

FEA enter order Month & Year _____

Madison Metro Transit Order Form

Mail to (use black/blue ink, print legibly):

Name: _____

Address: _____

City: _____ WI Zip: _____

Participant Name: _____

Authorization Start/End Dates: _____ thru _____

Auto Renew Transportation: Yes No

FEA: _____

ICA: _____

Fixed Route Bus Service Code – T2004 RI (participant pass – non-medical transportation)

of 31-Day Senior/Disabled Passes: _____ x \$32.50 per pass = \$ _____

of Senior/Disabled 10-Ride Cards: _____ x \$10.00 per card = \$ _____

Paratransit Service Code – T2003 RI (specialized transportation)

of Agency Fare Booklets: _____ x \$137.00 per booklet = \$ _____

(Each booklet contains four one-way tickets at a cost of \$34.25 per one-way ticket)

Shipping & Handling = FREE

Grand Total: \$ _____

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.

Participant/Guardian **Approval** Signature: _____ Date: _____

Print Name: _____

Participant/Guardian Phone: _____ Email: _____

Submit this completed and signed form **to your assigned FEA by the 15th of the month** to ensure timely processing and receipt of transportation.

GT Independence:

Email: customerservice@gtindependence.com

Fax: 888-972-3891

Mail: 215 Broadus Street

Sturgis, MI 49091

iLIFE Financial Management Services:

Email: IRIS.Claims@iLIFEfms.com

Fax: 414-937-2034

Mail: 6100 North Baker Road

Glendale, WI 53209

Outreach Health Services:

Email: outreach.wi@outreachfiscalagent.com

Fax: 800-687-3121

Mail: P.O Box 945

Osceola, WI 54020

Premier FMS:

Email: claims@premier-fms.com

Fax: 888-859-6472

Mail: 10425 W North Ave Suite 345

Milwaukee, WI 53226