

Company Name _____

Department _____

Street Address _____

City _____ State _____

Mail completed forms to the following address:

Gainwell Technologies

PO Box 23076

Jackson, MS 39225

Claim form for the following provider:

NPI or Medicaid ID _____

Attachment Control Number _____

Claim ID Number or ICN _____

Member ID Number _____

This form is used when a claim requiring a paper attachment is being submitted electronically. Submission of this completed form along with the required attachment and electronically submitted claim will allow the appropriate review process to be conducted.

If you have any questions, please contact us at the following address or phone number:

Gainwell Technologies

PO Box 23076

Jackson, MS 39225

Phone: 1-800-884-3222

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