

Online Diagnosis Submission Tutorial

The primary location is from your vendor portal.



https://www.choicehomewarranty.com/vendors

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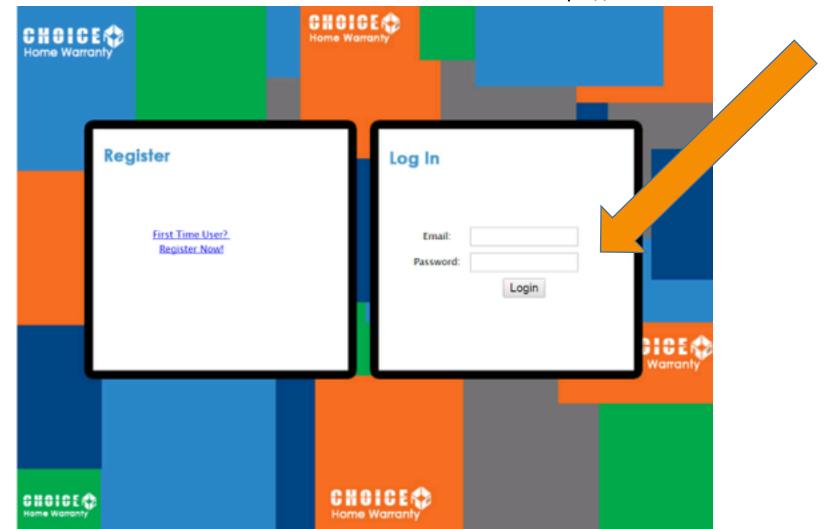
You will need your log in information. Enter your credentials and click "login".



https://www.choicehomewarranty.com/vendors

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https://www.choicehomewarranty.com/vendors

My Information Work Orders	swo	Date Assigned	Customer Name	Status Print Up	date	
Submit Invoice	5700113	1 03/31/16	Test Account	Complete Print Up	date Submit Diagnosis	
Create Invoice	1 of 1				Languistana	
Invoices & Payments						
Price Guide						
Update Price Guide						
Contact CHW Help						
CADS						
- Info						
- FAQ						
- Account Info						
Log Out						





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Warranty

This will bring up a complete list of all work orders assigned to your account.

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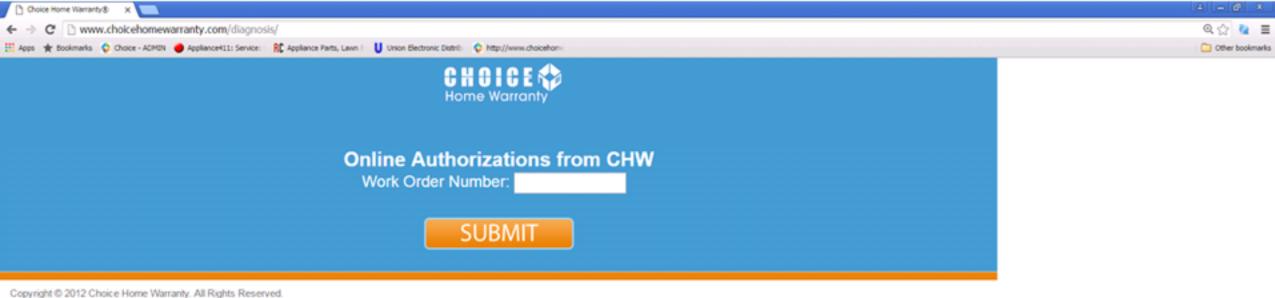
My Information Work Orders Submit Invoice	swo	Date Assigned 03/31/16	Customer Name Test Account	int Update int Update Submit Diagnosis	•
Create Invoice Invoices & Payments Price Guide Update Price Guide Contact CHW	l of l				
Help CADS - Info - EAQ					
<u>– Account Info</u> Log Out					810 • Wat
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This will bring up a complete list of all work orders assigned to your account.

rk Orders	SWO Date Assigned 57001131 03/31/16	Name	Submit Diagnosis	
ate Invoice T oices & Payments te Guide date Price Guide	l of 1			
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AQ ccount Info				

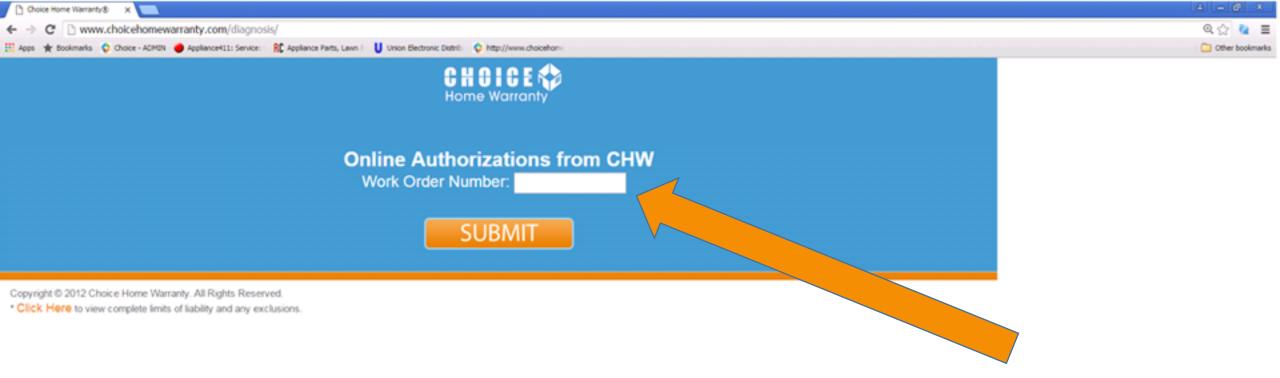
Click submit diagnosis to begin!

