

Member's Social Security Number (SSN)

**\*\* TIPS FOR COMPLETING YOUR WPS CLAIM FORM \*\***

**SOUTHWEST FAMILY CARE ALLIANCE**

If you have an NPI number, put it here. Generally used by medical providers.

MEMBER INFORMATION				PROVIDER INFORMATION			
1. Member Identification #:				4. Provider NPI #:			
2. Member Name:				5. Provider Telephone #:			
3. Member Date of Birth:				6. Provider FAX #:			
PROVIDER SERVICING LOCATION <i>(FACILITY WHERE SERVICES WERE RENDERED)</i>				PROVIDER BILLING INFO <i>(NAME AND ADDRESS FOR PAYMENT)</i>			
7. Provider TAX/EIN/SSN:				11. Provider Name:			
8. Facility Name:				12. Billing Contact Name:			
9. Facility Address:				13. Billing Address:			
10. City/State/Zip Code:				14. City/State/Zip Code:			
15. Date of Service (MM/DD/YY) <i>(Date Span or Individual Days)</i>		16. Service Code	17. Modifier	18. Authorization Number	19. Units Billed	20. (\$) Unit Cost	21. (\$) Total Units Cost
From Date	To Date						
I certify that all services indicated above have been provided. (Claims for services must reflect actual services provided.)							22. (\$) Total Charges:
23. Authorized Signature: _____				Print Name: _____		Date: _____	

Fill in lines 11-14 if payment should be sent to a different address than lines 9-10, or if check should be made out to a different name than line 8

From service authorization letter

From service authorization letter ("Modifier Codes"), leave blank if "n/a"

From service authorization letter (top right corner)

From Services, Rates, and Special Provisions Letter (SRSP)

- Claim Reminders:**
- One Member Per Claim Form
  - One Authorization Number Per Claim Line
  - Use same Service Code that is listed on the Southwest Family Care Alliance Service Authorization Form

**Claims Submission**

Southwest Family Care Alliance  
c/o WPS Health Insurance  
PO Box 8158  
Madison, WI 53708-8158

or

Southwest Family Care Alliance  
ATTN: Claims Department  
28526 US HWY 14  
Lone Rock, WI 53556-5114

Fax: (608) 649-4728

**Claim Status Questions:**  
Southwest Family Care Alliance Claims Department  
(608) 647-4729

NOTE: **Transportation claims** and **Physical, Occupational, and Speech Therapy claims** must be sent to SFCA at the **Lone Rock** address above, due to the complex nature of the coding used for these claims.