



Choice. With Confidence.

Please use the enclosed Order Form to request Madison Metro Paratransit and fixed route bus tickets. Follow the instructions below.

Instructions:

1. Write the Authorization Start and End dates.
2. Check either Yes or No for auto renewal.
3. Print the Participant Name, Address and Phone Number.
4. Write the number of books, passes, and/or cards you want.
5. Multiply the number of books, passes, and/or cards you want by the appropriate price for each.
6. Write the Total Amount.
7. Write your signature and today's date.
8. By the 15th of the month, mail, fax or email the completed and approved order form to:

Mail: iLIFE

P.O. Box 91760

Milwaukee, WI 53209

Fax: 414-937-2034

Email: IRIS.Claims@iLIFEfms.com

After iLIFE receives the order form, the process is as follows:

1. The approved order form is checked against the participant's budget.
2. iLIFE sends payment for the order to Madison Metro Paratransit.
3. Madison Metro Paratransit receives the payment.
4. Madison Metro Paratransit mails the order to the participant.

If you need help, please call iLIFE at 1-888-800-5599.

Madison Metro Transit Order Form



Madison Metro Paratransit
1245 E. Washington Ave., Ste. 201
Madison, WI 53703
608-266-4466

Authorization Start/End Dates:
_____ thru _____

Do you want to auto renew?

Yes No

Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Paratransit Ride

of Paratransit Books _____ x \$137.00 (4 tickets per book) = \$ _____
Service Code: T2003 RI (specialized transportation)

Fixed Route Bus

Senior/Disabled Monthly Passes _____ x \$32.50 per pass = \$ _____

Senior/Disabled 10-Ride Cards _____ x \$10.00 (10 rides per card) = \$ _____
Service Code: T2004 RI (non-medical transportation)

Total Amount: \$ _____

By your signature below, you attest that you understand and agree to have your transportation tickets/passes/cards mailed via USPS regular mail to the address listed above. Neither the IRIS Program nor Madison Metro is responsible for lost or stolen transportation tickets/passes/cards. You also understand that you are responsible for the timely reporting of any updates or changes concerning your Plan, address, phone, email, etc.

Approved: _____ Date: _____
(Participant/Guardian signature)

Please contact Madison Metro Paratransit at 608-266-4466 for ride information.