A simpler way to access the submission software is to visit <u>www.choicehomewarranty.com/diagnosis</u>. This method will only require the work order (claim) number & does not require passwords or log in information.



* Click Here to view complete limits of liability and any exclusions.

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Simply enter your work order number and click submit.

Air Conditioning Contractor: Your Name & Mobile Number Are you at the customers house Make: Model: Serial: Type: Age: Number of Units: Condenser Location: Evaporator Location: Cools What Area Of Home: Size: Efficiency: Refrigerant: Condenser Condition: Evaporator Condition: Properly Installed: Properly Maintained: Rust Or Corrosion: Mold / Mildew: Leaks: Leak Size: Properly Sized: Properly Matched: Filter Cond: Overall Unit Condition: Cause Of Failure: Problem Happening Since: (YYYY-MM-DD) Diagnosis: (please put as much detail as possible) Service Charge / Diagnosis Fee: Freon added: Part Number: Part Number: Part Number: Part Number: Labor Hours: Tax: Service Call Fee Received: Paid By: Estimated Completion Date: (YYYY-MM-DD) Submit

Please Select * Please Select ٠ Please Select * Please Select . lbs @ \$ per lb = Total: Part Price: Part Price: Part Price: Part Price: 0.5 per hr = Total: Please Select * Please Select •

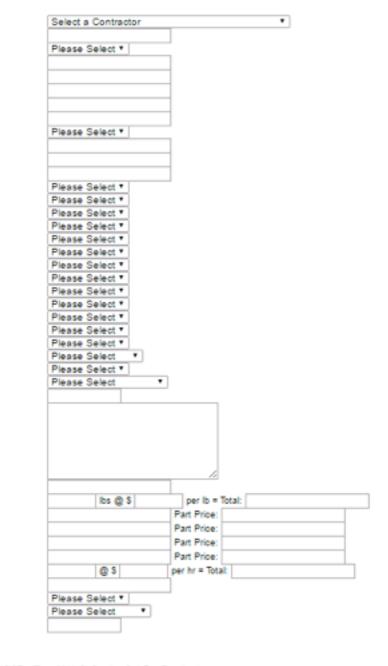
Select a Contractor

Please Select *

٠

Each system or appliance will have a slightly different page specific to the claim, as some of the items are not always applicable.

Air Conditioning Contractor:
Your Name & Mobile Number
Are you at the customers house
Make:
Model
Serial:
Type
Age: Number of Units:
Condenser Location:
Evaporator Location:
Cools What Area Of Home:
Size:
Efficiency:
Refrigerant: Condenser Condition:
Evaporator Condition:
Properly Installed:
Property Maintained:
Rust Or Corrosion:
Mold / Mildew:
Leaks:
Leak Size:
Properly Sized:
Properly Matched:
Filter Cond:
Overall Unit Condition:
Cause Of Failure:
Problem Happening Since: (YYYY-MM-DD)
Diagnosis: (please put as much detail as possible)
Service Charge / Disease Ess
Service Charge / Diagnosis Fee: Freon added:
Part Number:
Part Number: Part Number:
Part Number:
Part Number:
Labor Hours:
Tax:
Service Call Fee Received:
Paid By:
Estimated Completion Date: (YYYY-MM-DD) Submit

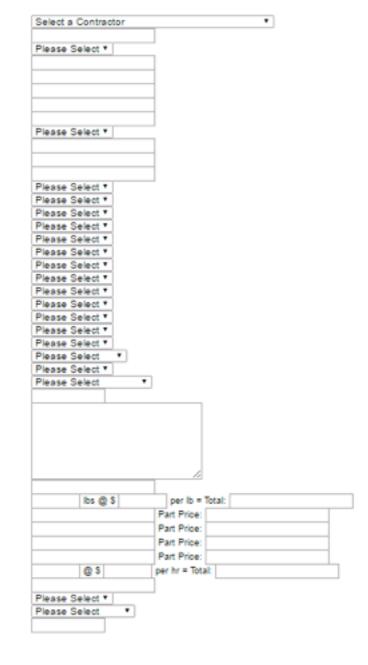


Each system or appliance will have a slightly different page specific to the claim, as some of the items are not always applicable.

