



3349 Church Street, Suite 1, Stevens Point, WI 54481

877-622-6700 | inclusa.org

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May 21, 2020

To Whom It May Concern:

Enclosed is a Service Addendum, Appendix A. Please sign and return all pages of the Appendix A to Inclusa, Inc. within ten (10) business days. Inclusa, Inc. will issue the fully executed Appendix A to you.

Should you have any questions on the service addendum, please contact Provider Network at 877-622-6700, option 2, option 3, or email ProviderRelations@inclusa.org.

Send the signed addendum via:

Email: ProviderRelations@inclusa.org

Fax: 608-785-5336 Attn: Provider Network

Mail:

Inclusa, Inc.

Attn: Provider Network

1407 Saint Andrew Street

La Crosse, WI 54603

Sincerely,

Karla Lubinski

Community Resources/ Provider Relations Director

Inclusa, Inc.

APPENDIX A : La Crosse MTU

004-2001-03

REIMBURSEMENT FOR AUTHORIZED SERVICES

PURCHASER AND PROVIDER AGREE:

1. Reimbursement for authorized services provided to eligible members will be determined in accordance with this Appendix and the Agreement between PROVIDER and Inlusa, Inc. (PURCHASER).
2. This Appendix A shall be the controlling Appendix A and supersede any and all previous Appendix A documents and/or Services, Rates, Special Provisions (SRSP) documents.

METHOD OF PAYMENT:

1. PURCHASER will reimburse PROVIDER based upon billed authorized units of service delivered at the agreed upon unit rate as indicated below.
2. When 'MA Rate' is indicated in Rate column, PURCHASER will reimburse PROVIDER based on current Medical Assistance (MA) designated procedure codes and rates as published by the Wisconsin Medical Assistance Program.

TOTAL COST:

1. PURCHASER will only reimburse for services or goods listed and authorized by PURCHASER at the agreed upon rates listed below.
2. PROVIDER understands that the total amount to be paid pursuant to the Agreement shall not exceed an amount equal to the number of PURCHASER authorized actual units of service or goods delivered by the PROVIDER.

*Services with a * indicates service is new or changed*

La Crosse MTU

Abby Vans/Zone 1A

10710	Transportation- Medical Zone 1A	T2003-RD-UA	Medical non-emergency transportation;no show charge per trip	01/01/2020	\$24.49	Each
10710	Transportation- Medical Zone 1A, no co-pay	T2003-RD	Medical non-emergency transportation; per encounter/trip	01/01/2020	\$24.49	Each
10720	Transportation- Non-Medical Zone 1A, no co-pay	T2003-RI	Non-medical transportation; encounter/trip.	01/01/2020	\$24.49	Each
10720	Transportation- Non-Medical Zone 1A	T2003-RI-UA	Non-medical transport: no show charge;per trip	01/01/2020	\$24.49	Each

APPENDIX A Signatures: Abby Vans, Inc., Abby Vans dba Neillsville Taxi Cab

004-2001-03

REIMBURSEMENT FOR AUTHORIZED SERVICES

PROVIDER's Authorized Representative,

By: 

Printed Name: Mark R. Jones

Title: President

Date: 6-1-20

City of La Crosse Authorized Representative,

By: _____

Printed Name: _____

Title: _____

Date: _____

PURCHASER's Authorized Representative,

By: _____

Date: _____

*PROVIDER: Provide a copy of this Appendix to your Billing Department

Remit Invoices to: **Wisconsin Physicians Service Insurance Corporation (WPS)**

Abby Vans/Zone 1B

10710	Transportation- Medical Zone 1B	T2003-RD-UA	Medical non-emergency transportation;no show charge per trip	01/01/2020	\$28.84	Each
10710	Transportation- Medical Zone 1B, no co-pay	T2003-RD	Medical non-emergency transportation; per encounter/trip	01/01/2020	\$28.84	Each
10720	Transportation- Non-Medical Zone 1B, no co-pay	T2003-RI	Non-medical transportation; encounter/trip.	01/01/2020	\$28.84	Each
10720	Transportation- Non-Medical Zone 1B	T2003-RI-UA	Non-medical transport: no show charge;per trip	01/01/2020	\$28.84	Each