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. Missing details will be noted on the pending problem letter.

- **Lack of documentation** – Resubmit your claim with the missing documentation attached. Missing details will be noted on the pending problem letter.

- **Vendor name change** – Submit a new, complete Vendor Start-up Packet.

- **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.