



**WRITTEN INQUIRY**  
**(FEE-FOR-SERVICE NONPHARMACY)**

**Not To Be Used for Inquires Related to Prior Authorization**

<b>Date</b>		For Gainwell Internal Use Only – LCN	
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Provider name		NPI/IHCP Provider ID	
Contact name		Telephone number/ Email address	

**Reason for Request** (*please mark applicable box below*)

<input type="checkbox"/>	General Inquiry (not related to a specific claim) – Questions about member eligibility, benefit limits, coverage/policy information or third-party liability
<input type="checkbox"/>	Claim Inquiry (not claim status) – Questions about the adjudication of a specific claim
<input type="checkbox"/>	Reimbursement Inquiry – Requests for Remittance Advice or other financial information
<input type="checkbox"/>	Refund/Accounts Receivable Inquiries – Requests for additional information about a refund or an accounts receivable
<input type="checkbox"/>	Other (please specify):

Please provide a detailed description of the reason for your inquiry:

Retain a copy for your records and mail original to:

Gainwell – Written Correspondence  
PO Box 7263  
Indianapolis, IN 46207-7263