



West Virginia Birth to Three
Application for Override of Denied Claim
*Requests for overrides will only be considered after the
claim has been submitted and denied by Gainwell Technologies*

Date of Request _____

Child's Name	
Child ID Number	
Date(s) of Service	
Authorization Number	
Claim Number	
Denial Code and Description	
Practitioner/Payee Name	
Practitioner Mailing Address	
Payee Name	
Service Coordinator Name	
Provide detailed information about reason for requested override (please note – overrides will only be given with sufficient documentation and justification) <i>Overrides will not be given for claims with services that exceed the time frame or limits of an authorization</i>	

Email to: dhwvbt@wv.gov Subject line: **Override Request**
Or

Mail to: West Virginia Birth to Three
Attn: Requested Override
350 Capitol Street Room 427
Charleston, WV 25301-3714

Or
Fax to: **ATTN: 'WVBTT – Override Request's**
304-558-2183

Please remember to only send in a request for an over-ride due to timely submission of claims if the reason for your not billing within the 60 days of service is due to no fault of your own.