The name and <u>cell phone</u> <u>number</u> of the on site tech will always be requested.

Outcomes of the claim will be <u>texted</u> to this number, and this number will be called if clarification is needed.

Air Conditioning Contractor. Your Name & Mobile Number Are you at the customers house Make: Model Serial: Type: Age: Number of Units: Condenser Location Evaporator Location: Cools What Area Of Home Size: Efficiency: Refrigerant: Condenser Condition: Evaporator Condition: Properly Installed: Properly Maintained: Rust Or Corrosion Mold / Mildew Leaks: Leak Size: Properly Sized: Properly Matched: Filter Cond: Overall Unit Condition: Cause Of Failure: Problem Happening Since: (YYYY-MM-DD) Diagnosis: (please put as much detail as possible) Service Charge / Diagnosis Fee: Freon added: Part Number: Part Number: Part Number: Part Number: Labor Hours: Tax: Service Call Fee Received: Paid By: Estimated Completion Date: (YYYY-MM-DD) Submit



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The name and <u>cell phone</u> <u>number</u> of the on site tech will always be requested.

Outcomes of the claim will be <u>texted</u> to this number, and this number will be called if clarification is needed.

It is helpful to know if the tech is actually at the home when the diagnosis is submitted.

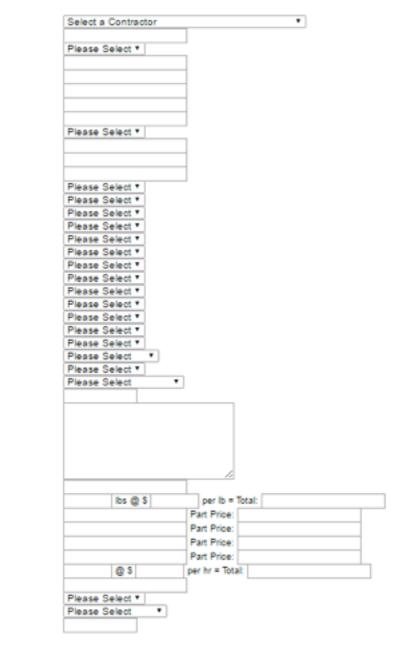
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Service Charge / Diagnosis Fee: Freon added: Part Number: Part Number: Part Number: Part Number: Labor Hours: Tax: Service Call Fee Received: Paid By: Estimated Completion Date: (YYYY-MN-DD) Submit

Select a Contractor	•
Please Select *	
Please Select *	
Please Select *	
Please Select	
lbs @ \$	per Ib = Total:
	Part Price:
@\$	per hr = Total:
Please Select *	

It is better to submit "illegible" for a serial number than to leave it blank.

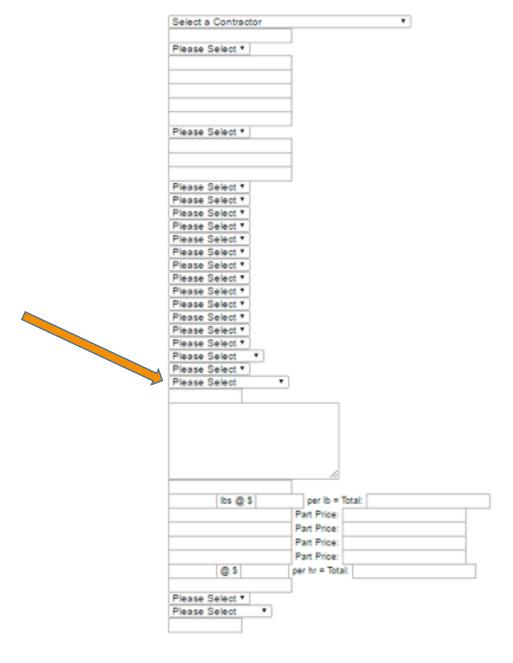
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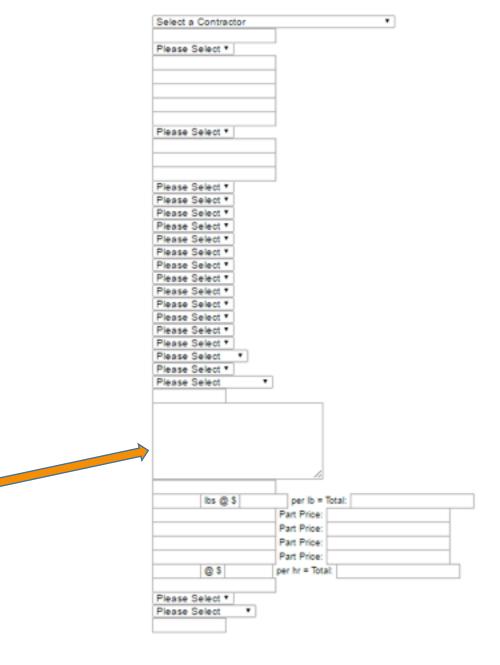
Be sure to give a cause for failure.

