

Gainwell Technologies

*Gainwell Technologies
Attention: TPL Unit
P.O. Box 2107
Frankfort, KY 40602-2107*

THIRD PARTY LIABILITY LEAD FORM

Provider Name:

Provider #:

Member Name:

Member #:

Address:

Date of Birth:

From Date of Service:

To Date of Service:

Date of Admission:

Date of Discharge:

Insurance Carrier Name:

Address:

Policy Number:

Start Date:

End Date:

Date Claim was Filed with Insurance Carrier:

Please check the one that applies:

No Response in Over 120 Days

Policy Termination Date:

Other: Please explain in the space provided below

Contact Name:

Contact Telephone #:

Signature: _____

Date: _____

DMS Approved December 7, 2020