

## ILSP PROVIDER APPLICATION

**INSTRUCTIONS:** Completion of this form is an ILSP program requirement. Applicants will not be considered as ILSP program service providers until all necessary paperwork is completed, submitted, and verified.

Agency Provider is defined as entities whose employees furnish the service or from which goods are purchased. Individual Provider is defined as a person who is in an independent practice and not employed by a provider agency.

Personally identifiable information on this form is collected to verify that the application is complete and accurate and will be used only for this purpose.

### PROVIDER DEMOGRAPHICS

Organization Name

Provider's Name (Last, First, MI)

Phone Number

Email Address

Title

Are you applying as (choose one):  Agency Provider  Individual Provider

Type of Application:  Initial Application  Reinstatement

W-9 Name (as shown on income tax return)

W-9 Business Name (if different from W-9 name)

W-9 Exempt:  Yes  No

State of Wisconsin Department of Financial Institutions ID Number:

### BILLING AND CLAIMS CONTACT INFORMATION

**Check all that apply:**  Primary Office  Mailing Address  Billing Address

National Provider Identifier (if applicable):

Wisconsin Provider Management Identifier (if applicable):

Tax Identification Number:

Tax Qualifier:  EIN  SSN

Organization Name

Name – Contact Person

Phone Number

Email Address

Fax Number

Internet Address

Address

City

State

Zip Code

County

### RENDERING PROVIDER CONTACT INFORMATION

**Check all that apply:**  Primary Office  Mailing Address  Billing Address

National Provider Identifier (if applicable):

Wisconsin Provider Management Identifier (if applicable):

Tax Identification Number:

Tax Qualifier:  EIN  SSN

Organization Name

Name – Contact Person

Phone Number

Email Address

Fax Number

Internet Address

Address

City

State

Zip Code

County

### DAILY OPERATIONS CONTACT INFORMATION

**Check all that apply:**  Primary Office  Mailing Address  Billing Address

National Provider Identifier (if applicable):

Wisconsin Provider Management Identifier (if applicable):

Tax Identification Number:

Tax Qualifier:  EIN  SSN

Organization Name				
Name – Contact Person		Telephone Number	Email Address	
Fax Number		Internet Address		
Address	City	State	Zip Code	County

**SERVICES TO BE PROVIDED:** List the service(s) you wish to provide. Please reference the ILSP Service Definition Manual for a complete list of allowable services.

Services	Does this service require a license or certification?

**LICENSING/CERTIFICATION:** List all current licenses and certificates (if applicable). A copy of each is required with this application.

Title of Licensure/Certification	Type of Licensure/Certification	Licensure/Certification Number	State in which Licensure/Certification Obtained	Expiration Date

By signing below, I certify that background checks on all employees have been completed in accordance with the Wisconsin Caregiver Program.

If I am to provide specialized transportation, I certify that the vehicle used is and will be mechanically sound, has properly functioning lighting, safety, ventilation, and braking systems, and properly inflated tires without excessive wear. I further certify that proper licensing and insurance has been verified and is attached.

I understand and agree that this application will not be processed until it is deemed complete by DHS. It is my responsibility to provide a complete application. I understand and agree that the burden of producing adequate information in a timely manner and for resolving doubts is my responsibility.

I certify that the information in this document and all attached documents is true, correct, and complete. I understand and agree that any misrepresentation, misstatement, or omission from this application, if discovered after provider approval has been awarded, may lead to suspension or termination of provider approval.

<b>SIGNATURE – Provider</b>	Date Signed
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Please submit this application to your Fiscal Agent (FA):

AGENCY	FAX	EMAIL	GROUND MAIL
Premier Financial Management Services	877-334-2584	<a href="mailto:ILSPHR@premier-fms.com">ILSPHR@premier-fms.com</a>	10425 W North Ave, Suite 320 Milwaukee, WI 53226

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