

# 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.

### 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.

### 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

**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](http://www.iLIFEfms.com).**