



Participant Name: \_\_\_\_\_

Provider Business/Individual Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Provider Phone: \_\_\_\_\_ Provider Email: \_\_\_\_\_

Employer Identification Number (EIN): \_\_\_\_\_

Date of Service (MM/DD/YY)	Service Code	Modifier	Units	Unit Rate (\$)	Unit Type (15 min, hour, etc.)	Amount (\$)

Total Units Submitted: \_\_\_\_\_ Total Amount Invoiced: \$ \_\_\_\_\_

You may submit your Invoice(s) using one of the following options:

- Mail: 215 Broadus St.  
Sturgis, MI 49091
- Fax: 855-329-8648
- E-mail: [irisvendor@gtindependence.com](mailto:irisvendor@gtindependence.com)

If you have any questions, do not hesitate to contact us at 877-659-4500. We are here to help!