It is required that you give a description of the failures found.

Every detail is important; please include as much as possible.

Air Conditioning Contractor. Your Name & Mobile Number Are you at the customers house Make: Model Serial: Type: Age: Number of Units: Condenser Location Evaporator Location: Cools What Area Of Home: Size: Efficiency: Refrigerant: Condenser Condition: Evaporator Condition: Properly Installed: Properly Maintained: Rust Or Corrosion Mold / Mildew Leaks: Leak Size: Properly Sized: Properly Matched: Filter Cond: Overall Unit Condition: Cause Of Failure: Problem Happening Since: (YYYY-MM-DD) Diagnosis: (please put as much detail as possible) Service Charge / Diagnosis Fee: Freon added: Part Number: Part Number: Part Number: Part Number: Labor Hours: Tax: Service Call Fee Received: Paid By: Estimated Completion Date: (YYYY-MM-DD)

Submit



It is better to submit "illegible" for a serial number than to leave it blank.

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Every detail is important; please include as much as possible.

"Bearings in the blower motor are seized from normal use" is much preferred to "motor is bad"

	Air Conditioning Contractor:
	Your Name & Mobile Number
	Are you at the customers house
	Make:
	Model
	Serial
	Type
	Age
	Number of Units:
	Condenser Location:
	Evaporator Location:
	Cools What Area Of Home:
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	Properly Maintained:
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	Mold / Mildew:
	Leaks:
	Leak Size:
	Properly Sized:
	Properly Matched:
	Filter Cond:
	Overall Unit Condition:
а	Cause Of Failure:
u	Problem Happening Since: (YYYY-MM-DD)
	Diagnosis: (please put as much detail as possible)
	Service Charge / Diagnosis Fee:
	Freon added:
	Part Number:
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Part Number:

Part Number: Labor Hours:

Service Call Fee Received:

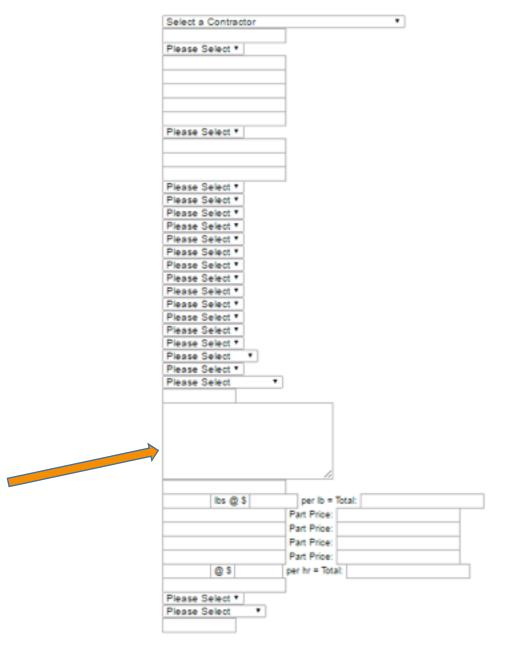
Estimated Completion Date: (YYYY-MM-DD)

Tax:

Paid By:

Submit

Air Conditioning



The diagnosis box is where we get the details of the failure. Our techs are our eyes and ears.

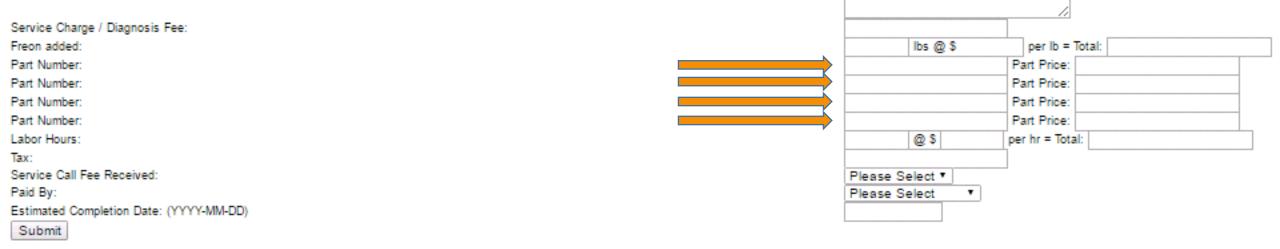
Please make note of any improper installations, improper repairs, customer misuse or abuse, lack of maintenance, pest damage or any other failure that is not attributed to "normal wear and tear"

