

## Provider Inquiry Form

**DXC Technology**  
**P.O. Box 2100**  
**Frankfort, KY 40602**

**Please check claim status, verify eligibility, and download Remittance statements using KYHealth Net. Please contact the EDI Helpdesk at (800) 205-4696 for access information.**

<b>Provider Number</b>	<b>Member Name</b>
<b>Provider Name/Address</b>	<b>Member ID Number</b>
<b>Billed Amount</b>	<b>Claim Service Date/(ICN if applicable)</b>

Providers Message

\_\_\_\_\_  
Signature/Date

### DXC TECHNOLOGY RESPONSE:

	This claim was previously processed according to KY Medicaid guidelines. Claim will be sent for denial.
	This claim has been sent to processing.
	AGED CLAIM, claim will be sent for denial. See reverse side for timely filing guidelines.

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature/Date**

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