



MILWAUKEE CO. CLTS PROVIDER RATE AGREEMENT FORM

Instructions: Fill out each section as appropriate. Once complete, please sign and date the form and submit to Premier Financial Management Services (Premier FMS) via one of the following options below:

Mail:
PO Box 26001
Milwaukee, WI 53226

Drop Off:
10425 W North Ave.
Suite 345
Milwaukee, WI 53226

Email:
MilwCoCLTS@premier-fms.com

Fax:
1-888-674-9922

WORKER'S INFORMATION

Name: _____ Last 4 Digits of SSN: _____

Participant's Name: _____

RATE AGREEMENT INFORMATION

Service Type	Wage	Per	Effective Date
Respite		Hour	
Daily Living Skills		Hour	
Supportive Home Care		Hour	

By signing below, we understand that only the pay rates above will be paid. For any questions or concerns, please contact our office at (855) 275-3948.

Worker Signature: _____ Date: ___ / ___ / ___

Participant Signature: _____ Date: ___ / ___ / ___