

## **Invoice Requirements**

GT Independence accepts submitted invoices that meet the requirements listed below:

- 1. Vendor Name
- 2. Individual Dates of Service
- 3. Number of Units Per Date of Service
- 4. Participant Name

- 5. Total Number of Units
- 6. Service Code
  - a. Service Modifier, if applicable

(Please note: The Employer Identification Number, unit rate, unit type, and the total dollar amount due are not required but are helpful when provided.)

## Additional Information on Invoices:

- Invoices cannot include service dates for when the participant was in the hospital or medical facility.
- Invoices cannot include future service dates.
- Late invoices will be paid on the following pay period.
- If a correction needs to be made to the invoice, draw a single line through the error, and put your initials next to the error.
- Review your invoices prior to submission to ensure accuracy and to avoid possible payment delays.

If you do not have an invoice of your own to complete and submit, GT Independence has an invoice that you can utilize.

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

## **Vendor Payroll Schedule**

To ensure your payment comes on time, please submit invoices accordingly to the provided payroll schedule.

## **Providing Services as Authorized**

A Vendor Authorization Letter will be emailed to you as new authorizations are approved. This will provide you with the service(s) type and the authorization total.

GT will not pay any invoices that exceed the authorized amount.

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

Phone: 877-659-4500 O Fax: 888-972-3891 O E-mail: customerservice@gtindependence.com