

## MY CHOICE WISCONSIN CLAIM APPEAL

Providers should send this completed form to the appropriate address for the member's TPA. For Family Care members, this can be found on your authorization. For all other programs, please use the TriZetto address. If you are unsure which address to use, you may call Customer Service at 800-963-0035.

**TriZetto Claims Appeals:**

Attn: Claims Appeals  
1617 Sherman Ave.  
Madison, WI 53704

**WPS Claims Appeals:**

Attn: Claims Appeals  
10201 W Innovation Dr.  
Wauwatosa, WI 53226

**INSTRUCTIONS:** Type or print clearly.

<b>SECTION I – PROVIDER INFORMATION</b>	
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Name – Provider Filing Appeal	Telephone Number – Provider Filing Appeal
Address – Provider Filing Appeal (Street, City, State, ZIP code)	Name and Telephone Number – Contact Person

<b>SECTION II – MEMBER AND CLAIM INFORMATION</b>		
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Member Name	Member Identification Number	Date(s) of Service
Claim Number(s)	Paid Amount	Paid Date

<b>SECTION III – DESCRIPTION OF PROBLEM</b>
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Describe the problem in detail, and any previous efforts made to resolve the claims. Use additional paper if necessary. Attach copies of any supporting documentation relevant to the problem.

<b>SECTION IV – SIGNATURE</b>	
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**This information is accurate to the best of my knowledge.**

<b>SIGNATURE</b> – Provider	Date Signed