gainwell

KY Medicaid Trade File Application 270/271 & 276/277

270/271 ☐   **276/277** ☐

Enter Trading Partner # below: (10 digits beginning with 99)

_____

Company Information:

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____

Phone: _____Fax: _____

E-mail Address: _____

List the legacy provider id and User name of the KY Health Net account for Trade Files option.

KY Provider #	Account User Name

Please submit this form by one of the methods listed

- Email: KY_EDI_Helpdesk@gainwelltechnologies.com

- Fax: (502) 209-3200