2014	CLOTHING ALLOW	31.00	DAY	1.020	0.00	\$31.62	SCHD
12/1/2014	12/31/2014	PERSONAL ALLOW	31.00	DAY	0.720	0.00	\$22.32	SCHD
12/1/2014	12/31/2014	FAM FRM DAY	31.00	DAY	21.72	0.00	\$673.32	SCHD
12/1/2014	12/31/2014	CLOTHING ALLOW	31.00	DAY	1.020	0.00	\$31.62	SCHD
12/1/2014	12/31/2014	PERSONAL ALLOW	31.00	DAY	0.720	0.00	\$22.32	SCHD
Original Total:							\$3,800.62	



Arizona Department of Child Safety Children's Information Library & Data Source Provider/Financial Module – User Guide Online Web Billing

Provider Web Bill Processing

The status of a CLAIM that has not been submitted, will display under the "Payment Status" column as "SCHD" on the Online Web Bill.

Start Date	End Date	Service	Units	Unit Measure	Rate	DES CoPay	DES Payment Amount	Status
12/1/2014	12/31/2014	FAM FHM DAY	31.00	DAY	21.72	0.00	\$673.32	SCHD
12/1/2014	12/31/2014	CLOTHING ALLOW	31.00	DAY	1.020	0.00	\$31.62	SCHD
12/1/2014	12/31/2014	PERSONAL ALLOW	31.00	DAY	0.720	0.00	\$22.32	SCHD
12/1/2014	12/31/2014	FAM FHM DAY	31.00	DAY	21.72	0.00	\$673.32	SCHD
12/1/2014	12/31/2014	CLOTHING ALLOW	31.00	DAY	1.020	0.00	\$31.62	SCHD
12/1/2014	12/31/2014	PERSONAL ALLOW	31.00	DAY	0.720	0.00	\$22.32	SCHD
12/1/2014	12/31/2014	FAM FHM DAY	31.00	DAY	21.72	0.00	\$673.32	SCHD
12/1/2014	12/31/2014	CLOTHING ALLOW	31.00	DAY	1.020	0.00	\$31.62	SCHD
12/1/2014	12/31/2014	PERSONAL ALLOW	31.00	DAY	0.720	0.00	\$22.32	SCHD
Original Total:								\$3,800.52

The status of a CLAIM that has not been submitted, will display under the "Status" column as "SCHEDULED" on the Printed Bill.

Print Date: 9/28/2015 3:23:45 PM

Arizona Department of Economic Security
Division of Children Youth and Families
CHILDS Billing Form

Current Status of Bill: SUBMITTED Care for the Month: 12/2014 License Expires: 6/30/2015
 Payment Processing Status: OPEN ITEMS Current Address: 3443 N APPLE Bill Number: 3005
 Provider Name: AT PHASE II WB A PEORIA AZ 85012
 Facility Name: AT PHASE II WB A
 Phone: (602)465-1321 Ext.

Participant ID	Last Name	First Name	Start Date	End Date	Service	Units	Unit Measure	Rate	DES CoPay	DES Payment Amount	Status	Warrant No.
42340	NYTD	AUGUST	12/1/2014	12/26/2014	FAM FHM DAY	25.00	DAY	\$21.72	\$0.00	\$543.00	SCHEDULED	
42340	NYTD	AUGUST	12/1/2014	12/26/2014	CLOTHING ALLOW	25.00	DAY	\$1.02	\$0.00	\$25.50	SCHEDULED	
42340	NYTD	AUGUST	12/1/2014	12/26/2014	PERSONAL ALLOW	25.00	DAY	\$0.72	\$0.00	\$18.00	SCHEDULED	
42322	NYTD	DECEMBER	12/1/2014	12/31/2014	FAM FHM DAY	31.00	DAY	\$21.72	\$0.00	\$673.32	SCHEDULED	
42322	NYTD	DECEMBER	12/1/2014	12/31/2014	CLOTHING ALLOW	31.00	DAY	\$1.02	\$0.00	\$31.62	SCHEDULED	
42322	NYTD	DECEMBER	12/1/2014	12/31/2014	PERSONAL ALLOW	31.00	DAY	\$0.72	\$0.00	\$22.32	SCHEDULED	
42326	NYTD	FEBRUARY	12/19/2014	12/31/2014	FAM FHM DAY	13.00	DAY	\$21.72	\$0.00	\$282.36	SCHEDULED	

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Arizona Department of Child Safety Children's Information Library & Data Source Provider/Financial Module – User Guide Online Web Billing

