

Wisconsin Physicians Service (WPS) Medicare Partnership Request Form

Provider Outreach works toward establishing partnerships with external entities (professional associations, societies, specialty organizations) to help disseminate Medicare provider information. Whenever feasible, events and activities are coordinated with interested groups and organizations. Thank you for requesting our participation at your event. We will evaluate the information you provide to determine our possible participation.

Contact Information

Name of Association/Group	
Contact Name	
Telephone Number	
E-mail Address	

Meeting Information

Check one: <input type="checkbox"/> Medicare Part A <input type="checkbox"/> Medicare Part B <input type="checkbox"/> Both Medicare Part A & B	
Name of event	
Location	
Date	
Time	
Length of meeting	
Length of WPS participation	
Suggested topics	
Anticipated attendees: physicians, administrative staff, billers, etc.	
Anticipated number of attendees	
Date response needed	
Distribution method for materials	

Equipment Available Information

Laptop	Yes	No
Projector	Yes	No
Internet access	Yes	No
Microphone	Yes	No
Podium	Yes	No
Table	Yes	No

WPS Medicare Information –details you may need from WPS Medicare

Presenter bio	Yes	No	Due Date
PowerPoint presentation	Yes	No	Due Date
Handouts	Yes	No	Due Date
Other	Yes	No	Due Date

Expenses

We may impose a charge for our participation in the event. We will provide an estimate of our expenses prior to any commitment. WPS does not charge for staff time or preparation of materials and our speakers cannot accept an honorarium.

Where to submit this information

Please e-mail the completed form to medicareadmin@wpsic.com and indicate “speaker request” and the state in which the event will take place in the subject line. You may also fax the request to (608) 301-2747. Please allow us a few days to respond to your request.