

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

If different from the service or rendering provider above:

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

Procedure/ Revenue Code	Modifiers	Service From Date CCYY-MM-DD	Service To Date CCYY-MM-DD	Description	POS	Bill Type	Unit Type Each/Mile/HR	Rate	Units	Billed Amount
T2003	R I 			Bus Tickets - Reduced Fare with proper ID	99	N/A	Sheet	\$11.00		

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.

MCTS Bus Pass Form Instructions

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

1. Provider ID is your NPI (National Provider Identifier) if you have one. Otherwise, you may use your EIN or SSN.
2. Provider Contact Person 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 what was done or what service was provided. This information comes from the verification letter, service plan (ISSP), or the service code description (i.e., mileage).
6. POS is Place of Service. Enter the appropriate two-digit code for the setting in which service was provided, if known.
7. Unit Type is how the service is billed (hourly, per mile, per unit, etc.) for the service performed.
8. Rate is the amount billed per unit.
9. 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 send you a check via USPS mail to your mailing address.
4. After receiving your check, take check to Milwaukee Transit to replenish your M-Card.