

IRIS Vendor Claim Form



Note: Service dates may be grouped by month or by pay period following the vendor payment schedule.

Please send completed claim forms to wivendor@acumen2.net.

Effective 5/1/2023: EVV is required for Supportive Home Care and Personal Care service codes (T1019, T1020, S5125 and S5126). Claims for these services will not be paid unless we receive matching EVV visit information.

PARTICIPANT INFORMATION:

Medicaid ID:	DOB:	Participant First Name:	Middle:	Participant Last Name:
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VENDOR INFORMATION:

Provider Name: _____ Provider ID: _____

Provider Contact Person: _____ Contact Phone: (____) _____ - _____

Address: _____ City _____ State: _____ Zip: _____

Invoice number: _____

Procedure/ Revenue Code	Modifiers	Service From Date MM/DD/YYYY	Service To Date MM/DD/YYYY	Description	Unit Type (Each/Mile /HR)	Rate	Units	Billed Amount

TOTAL \$

Provider Signature: _____
 Signature confirms compliance with the IRIS Medicaid Provider Service Agreement found on our website at <https://www.acumenfiscalagent.com/wisconsin/>

Participant Signature: _____ **Date:** _____