Premier
FINANCIAL MANAGEMENT SERVICES
Part of the AssuranceSD Family

COMMUNITY TRANSPORTATION (UBER/LYFT) ORDER FORM

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 Milwaukee, WI 53226	10425 W North Ave. Suite 345 Milwaukee, WI 53226	Claims@Premier-FMS.com	1.888.859.6472

Provider:

Auto renew order: ☐ Yes ☐ No

**auto renew is only valid for current year plan*

PARTICIPANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____

BILLING PERIOD

Authorization Start Date: _____ Authorization End Date: _____

SERVICE ORDER

Item: Community Transportation Trip Service Code: T2003

DELIVERY OPTIONS

Funds will be loaded to the transportation provider selected. You will receive a message from PremierFMS when the funds have been loaded to the transportation provider's portal and you can begin scheduling rides.

Participant Signature: _____ Date: _____