Provider Web Bill Processing

Arizona Department of Economic Security – DCYF Bill # 1580 - Windows Internet Explorer

https://extranetqa.azdes.gov/DCYF/CHLDS/ebilling/Bill.aspx

Contract ID	Service Start Date	Service End Date	Service	Units Auth Used	Unit of Measure	Unit Rate	DES CO PAY	DES PAYMENT AMOUNT	Warrant #	Payment Status
DES90003361	10/1/2010	10/31/2010	GROUP HOME	31.00	DAY	100.00	0.00	\$3,100.00		HOLD
	10/1/2010	10/31/2010		31.00						
	10/1/2010	10/31/2010	CLOTHING ALLOW	31.00	DAY	0.790	0.00	\$24.49		HOLD
	10/1/2010	10/31/2010		31.00						
	10/1/2010	10/31/2010	PERSONAL ALLOW	31.00	DAY	0.330	0.00	\$10.23		HOLD
	10/1/2010	10/31/2010		31.00						
DES90003361	10/1/2010	10/31/2010	GROUP HOME	31.00	DAY	100.00	0.00	\$3,100.00		PEND
	10/1/2010	10/31/2010		31.00						
	10/1/2010	10/31/2010	CLOTHING ALLOW	31.00	DAY	0.790	0.00	\$24.49		PEND
	10/1/2010	10/31/2010		31.00						
	10/1/2010	10/31/2010	PERSONAL ALLOW	31.00	DAY	0.330	0.00	\$10.23		PEND
	10/1/2010	10/31/2010		31.00						

Arizona Department of Economic Security
Division of Children Youth and Families
CHLDS Billing Form

Print Date: 9/28/2015 3:59:53 PM

Care for the Month: 12/2014 License Expires:

Current Status of Bill: OPEN Payment Processing Status: OPEN ITEMS

Provider Name: AT INVOICE S Current Address: 3443 N S Bill Number: 3001

Facility Name: AT INVOICE S Phone: (602)266-2222 Ext: PHX AZ 85022

Participant ID	Last Name	First Name	Start Date	End Date	Service	Units	Unit of Measure	Rate	DES CO PAY	DES Payment Amount	Status	Warrant No.
38862	AT INVOICE S	CHLD C	12/1/2014	12/31/2014	CLOTHING ALLOW	30.00	DAY	\$0.79	\$0.00	\$23.70	SCHEDULED	
38862	AT INVOICE S	CHLD C	12/1/2014	12/31/2014	PERSONAL ALLOW	30.00	DAY	\$0.33	\$0.00	\$9.90	SCHEDULED	
38862	AT INVOICE S	CHLD C	12/1/2014	12/31/2014	UNLIC REL-PC	30.00	DAY	\$0.00	\$0.00	\$0.00	SCHEDULED	

Submission Date: Total: 33.60

I CERTIFY that the services listed on this statement were rendered on behalf of the above named persons; that this claim constitutes the full and complete charge for said services described above; that I will make no further claim for payment of these services; that these services have been provided without discrimination based upon age, race, color, creed, sex religion or national origin; that this statement is subject to Federal and State auditor review.

Page 1 of 1



Arizona Department of Child Safety Children's Information Library & Data Source Provider/Financial Module – User Guide Online Web Billing

