Lori Knapp CHOICE™
Part of the AssuranceSD Family

Participant Check Request

Member Name: _____ Member Phone Number: _____

Pay to:
Vendor Name: _____ Vendor Phone: _____

Vendor Address: _____

_____

Services and supplies may only be paid up to the authorized amount.

Description of Purchases or Services:_____

Dates of Service or Purchases (If applicable please send receipts for purchases):

_____/_____/_____ $_____	_____/_____/_____ $_____
_____/_____/_____ $_____	_____/_____/_____ $_____
_____/_____/_____ $_____	_____/_____/_____ $_____
_____/_____/_____ $_____	_____/_____/_____ $_____
_____/_____/_____ $_____	_____/_____/_____ $_____
_____/_____/_____ $_____	_____/_____/_____ $_____

# of units: _____ Unit Rate: $_____ Total: $_____

Approved: _____ Date: _____
Member Signature

Approved: _____ Date: _____
Vendor Signature

Please check your Funding Source:

❑**MyChoice/Care (MCW)** ❑ **Independent Care - iCare** ❑**Inclusa** ❑ **Lakeland Care Inc**

❑ **Menominee ITOW** ❑**CLTS County:** _____ ❑**Other:** _____

*It is your responsibility to verify that your completed and accurate check request has been received by LKiChoice once you submit via mail, fax, or email. Please call us at **1-844-534-7225** to verify your timesheet(s) has been received.*

Submit Mileage Log to: LKiChoice @ 106 S Beaumont Rd Prairie du Chien, WI 53821 Fax: 844-634-7225
Payroll email: payroll@lkichoice.com For questions please call 844-534-7225 Website: www.lkichoice.com

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