Provider Inquiry Form

Reset Form

Gainwell Technologies
P.O. Box 2100
Frankfort, KY 40602

Please check claim status, verify eligibility, and download remittance statements using KY HealthNet. Please contact the Gainwell Helpdesk at (800) 205-4696 for access help.

PROVIDER NUMBER	**MEMBER NAME**
PROVIDER NAME/ADDRESS	**MEMBER ID NUMBER**
BILLED AMOUNT	**CLAIM SERVICE DATE/(ICN IF AVAILABLE)**

PROVIDERS MESSAGE:

SIGNATURE: **DATE:**

GAINWELL TECHNOLOGIES RESPONSE:

☐	This claim was previously processed according to KY Medicaid guidelines.
☐	This claim has been sent to processing.
☐	AGED CLAIM, claim(s) will be sent for denial. See reverse side for timely filing guidelines.
☐	Documentation attached is being returned due to no claim form attached to request.
☐	Please utilize your provider's billing instructions on www.kymmis.com
☐	Please reach out to KYTraining@gainwelltechnologies.com for information on provider training.

OTHER:

SIGNATURE: **DATE:**