Provider Web Bill Processing

Adding a Write-In Claim

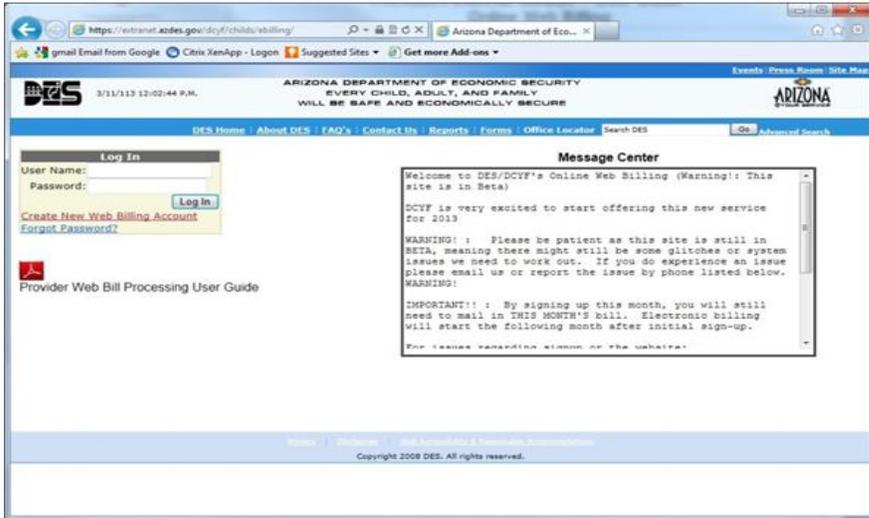
Log In Web Page

- Enter your User Name
- Enter your Password
- Select the Log In button

*****NOTE*****

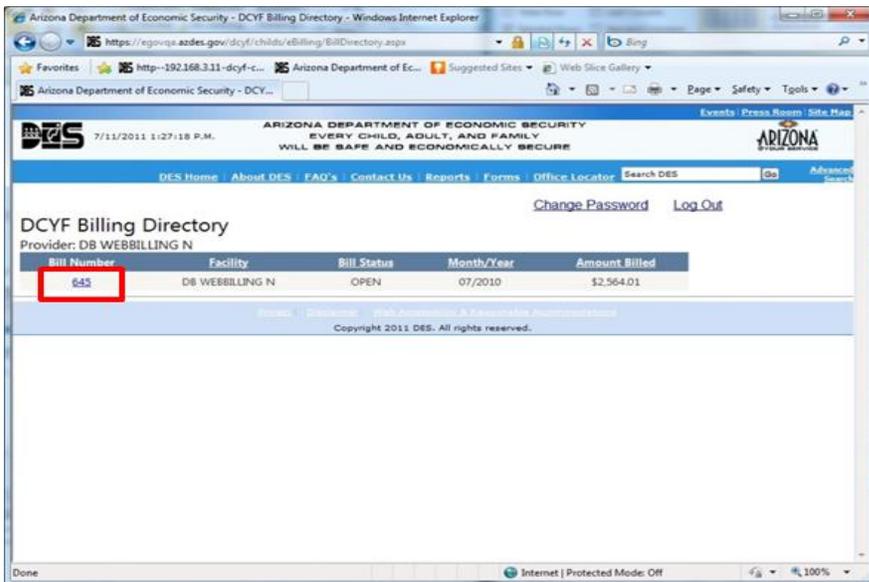
User Name is case sensitive – this means you must enter the User Name exactly as it appeared in the enrollment email.

Password is case sensitive – this means you must enter your temporary password exactly as it entered upon your password setup.



DCS Billing Directory Web Page

- Select the Bill Number





Arizona Department of Child Safety Children's Information Library & Data Source Provider/Financial Module – User Guide Online Web Billing

Provider Web Bill Processing

DCS Online Billing Form

- Scroll down to the Write-In Claim section at the bottom of the Online Billing Form

*****NOTE*****

Write-in claims can be added to both previously submitted Web bills and also bills awaiting submission.

Participant ID	Participant First Name	Participant Last Name	Contract ID	Service Start Date	Service End Date	Service	Units Auth Used	Unit of Measure	Unit Rate	Amount Billed
22966	CHILD C	DB WEBBILLING N		7/1/2010	7/31/2010	PERSONAL ALLOW	31.00	DAY	0.330	\$11.00
22967	CHILD D	DB WEBBILLING N		7/1/2010	7/31/2010	FAM FHM DAY	31.00	DAY	19.68	\$11.00
22967	CHILD D	DB WEBBILLING N		7/1/2010	7/31/2010	CLOTHING ALLOW	31.00	DAY	0.530	\$11.00
22967	CHILD D	DB WEBBILLING N		7/1/2010	7/31/2010	PERSONAL ALLOW	31.00	DAY	0.100	\$11.00

Original Total: **\$2,564.01**

Participant ID	Participant First Name	Participant Last Name	Contract ID	Service Start Date	Service End Date	Service	Units Auth Used	Unit of Measure	Unit Rate	Amount Billed

No Record Found
[Add New Item](#)

- Enter Participant First Name
- Enter Participant Last Name
- Enter Service Start Date
- Enter Service End Date
- Enter Service
- Enter Units Auth Used
- Select the Add New Item button

*****NOTE*****

Participant First Name, Participant Last Name, Service Start Date, Service End Date, Service, and Units Auth Used are mandatory fields.

Service Start Date and Service End Date must fall within the month of the current bill.

Participant ID	Participant First Name	Participant Last Name	Contract ID	Service Start Date	Service End Date	Service	Units Auth Used	Unit of Measure	Unit Rate	Amount Billed
22967	JOEY	PENDANTON		7/1/2010	7/1/2010	EMRG CLOTHING	200			

