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.