



## COUNTY TRANSIT ORDER FORM

**Instructions:** Please complete the form below. To prevent delay in processing, please fill out all fields. Please make sure the goods and/or services you are billing are included in the participant's plan. Submit the completed form to **Premier Financial Management Services** via one of the following options below:

**Mail:**  
PO Box 26001  
Milwaukee, WI 53226

**Drop Off:**  
10425 W North Ave.  
Suite 345  
Milwaukee, WI 53226

**Email:**  
Claims@premier-fms.com

**Fax:**  
1-888-859-6472

Select Provider: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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### PARTICIPANT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### BILLING PERIOD

Start Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

End Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

### SERVICE ORDER

Select purchase item: \_\_\_\_\_ Service code: \_\_\_\_\_

Purchase details # of \_\_\_\_\_ x \_\_\_\_\_ each = \_\_\_\_\_

### DELIVERY OPTIONS

Select delivery method: \_\_\_\_\_

Additional delivery details: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_