Vendor Claims Tips
Tips for filing vendor claims for IRIS

HOW TO COMPLETE
• Every claim must include:
  • Participant name (First Name & Last Name)
  • Provider Name (the vendor name)
  • Provider Address
  • Service Code (including modifiers)
  • Service Dates (From and To)
  • Description of services
  • Rate
  • Units

• Although all other fields are optional, it is better to include as much information as you can (to prevent payment delays).

• If service dates span across calendar months, put each month on a different service line.

SPECIAL CIRCUMSTANCES
• If your address is the same as the Participant’s address and you are submitting a claim for mileage, you must attach a mileage log to your claim.

HOW TO SUBMIT
Because it provides a record of your submission, we recommend that all claims be submitted via email to IRIS.Claims@iLIFEfms.com. Claims may be submitted via:

• Email: IRIS.Claims@iLIFEfms.com
• Fax: 414-937-2034
• In person:
  6100 North Baker Road, Glendale, WI 53209
• Mail: PO Box 91760, Milwaukee, WI 53209

CORRECTING COMMON PROBLEMS
• Missing required information – Resubmit your claim with corrections.

• Lack of documentation – Resubmit your claim with the missing documentation attached.

• Vendor name change – Submit a new Form W-9, Wisconsin Medicaid Program Provider Agreement (F-00180C), and Provider Application (F-01312).

• 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.

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

If you need additional direction or assistance, please call iLIFE at 1-888-800-5599.

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