

# Participant Reimbursement Request Tips

## HOW TO COMPLETE

- Every form must include:
  - The Date of Purchase/Service
  - Printed Participant name
  - Description of goods or services
  - Unit Type
  - Unit Rate
  - Amount
  - Participant/Guardian Signature and Date
- Reimbursements must have a receipt demonstrating the cost was paid.
- Must submit a separate form for each service.
- If you have one receipt for multiple services, make copies of the receipt and attach a copy to a separate form for each service. (Remember to keep the original receipt for your records.)

## HOW TO SUBMIT

Because it provides a record of your submission, we recommend that forms be submitted via email to [IRIS.Claims@iLIFE.org](mailto:IRIS.Claims@iLIFE.org). Forms may be submitted via:

- **Email:** [IRIS.Claims@iLIFE.org](mailto:IRIS.Claims@iLIFE.org)
- **Fax:** 1-414-918-8213
- **In person:** 6100 North Baker Road, Glendale, WI 53209
- **Mail:** P.O. Box 91760, Milwaukee, WI 53209



**IMPORTANT:** If submitting supporting documentation with your form, only submit copies of your documents. Always keep the originals for your records.

## CORRECTING COMMON PROBLEMS

- **Missing required information** – Resubmit the form with corrections. Missing details will be noted on the pending problem letter.
  - **Problems with service authorization** (service code, service dates, rate or unit) – Contact the Participant or the Participant’s IRIS Consultant to have the plan updated.
  - **Vendor name or address change** – A new, complete Vendor Start-up Packet must be submitted.
  - **Lack of documentation** – Resubmit the form with the missing documentation attached. Missing details will be noted on the pending problem letter.
- If you need additional direction or assistance, please call iLIFE at 1-888-800-5599.

**Need a Form? Go to [www.iLIFE.org](http://www.iLIFE.org).**