



West Virginia Birth to Three
Application for Claim Correction
Corrections to claim that has been submitted
and denied by Gainwell Technologies.

Date of Request _____

Child's Name	
Child ID Number	
Date of Service	
Claim Number	
Practitioner Name	
Claim Correction Description	

Payee/Practitioner Signature: _____

Mail to: West Virginia Birth to Three CFO
Attn: Claims Correction
PO Box 29134
Shawnee Mission, KS 66201-9134

Or
Fax to: ATTN: 'WVBTT – Claim Correction'
913-888-6683

THIS FORM IS NOT TO BE USED FOR OVERRIDES

Please remember to only send this request for a correction to a claim and enter all information requested above.