Invoice Number: _____ Invoice Date: _____ Use this form for IRIS-funded, non-HIPAA claims only.

Medicaid ID:	DOB:	Participant First Name:	Middle:	Participant Last Name:	Pre-authorization Number: N/A

To be completed by provider:

Billing Period Dates Billing Start Date: Billing End Date:	Provider Name: **Milwaukee County Transit Services**	Provider ID (see instructions on reverse): **391220828/3104** Phone: **414-937-3223**	
Provider Address (street):	Provider Address (city, state, zip): **1942 N. 17th Street** **Milwaukee, WI 53205**	Provider Contact Person: Phone:	Participant Discharge Status **N/A**

If different from the service or rendering provider above:

Billing Provider Name	Billing Provider Address	Billing Provider ID: Phone:	Admittance Start Care Date **N/A**

Procedure/ Revenue Code	Modifiers	Service From Date MM-DD-YYYY	Service To Date MM-DD-YYYY	Description	POS	Bill Type	Unit Type Each/Mile/HR	Rate	Units	Billed Amount
T2003	**R | I**			**Bus Pass - Monthly**	**99**	**N/A**	**Pass**	**$99.00**		

Participant Signature: _____ Date: ___ ___ /___ ___ / 20 ___ ___ TOTAL $

Provider Signature: _____

Signature confirms compliance with the IRIS Medicaid Provider Service Agreement outlined on the back of this form.

TRANSIT ONLY.

iLIFE
Choice. With Confidence.

MCTS Bus Pass Form Instructions

When completing a MCTS Bus Pass Form for iLIFE, the following applies:

1. Medicaid ID is your NPI (National Provider Identifier).
2. Participant Name is who should be contacted if there are questions about this claim. If some entity other than you bills for the work, this section must be filled in.
3. Service Code is the service provided. Add modifiers as needed.
4. Service From Date and Service To Date are the dates the service occurred.
5. Description is the type of tickets and/or bus passes needed. This information comes from the verification letter, service plan (ISSP), or the service code description (i.e., mileage).
6. Unit Type is how many tickets or sheets are needed.
7. Rate is the amount billed per unit.
8. Billed Amount is the Rate multiplied by the number of Units.

Please submit the completed form to IRIS.Claims@iLIFE.org.

After submitting this form:

1. Our Vendor Claims department will receive your order.
2. We will process your claim within the running pay period.
3. iLIFE will process a check made out to MCTS. iLIFE will mail it to your home address. You will take the check to the MCTS office to refill your WisGo card. There are multiple MCTS offices that you can go to, but we recommend going to this location: 1942 N. 17th Street, Milwaukee, WI 53205.