



DEPARTMENT OF HEALTH AND SENIOR SERVICES  
WIC AND NUTRITION SERVICES  
**WIC RETAILER PAYMENT APPEAL FORM**

The Missouri WIC program wants to ensure that retailers receive payment. Please complete the form and submit to <a href="mailto:MOWICVendorGroup@health.mo.gov">MOWICVendorGroup@health.mo.gov</a> . We will notify the retailer contact of the decision on the appeal and work with the POS provider for claim file submission, if needed.	
Retailer Name:	WIC Vendor Number:
Contact Name:	Date of Submission of Payment Appeal Form:
Phone:	Email:
Select all that apply: <input type="checkbox"/> Request for Late Claim Submission <input type="checkbox"/> Claim Already Submitted (Paid at Zero) <input type="checkbox"/> File Error Error Message Reason:	
Date of Transaction(s):	
POS Provider:	POS Provider Contact Name:
POS Provider Contact Phone Number:	POS Provider Contact Email:

