



INDEPENDENT LIVING SUPPORTS PILOT (ILSP) – DIRECT-HIRE WORKER (DHW) & VENDOR CLAIM FORM

Invoice #: [optional]

DHW/VENDOR Name: Jon Doe

EIN/SSN: 987654321

DHW/VENDOR Address: 123 Fake St, Madison, WI

Participant Legal Name: Jane Doe

Instructions: Please complete the form below. All invoices must be provided to ILSP program participants. Participants must review and submit invoices to Premier within seven days of receipt. Workers/vendors may contact Premier directly to submit an invoice if the participant does not submit within seven days. Please make sure the goods and/or services you are billing are included in the participant’s ILSP approval letter. Please reference the ILSP Approval letter for the goods/services, units, amounts and codes.

Table with 8 columns: Date of Service, Description, Service Code, Modifiers, Units, Rate, Unit Type, Billed Amount. Contains 3 rows of data and 5 empty rows.

Claim Submission

Mail/Walk-In: 1414 MacArthur Rd Suite 100B Madison, WI 53714

Phone: 1-888-890-2286 (option 3)

Email: ilspclaims@premier-fms.com

Fax: 1-877-334-2619