

Mail completed forms to the following address:

Gainwell Technologies
PO Box 23076
Jackson, MS 39225

Name _____
Department _____
Street Address _____
City _____ State _____

Claim form for the following provider:

NPI or Medicaid Provider ID _____
Attachment Control Number _____
Medicaid Member ID Number _____

This form is used when an attachment is required for an electronically submitted claim. An individual form must be submitted for each claim electronically submitted with a PWK06 Attachment Control Number segment. Refer to the appropriate 837 companion guide for information.

Mail the completed form and appropriate attachments (i.e. EOB or Sterilization Consent Form) to the address below. This will allow the attachment to be scanned and systematically paired with the previously submitted electronic claim and allow the appropriate review process to be conducted.

Please contact us at the following address or phone number if you have any questions:

Gainwell Technologies
PO Box 23076
Jackson, MS 39225
Phone: 1-800-884-3222

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