

Instructions: Please complete the form below. To prevent a delay in processing, please fill out all fields. Please make sure the services you are billing are included in your plan. Submit the completed form to Premier Financial Management Services via one of the following options below:

Mail	Drop Off	Email	Fax
PO Box 26001	10425 W North Ave.	claims@premier-fms.com	1.888.859.6472
Milwaukee, WI 53226	Suite 345		
	Milwaukee, WI 53226		

Provider:
Milwaukee County Transport Services
1942 N 17th Street
Milwaukee, WI 53205
414.937.3218

Auto renew order: Yes No
**auto renew is only valid for current year plan*

PARTICIPANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____

Card Number: _____

BILLING MONTH

Start Date: _____ End Date: _____

SERVICE ORDER

Item: Milwaukee County Transit Plus Ticket Service Code: T2003

Number of rides requested: _____ x \$35.00 each = _____

**increments of 10 required*

DELIVERY OPTIONS

Funds will be loaded onto your Transit Plus WisGo card. Paper tickets are no longer used by Transit Plus.

Participant Signature: _____ Date: _____