Original Total: **\$2,564.01**

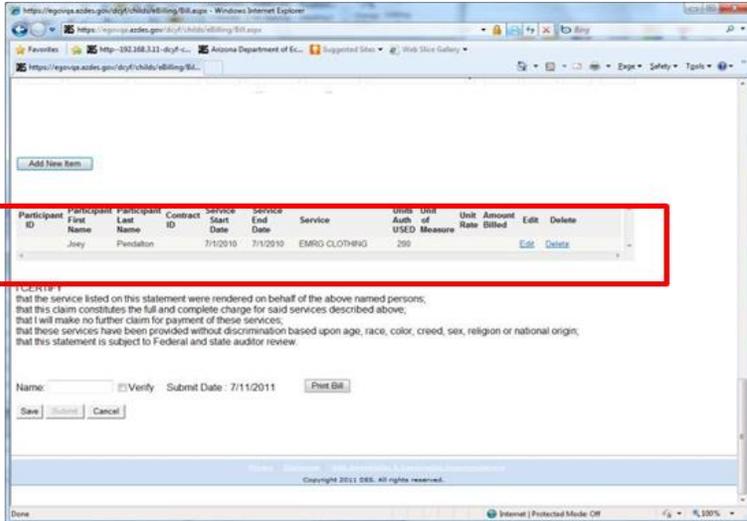
No Record Found
[Add New Item](#)

I CERTIFY that the service listed on this statement were rendered on behalf of the above named persons, that this claim constitutes the full and complete charge for said services described above.



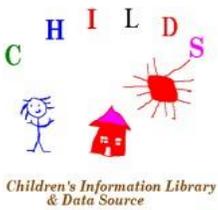
Arizona Department of Child Safety Children's Information Library & Data Source Provider/Financial Module – User Guide Online Web Billing

Provider Web Bill Processing



*****NOTE*****

Once you select the Add New Item button, the Write-In claim is now part of the current bill. When the bill is submitted, the Write-In claim that was created will be included in the bill and processed accordingly. If the bill was previously submitted, you must re-enter your full name, re-select Verify box and re-select the Submit button.



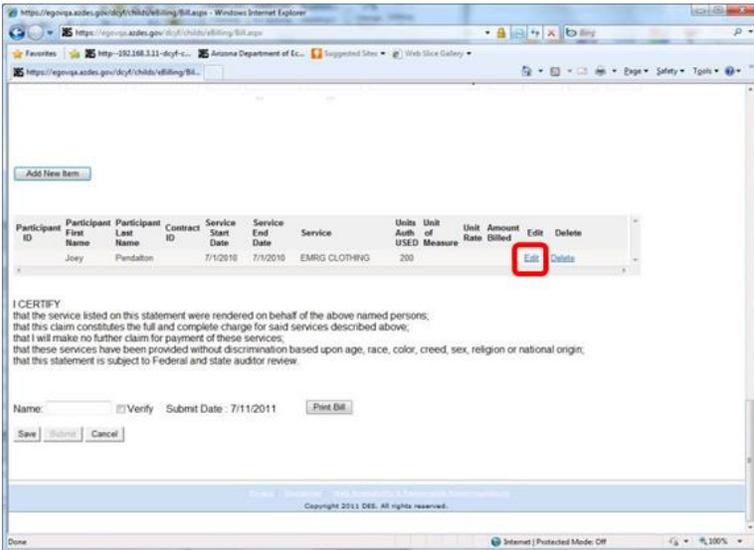
Arizona Department of Child Safety Children's Information Library & Data Source Provider/Financial Module – User Guide Online Web Billing

Provider Web Bill Processing

Editing/ Deleting a Write-In Claim

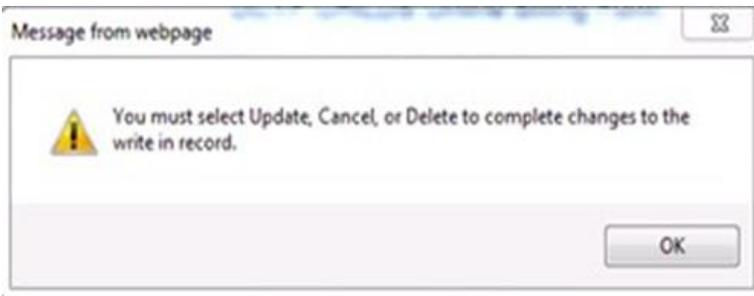
DCS Online Billing Form

- Selecting the “**Edit**” link at the right side of the **Write-In** claim allows changes to the write-in claim line item.
- While making the changes to the line item, the **Save** and **Submit** buttons will be disabled until the **Write-In** claim has been updated, canceled, or deleted.



Edit Confirmation Message

- A message reminding you of these instructions will display whenever the “**Edit**” link is selected.



