



Louisiana WIC Vendor EBT Transaction Dispute Form



Instructions: Fully complete all sections of this form. Only complete submissions will be considered for reimbursement. Submit claim to LAWICVendor@la.gov. Note that LA WIC will not consider disputes for payments of transactions that lack an electronic record or that LA WIC adjusted due to being over the allowable amount. **The completed form, with all supporting evidence, must be received by LA WIC within 60 days of the date of the transaction(s) being disputed.**

SECTION I – Store Information

Vendor Name (as listed on Vendor Agreement):		Vendor #:	
Vendor’s Mailing Address (as listed on W-9 form):		Phone Number:	
Federal Tax ID / SS # (as listed on W-9 form):		Are you requesting training?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION II – Dispute of Late Claims. Use this section to dispute the payment for EBT transaction(s) resulting from late submission of WIC EBT transaction batch files. Attach additional pages, in the form of a spreadsheet, as needed.

Date of Late Claim:		Claim File Name:	
Was the Late Claim a result of an error file rejected by LA WIC?	<input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, specify the original claim file name that was rejected: <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>		

Explanation. Describe the circumstances that prevented submission of WIC EBT transaction batch files by the 15th day of the month following the month in which the transaction(s) occurred.

SECTION III – Dispute of Malformed Claims (Failed Claims). Use this section to dispute the payment for EBT transaction(s) in the WIC EBT transaction batch files that contains incorrect or incomplete information.

Date of Malformed Claim:		Claim File Name:	
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Transactions Affected. If only a portion of the claim file failed, list the transactions in the claim file that were affected by the malformed claim. If additional space is needed, attach a spreadsheet that includes the Claim Date, Claim File Name, Transaction Date, Transaction Time, Transaction Amount, and Trace Number.

Transaction Date	Transaction Time	Transaction Amount	Trace Number
<hr style="border: 0; border-top: 1px solid black;"/>	<hr style="border: 0; border-top: 1px solid black;"/>	<hr style="border: 0; border-top: 1px solid black;"/>	<hr style="border: 0; border-top: 1px solid black;"/>

Malformed Claims, cont.			
Transaction Date	Transaction Time	Transaction Amount	Trace Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Explanation. Describe the event (MRC error code and message) that caused the transaction(s) in the WIC EBT transaction batch files to be incorrect or incomplete.

SECTION IV – Disputed Amount Calculation. Detail the calculation of the payment amount you are seeking in this dispute. Attach additional pages (e.g., spreadsheets) as needed.

Anticipated Payment. Indicate the payment amount you <i>expected</i> to receive from the EBT transaction(s) referenced in this dispute.	\$ _____
Actual Payment. Indicate the payment amount you <i>actually</i> received from the EBT transaction(s) referenced in this dispute.	\$ _____
Disputed Amount. Indicate the payment amount you are <i>seeking</i> from the EBT transaction(s) referenced in this dispute. Note that Disputes in the amount of \$500 or more require approval from the United States Department of Agriculture (USDA) before payment can be authorized.	\$ _____

SECTION V – Evidence.

Evidence. Select the supporting documentation you are submitting with this form. Supporting documentation must clearly demonstrate the disputed transaction(s) was a valid WIC transaction(s) at the store, that the e-WIC card was present in the lane, and that WIC-eligible items were purchased.

- Auto Reconciliation Report (**required**) – you must identify the specific transaction(s) that you are disputing (e.g., highlight or asterisk).
- AND (select one or both) that shows PAN, Date/Time, Terminal ID, Trace #, UPCs purchased, and category/subcategory information
 - Transaction Log
 - Electronic Receipts.

SECTION VI - Acknowledgement and Signature.

This section is to be completed by an authorized representative of the store.

Vendor Representative: The information contained herein is truthful and accurate to the best of my knowledge. I understand that the submission of false or inaccurate information is cause for termination of my store's Vendor Agreement with LA WIC. I understand that any additional submission relative to this dispute must be made within thirty (30) days of LA WIC's receipt of this form; no additional information or documentation will be considered beyond that time, unless LA WIC determines that exceptional circumstances warrant consideration. Further, I understand that the burden of proof rests with the Vendor; there is no guarantee that the Dispute will be resolved in favor of the Vendor; and LA WIC is the sole arbiter of the Dispute, its assessment and determination of the Dispute being final and not subject to further appeal.

Vendor Representative - Type or Print Name	SIGNATURE - Vendor Representative
Vendor Representative - Title/Position	Date Signed

STATE AGENCY USE ONLY:

Received by:	Date:	Circle One : Approved / Not Approved (include the reason):
Reviewed by:	Date:	
Forwarded to USDA: • Yes • No	Date:	
Letter sent: • Yes • No	Date:	