Air Conditioning Contractor: Select a Contractor ٠ Your Name & Mobile Number Are you at the customers house Please Select * Make: Model Serial: Type: Age: Number of Units: Please Select * Condenser Location Evaporator Location: Cools What Area Of Home: Size: Please Select * Efficiency: Please Select * Refrigerant: Please Select * Condenser Condition: Please Select * Evaporator Condition: Please Select * Properly Installed: Please Select * Properly Maintained: Please Select * Rust Or Corrosion Please Select * Mold / Mildew Please Select * Leaks: Please Select * Leak Size: Please Select * Properly Sized: Please Select * Properly Matched: Please Select * Filter Cond: Please Select Overall Unit Condition: Please Select * Cause Of Failure: Please Select . Problem Happening Since: (YYYY-MM-DD) Diagnosis: (please put as much detail as possible) Service Charge / Diagnosis Fee: Freon added: lbs @ \$ per lb = Total: Part Price Part Number: Part Number: Part Price Part Price Part Number: Part Price: Part Number: Labor Hours: Q \$ per hr = Total: Tax: Service Call Fee Received: Please Select * Paid By: Please Select • Estimated Completion Date: (YYYY-MM-DD) Submit

		/
Service Charge / Diagnosis Fee:		
Freon added:	lbs @ \$	per lb = Total:
Part Number:		Part Price:
Labor Hours:	@\$	per hr = Total:
Tax:		
Service Call Fee Received:	Please Select *	4
Paid By:	Please Select	
Estimated Completion Date: (YYYY-MM-DD)		
Submit		

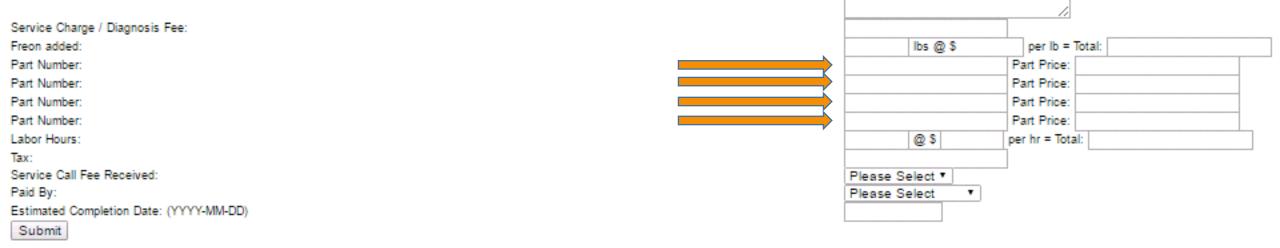
		/_
Service Charge / Diagnosis Fee:		
Freon added:	lbs @ \$	per lb = Total:
Part Number:		Part Price:
Labor Hours:	@\$	per hr = Total:
Tax:		
Service Call Fee Received:	Please Select *	
Paid By:	Please Select	
Estimated Completion Date: (YYYY-MM-DD)		
Submit		

The section at the bottom of the diagnosis page is where you will submit your costs for repair.



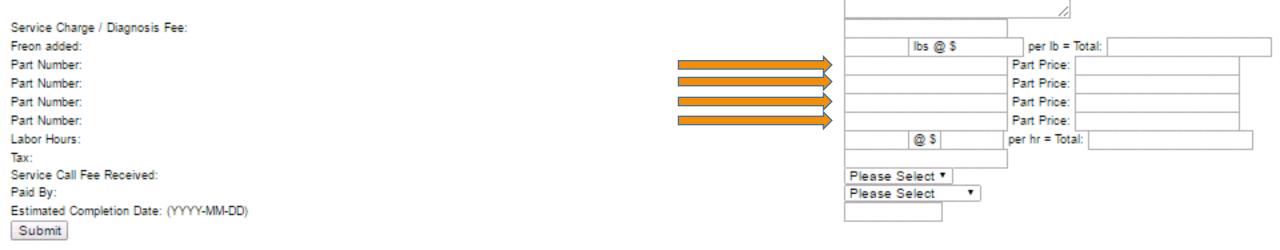
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The boxes on the left side are reserved for part numbers or part descriptions. Again, more detail is better.



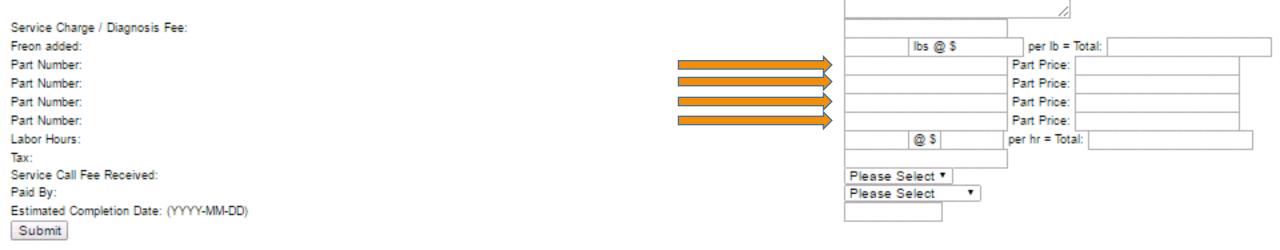
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These boxes can also be used to describe repairs or tasks that are listed on the price guide. Examples are "lateral line clean out", "Contactor", "20 amp single pole breaker" or "hot surface igniter".

