



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: _____

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: ___ / ___ / _____