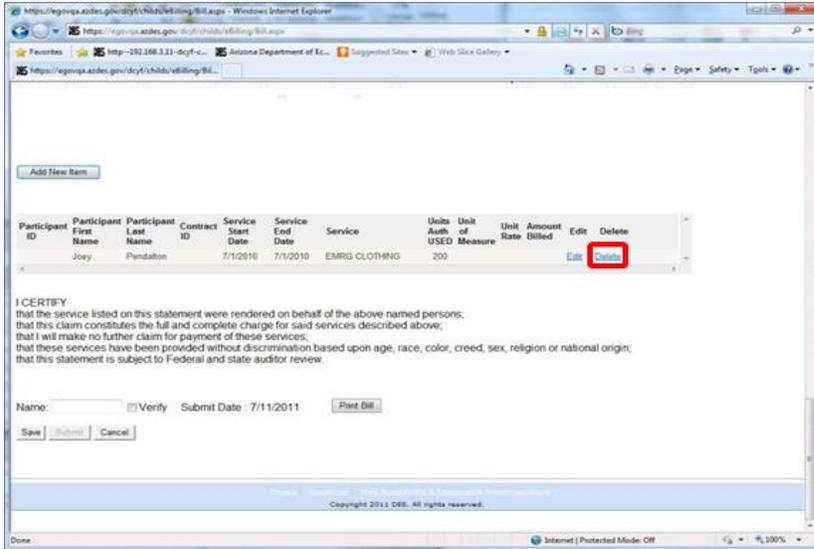


Arizona Department of Child Safety Children's Information Library & Data Source Provider/Financial Module – User Guide Online Web Billing

Provider Web Bill Processing

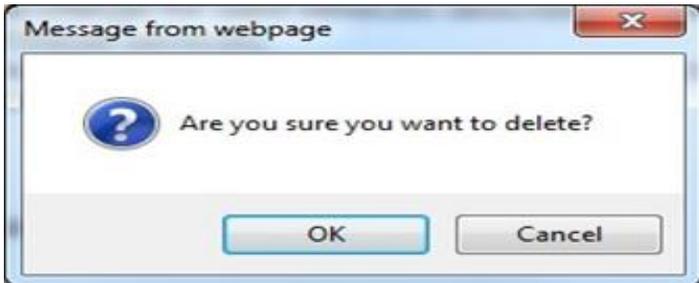
DCS Online Billing Form

- Selecting the “Delete” link at the right side of the Write-In claim allows deletion of the Write-In claim line item.



Delete Confirmation Message

- Selecting **OK** to the delete confirmation message will permanently delete the Write-In claim line item.
- Selecting **Cancel** to the delete confirmation message will cancel the deletion process.

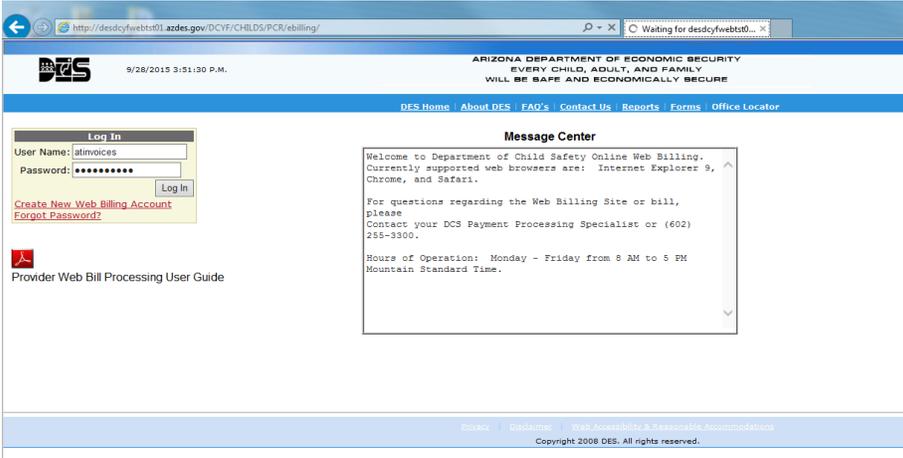




Arizona Department of Child Safety Children's Information Library & Data Source Provider/Financial Module – User Guide Online Web Billing

Provider Web Bill Processing

Printing a Bill



Log In Web Page

- Enter your User Name
- Enter your Password
- Select the Log In button

*****NOTE*****

User Name is case sensitive – this means you must enter the User Name exactly as it appeared in the enrollment email.

Password is case sensitive – this means you must enter your temporary password exactly as it entered upon your password setup.



DCS Billing Directory Web Page

- Select the Bill Number



Arizona Department of Child Safety Children's Information Library & Data Source Provider/Financial Module – User Guide Online Web Billing

Provider Web Bill Processing

DCS Online Billing Form

- Scroll down to the bottom of the Online Billing Form, and select the **Print Bill** button.

