



Choice. With Confidence.

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@iLIFEfms.com. Forms may be submitted via:

- **Email:** IRIS.Claims@iLIFEfms.com
- **Fax:** 414-937-2034
- **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.
 - **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** – Submit a new Form W-9 and Provider Application (F-01312).
 - **Lack of documentation** – Resubmit the form with the missing documentation attached.
- If you need additional direction or assistance, please call iLIFE at 1-888-800-5599.

Need a Form? Go to www.iLIFEfms.com.