

**WISCONSIN AIDS/HIV LABORATORY REIMBURSEMENT PROGRAM
AGENCY ENROLLMENT**

SECTION I AGENCY INFORMATION

Agency Name

Agency Contact Person

Street Address

City

State

Zip Code

Phone Number

Fax Number

Email Address

SECTION II FISCAL AGENT INFORMATION

Fiscal Agent (To whom reimbursement checks should be made payable)

Fiscal Agent Contact Person

Street Address

City

State

Zip Code

Telephone Number

Fax Number

SECTION III CONTACT INFORMATION

Name of person completing this form

Telephone Number

Fax Number

Return completed form to:

Division of Public Health
Attn: Laboratory Reimbursement Program, Room 318
PO Box 2659
Madison, WI 53701-2659

Or fax to: (608) 266-1288