Participant ID	Participant First Name	Participant Last Name	Contract ID	Service Start Date	Service End Date	Service	Units Auth Used	Unit of Measure	Unit Rate	Amount Billed
38862	CHILD C	AT INVOICE S		12/1/2014	12/31/2014	CLOTHING ALLOW	30.00	DAY	0.790	
				12/1/2014	12/31/2014		0			
38862	CHILD C	AT INVOICE S		12/1/2014	12/31/2014	PERSONAL ALLOW	30.00	DAY	0.330	
				12/1/2014	12/31/2014		0			
Original Total:										\$33.60

No Record Found
Add New Item

I CERTIFY that the service listed on this statement were rendered on behalf of the above named persons; that this claim constitutes the full and complete charge for said services described above; that I will make no further claim for payment of these services; that these services have been provided without discrimination based upon age, race, color, creed, sex, religion or national origin; that this statement is subject to Federal and state auditor review.

Name: Verify Submit Date: 9/28/2015 **Print Bill**

Save Submit Cancel

Privacy Disclaimer Web Accessibility & Reasonable Accommodations
Copyright 2008 DES. All rights reserved.

Bill Print PDF Display

- This page previews the printable version of the bill to print.
- Hover the mouse pointer over the page, when the toolbar displays, select the **Printer** button
OR
- Select the **Print** icon near the upper right hand side of the window.

Print Date: 9/28/2015 4:14:35 PM

**Arizona Department of Economic Security
Division of Children Youth and Families
CHILDS Billing Form**

Current Status of Bill: OPEN	Care for the Month: 12/2014	License Expires:
Payment Processing Status: OPEN ITEMS	Current Address: 3443 N S	Bill Number: 3001
Provider Name: AT INVOICE S	Phone: (602)266-2222 Ext:	PHX AZ 85022

Participant ID	Last Name	First Name	Start Date	End Date	Service	Units	Unit of Measure	Rate	DES CoPay	DES Payment Amount	Status	Warrant No.
38862	AT INVOICE S	CHILD C	12/1/2014	12/31/2014	CLOTHING ALLOW	30.00	DAY	\$0.79	\$0.00	\$23.70	SCHEDULED	
38862	AT INVOICE S	CHILD C	12/1/2014	12/31/2014	PERSONAL ALLOW	30.00	DAY	\$0.33	\$0.00	\$9.90	SCHEDULED	
38862	AT INVOICE S	CHILD C	12/1/2014	12/31/2014	UNLIC REL- FC	30.00	DAY	\$0.00	\$0.00	\$0.00	SCHEDULED	

Submission Date: **Total:** 33.60

I CERTIFY that the services listed on this statement were rendered on behalf of the above named persons; that this claim constitutes the full and complete charge for said services described above; that I will make no further claim for payment of these services; that these services have been provided without discrimination based upon age, race, color, creed, sex religion or national origin; that this statement is subject to Federal and State auditor review.

Page 1 of 1

Information Change Request



Arizona Department of Child Safety Children's Information Library & Data Source Provider/Financial Module – User Guide Online Web Billing