		//
Service Charge / Diagnosis Fee:		
Freon added:	lbs @ \$	per lb = Total:
Part Number:		Part Price:
Labor Hours:	@ \$	per hr = Total:
Tax:		
Service Call Fee Received:	Please Select *	
Paid By:	Please Select	
Estimated Completion Date: (YYYY-MM-DD)		
Submit		

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The corresponding prices of the job or part should be entered in the box on the right.

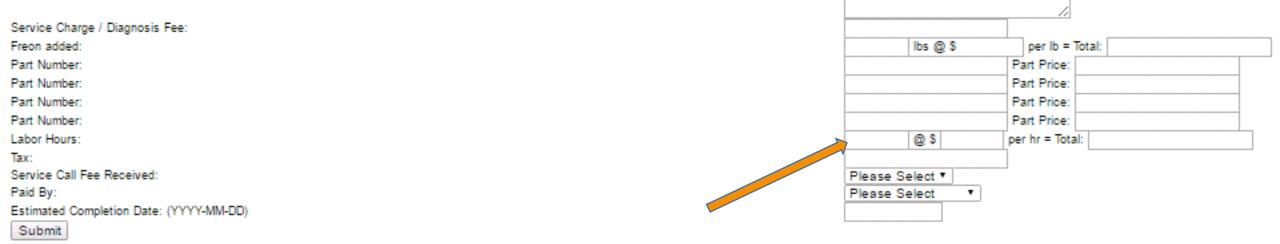
		//
Service Charge / Diagnosis Fee:		
Freon added:	lbs @ \$	per lb = Total:
Part Number:		Part Price:
Labor Hours:	@ \$	per hr = Total:
Tax:		
Service Call Fee Received:	Please Select *	
Paid By:	Please Select	
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The corresponding prices of the job or part should be entered in the box on the right. No letters or symbols can be placed in the prices boxes, or the system will not recognize any information in the box!



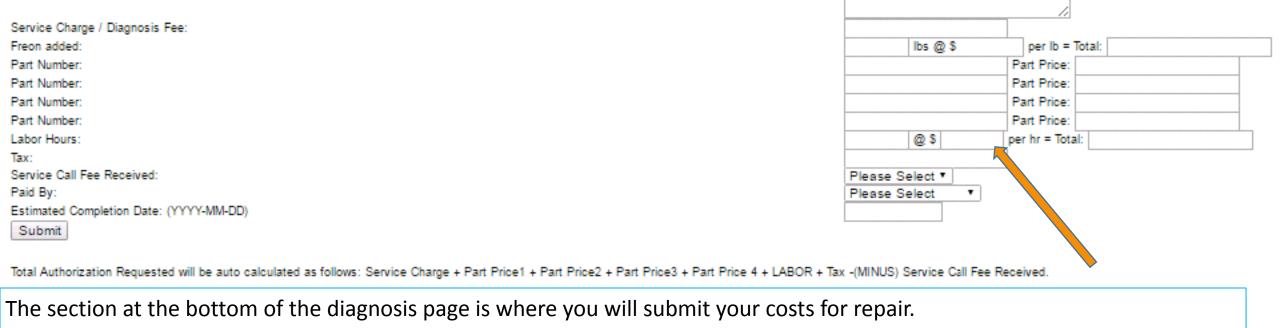
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If the job is not on your price guide, how long will it take?



For interchangeable or generic parts, "1/3 HP CFM" is acceptable These boxes can also be used to describe repairs or tasks that are listed on the price guide. Examples are "lateral line clean

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"WR55X10942 main control board" is required

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If the job is not on your price guide, how long will it take? What is your hourly labor charge?

"motor" is not sufficient



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If the job is not on your price guide, how long will it take? What is your hourly labor charge? Total labor cost?

		/
Service Charge / Diagnosis Fee:		
Freon added:	lbs @ \$	per lb = Total:
Part Number:		Part Price:
Labor Hours:	@\$	per hr = Total:
Tax:		
Service Call Fee Received:	Please Select	
Paid By:	Please Select	
Estimated Completion Date: (YYYY-MM-DD)		
Submit		

