



Wisconsin Physicians Service Insurance Corporation  
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## WPS Vendor Toolkit

The purpose of this document is to provide information to current WPS vendors regarding WPS' requirements for payment of invoices. These requirements relate only to payments, and do not include requirements for contracting with WPS or becoming a new vendor. If you are interested in doing business with WPS, please complete our [online form](#).

### Who is WPS?

Today, Wisconsin Physicians Service Insurance Corporation uses "WPS" to refer to our entire enterprise. Within our enterprise, there are two divisions: Government Solutions and WPS Health Insurance (Health Plan).

### Purchasing/Procurement

The following steps are required to do business with WPS. Failure to meet any of the following requirements will result in a delay or dispute of payment.

#### Procurement Process Steps:

1. Signed Contract / Accepted Quote
2. Purchase Order
3. Service performed/goods delivered
4. Invoice

### No PO, No Pay Policy

You should ensure that a valid Purchase Order (PO) has been received from WPS before starting work or delivering goods and services. As a vendor, you can request a PO for each purchasing event. In limited scenarios, WPS does not require a PO. Contact [Procurement@wpsic.com](mailto:Procurement@wpsic.com) if you have questions about this policy.

### One Invoice, One PO

Each invoice should reference only one PO. WPS is unable to accept invoices linked to multiple PO's.

### What to do if you don't have a PO and require one:

If you have not received a PO for the goods or services you are providing to WPS, please reach out to your WPS contact (buyer) to confirm a PO number or [Procurement@wpsic.com](mailto:Procurement@wpsic.com).

### What is the correct PO number sequence/format?

YRPXXXXXF - EX: 25P01234F

YRPXXXXXT - EX: 25P01234T

For procurement inquiries please contact WPS Procurement Services at [Procurement@wpsic.com](mailto:Procurement@wpsic.com).

## **Invoicing**

The following requirements are in effect for all vendors doing business with WPS. Complete and accurate information is required for payment.

### **Submitting an Invoice**

All invoices must be sent directly to Accounts Payable at [AccountsPayable@wpsic.com](mailto:AccountsPayable@wpsic.com). The preferred method to submit an invoice is in PDF format.

All invoices submitted to WPS must contain the following:

- Complete company name, remit-to address and current contact name, phone number and email address
- Bill To: Wisconsin Physicians Service Insurance Corporation
- Payment Terms – if vendor has signed up for the SUA (Single Use Account virtual credit card), payment is N15 days. Payment for ACH is N45 days. Payment for Paper Check is N60 days.
- WPS Business Contact Name – Invoices that are missing or have incorrect names will be rejected and sent back to the vendor for correction
- Purchase Order Number – One valid PO per invoice. Invoices that are missing or incorrectly reference a PO number or PO line number will be rejected and sent back to the vendor for correction
- Invoice Date – Invoices cannot be future dated
- Invoice Number
- Invoice Currency
- Sales Tax Amount
- Total Invoice Amount Due – Should reflect current charges only
- Description of Goods or Services—Must be in sufficient detail to allow WPS to review and approve the invoice, validating that goods or services have been delivered at the proper price
- Quantity
- Unit of Measure
- Unit Price

Failure to meet any of the above invoice requirements will result in the rejection of your invoice and a delay or dispute in payment. It is the vendor's responsibility to re-submit the invoice with proper information in a timely manner.

Should you have any questions regarding the above invoice requirements please contact WPS Accounts Payable at [AccountsPayable@wpsic.com](mailto:AccountsPayable@wpsic.com)

### **Changes to your Vendor Information**

Please contact WPS Vendor Maintenance at [WPS.Vendor.Maintenance@wpsic.com](mailto:WPS.Vendor.Maintenance@wpsic.com) regarding any changes to your vendor information, such as a new address, contact or banking information.

### **Policy references:**

[Supplier Code of Conduct](#)

[Purchase Order Terms and Conditions](#)