Provider Web Bill Processing

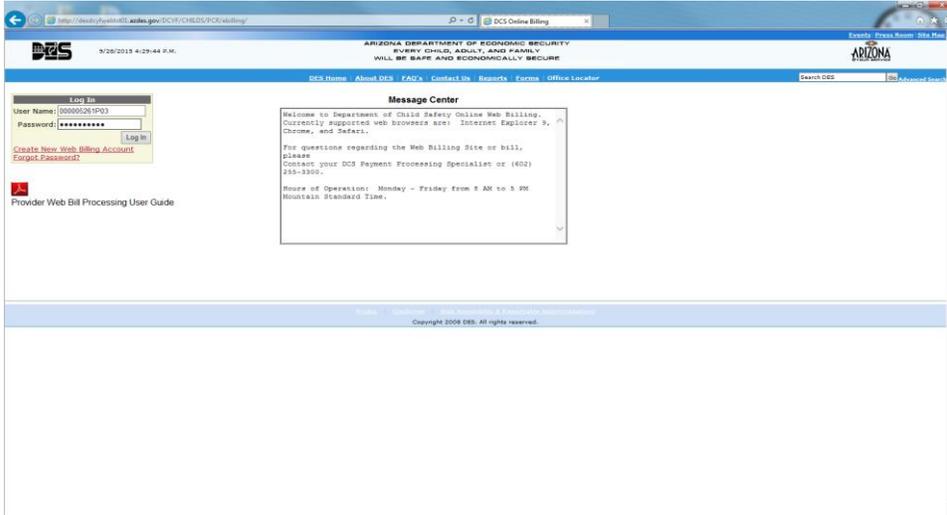
Log In Web Page

- Enter your User Name
- Enter your Password
- Select the Log In button

*****NOTE*****

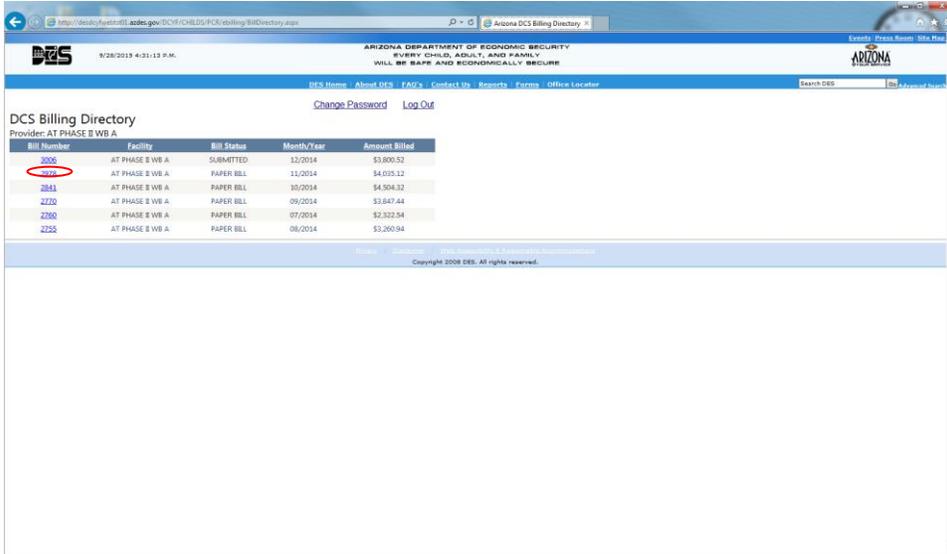
User Name is case sensitive – this means you must enter the User Name exactly as it appeared in the enrollment email.

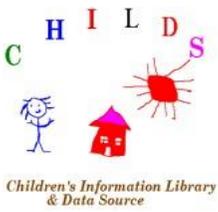
Password is case sensitive – this means you must enter your temporary password exactly as it entered upon your password setup.



DCS Billing Directory

- Select any Bill Number to access the Online Billing Form





Arizona Department of Child Safety Children's Information Library & Data Source Provider/Financial Module – User Guide Online Web Billing

Provider Web Bill Processing

DCS Online Billing Form

- Select the **"Change"** hyperlink to access the Change Information Update page.

Provider Web Bill Processing User Guide

Arizona Dept. of Economic Security
DCS CHILDS Online Billing Form

Care for the Month: 11/2014

Current Address
3443 N APPLE
PEORIA, AZ 85012
MNEIGUM@AZDES.GOV

[Change](#)

INSTRUCTIONS:
PLEASE VERIFY THAT THE INFORMATION RECORDED IN EACH ROW BELOW IS ACCURATE. IF THE INFORMATION IN ANY BOX IS INCORRECT, PLEASE RECORD THE CORRECT INFORMATION IN THE BOX DIRECTLY BELOW. THE UNITS AUTH/USED MUST BE VERIFIED BY FILLING IN THE CORRECT NUMBER OF UNITS IN THE BOX BELOW, EVEN IF THERE IS NO CHANGE. IF THERE IS A CHANGE TO THE UNITS AUTH/USED, RECORD THE CORRECT NUMBER IN THE BOX BELOW, AND RECORD THE REVISED START AND END DATES. IF THE CHILD IS NO LONGER IN YOUR CARE PLEASE CLICK THE "DON'T PAY" BOX IN THE CORRESPONDING ROW. IF YOU MAKE ANY CORRECTIONS, PLEASE NOTIFY THE PARTICIPANT'S CASE MANAGER.

IF YOU HAVE ANY QUESTIONS ABOUT THE CLAIMS BELOW, PLEASE CONTACT YOUR CASE WORKER, LICENSING WORKER, OR PAYMENT UNIT AT (602)255-3300 OPTION 2.

IF YOU REQUIRE ASSISTANCE WITH THE WEB PAGE FUNCTIONALITY PLEASE CONTACT THE CHILDS HELP DESK AT (602)542-8667 OPTION 1.