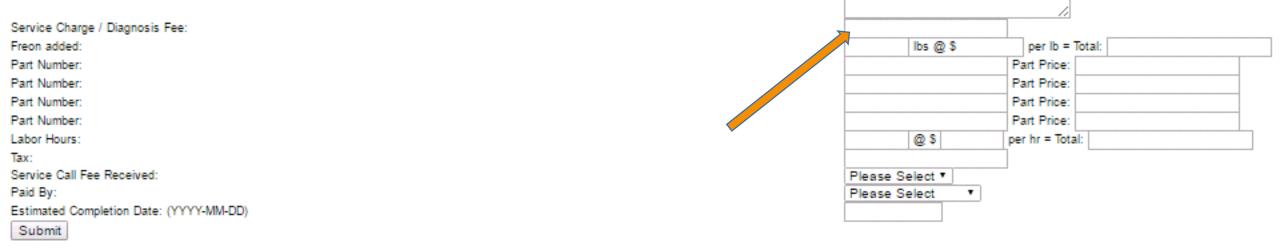
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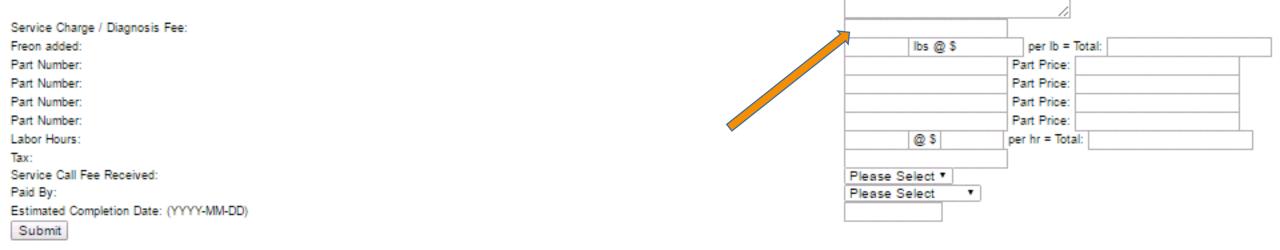
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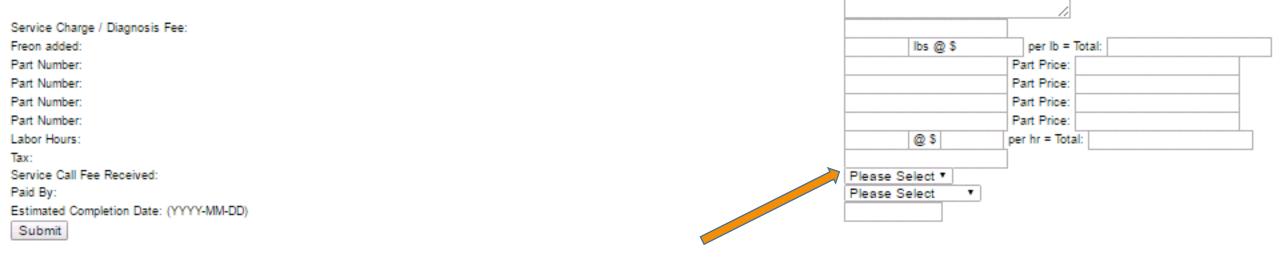


The box at the top for "Service Charge / Diagnosis Fee" should only be used in cases where no repair is needed, or no services are provided.



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This box should not reflect any payment collected from or due from the customer.

The drop down box should be used for the amount of money due from the policy holder & should match your work order.

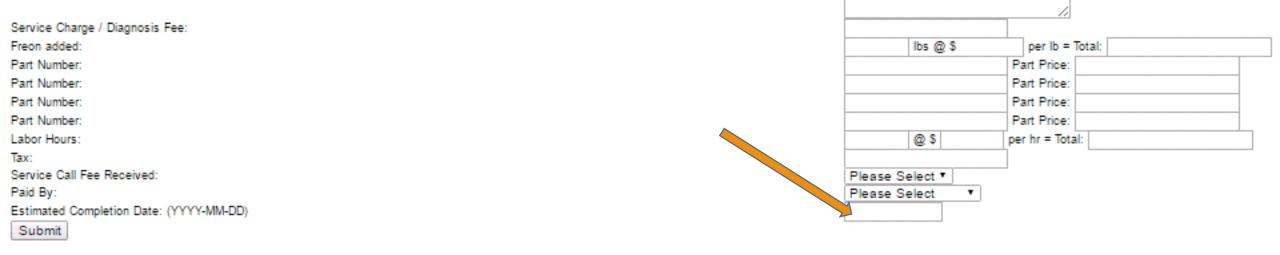
		/
Service Charge / Diagnosis Fee:		
Freon added:	lbs @ \$	per lb = Total:
Part Number:		Part Price:
Labor Hours:	@\$	per hr = Total:
Tax:		
Service Call Fee Received:	Please Select *	
Paid By:	Please Select	
Estimated Completion Date: (YYYY-MM-DD)		
Submit		

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Let us know when the job will be done.

		/_
Service Charge / Diagnosis Fee:		
Freon added:	lbs @ \$	per lb = Total:
Part Number:		Part Price:
Labor Hours:	@\$	per hr = Total:
Tax:		·································
Service Call Fee Received:	Please Select *	
Paid By:	Please Select	
Estimated Completion Date: (YYYY-MM-DD)		
Submit		

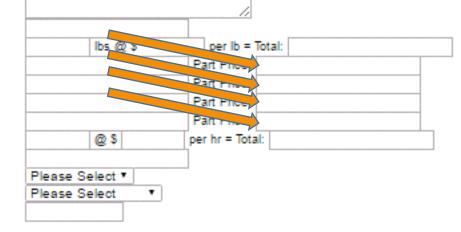
The amount that will be authorized is will calculated by these boxes.

