

Gainwell Technologies

Mail To: Gainwell Technologies
P.O. Box 2108
Frankfort, KY 40602-2108
ATTN: Financial Services

**Make checks payable to:
Kentucky State Treasurer**

CASH REFUND DOCUMENTATION

1. Check Number		2. Check Amount	
3. Provider Name/ID/Address		4. Member Name	
		5. Member Number	
6. From Date of Service	7. To Date of Service	8. RA Date	
9. Internal Control Number (If several ICNs, attach RAs)			

Research for Refund: (Check appropriate blank)

- a. Payment from other source - Check the category and list name (*attach copy of EOB*)
 - Health Insurance
 - Auto Insurance
 - Medicare Paid
 - Other
- b. Billed in error
- c. Duplicate payment (attach a copy of both RAs)
If RAs are paid to two different providers, specify to which provider ID the check is to be applied.
- d. Processing error OR overpayment (explain why)
- e. Paid to wrong provider
- f. Money has been requested - date of the letter
(attach a copy of letter requesting money)
- g. Other

Contact Name

Phone

DMS Approved: March 6, 2020