Don't Pay	Saved	Participant ID	Participant First Name	Participant Last Name	Contract ID	Service Start Date	Service End Date	Service	Units Auth Used	Unit of Measure	Unit Rate
<input type="checkbox"/>		42340	AUGUST	NYTD		11/1/2014	11/30/2014	FAM FHM DAY	30.00	DAY	21.72
						11/1/2014	11/30/2014		0		
<input type="checkbox"/>		42340	AUGUST	NYTD		11/1/2014	11/30/2014	CLOTHING ALLOW	30.00	DAY	1.020
						11/1/2014	11/30/2014		0		
<input type="checkbox"/>		42340	AUGUST	NYTD		11/1/2014	11/30/2014	PERSONAL ALLOW	30.00	DAY	0.720
						11/1/2014	11/30/2014		0		
<input type="checkbox"/>		42322	DECEMBER	NYTD		11/1/2014	11/30/2014	FAM FHM DAY	30.00	DAY	21.72

DCS Information Change Request Web Page

- Enter the desired Provider Information you wish to update in the empty fields.
- Select the **Submit** button to update the information and send to the DCS Payment Processing Unit.
- Select the **Cancel** button to close the window.

*****NOTE*****

You cannot submit a blank Information Change Request.

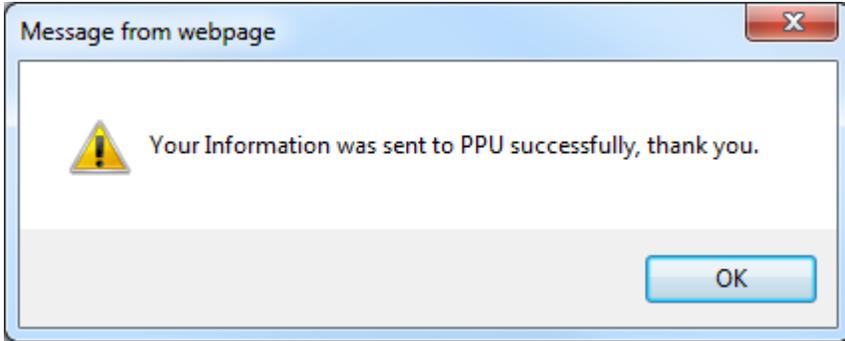
Current Information:
 Provider Name/Location: AT PHASE II WB A
 Address: 3443 N APPLE
 City, State, Zip: PEORIA, AZ 85012
 Main Phone: (602) 465-1321 Ext.
 Cell Phone:
 Email Address: MNEIGUM@AZDES.GOV

Main Phone:
 Cell Phone:
 Email Address:
 Address Line 1:
 Address Line 2:
 City: State: Zip:



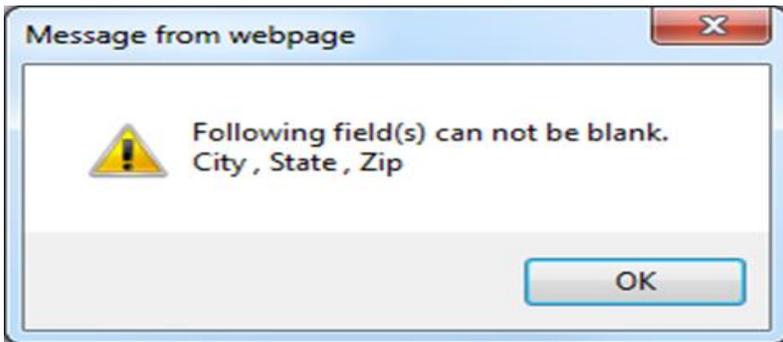
Arizona Department of Child Safety Children's Information Library & Data Source Provider/Financial Module – User Guide Online Web Billing

Provider Web Bill Processing



Information Change Request Submit Confirmation Message

- Select **OK** to the Information Change Request Submit Confirmation Message.



*****NOTE*****

The City, State and Zip fields are required when an address has been entered for change.



Arizona Department of Child Safety Children's Information Library & Data Source Provider/Financial Module – User Guide Online Web Billing

Provider Web Bill Processing

*****Important Information*****

- If you have questions regarding the functionality pertaining to your Online Web Bill, please contact the CHILDS Help Desk at: 1-888-595-1583; Option #1 or email to CHILDSHD@azdes.gov
Hours of Operation: Monday- Friday from 8 AM to 5 PM
- If you have questions regarding incorrect placements, service dates, units, a child, etc. pertaining to your Online Web Bill, please contact the child's case manager for Service Authorization updating.
- The Payment Processing Unit can assist with correction and instruction to the Online Web Bill as well as the "write in" feature. Please contact your Claim Specialist or 602 255-3300. Please refer to the above Guide prior to calling Payment Processing.
Hours of Operation: Monday- Friday from 8 AM to 5 PM
- If you have questions regarding password resets, unlocking an account or starting & stopping an Online Web Bill account, please contact your Claim Specialist or 602 255-3300.
Hours of Operation: Monday- Friday from 8 AM to 5 PM