		/
Service Charge / Diagnosis Fee:		
Freon added:	lbs @ \$	per lb = Total:
Part Number:		Part Price:
Labor Hours:	@ \$	per hr = Total:
Tax:		
Service Call Fee Received:	Please Select *	
Paid By:	Please Select 🔹	
Estimated Completion Date: (YYYY-MM-DD)		
Submit		

The amount that will be authorized is will calculated by these boxes.

Service Charge

Service Charge / Diagnosis Fee: Freon added: Part Number: Part Number: Part Number: Part Number: Part Number: Labor Hours: Tax: Service Call Fee Received: Paid By: Estimated Completion Date: (YYYY-MM-DD) Submit



Total Authorization Requested will be auto calculated as follows: Service Charge + Part Price1 + Part Price2 + Part Price3 + Part Price4 + LABOR + Tax - (MINUS) Service Call Fee Received.

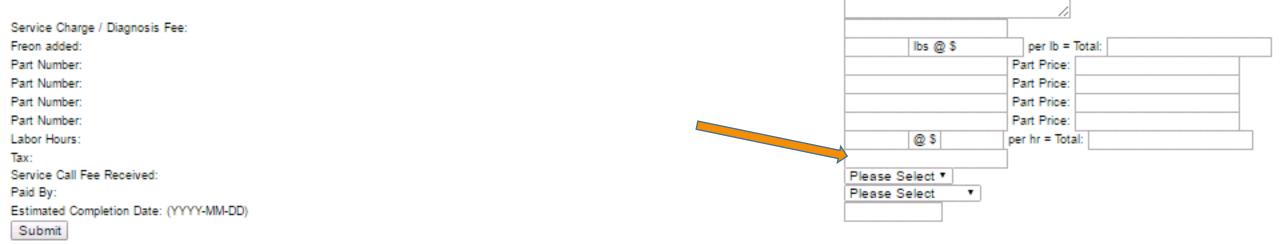
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Service Charge + Part prices

		/
Service Charge / Diagnosis Fee:		
Freon added:	lbs @ \$	per lb = Total:
Part Number:		Part Price:
Labor Hours:	@ \$	per hr = Total:
Tax:		
Service Call Fee Received:	Please Select *	
Paid By:	Please Select	
Estimated Completion Date: (YYYY-MM-DD)		
Submit		

The amount that will be authorized is will calculated by these boxes.

Service Charge + Part prices + Total Labor charge



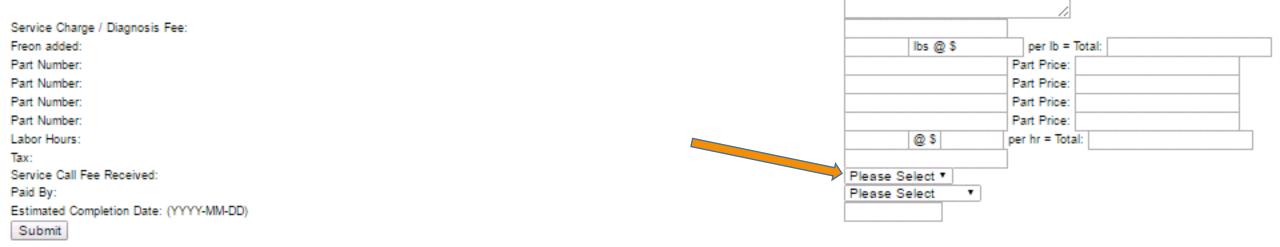
The amount that will be authorized is will calculated by these boxes.

Service Charge + Part prices + Total Labor charge + Tax

		1
Service Charge / Diagnosis Fee:		
Freon added:	lbs @ \$	per Ib = Total:
Part Number:		Part Price:
Labor Hours:	@\$	per hr = Total:
Tax:]
Service Call Fee Received:	Please Select *	-
Paid By:	Please Select	
Estimated Completion Date: (YYYY-MM-DD)		
Submit		

The amount that will be authorized is will calculated by these boxes.

Service Charge + Part prices + Total Labor charge + Tax + Freon Total (if applicable)



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Service Charge + Part prices + Total Labor charge + Tax + Freon Total (if applicable) – service call fee received.

Service Charge / Diagnosis Fee:		
Freon added:	lbs @ \$	per lb = Total:
Part Number:		Part Price:
Labor Hours:	@\$	per hr = Total:
Tax:]
Service Call Fee Received:	Please Select *	
Paid By:	Please Select	
Estimated Completion Date: (YYYY-MM-DD)		
Submit		

The amount that will be authorized is will calculated by these boxes.

Service Charge + Part prices + Total Labor charge + Tax + Freon Total (if applicable) – service call fee received.

Nothing written in any other box will be considered; the computer does the calculations.

(Total cost for repair is calculated by the computer. Total box is for total labor only)

<u>Helpful Hints</u>



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