



Refund to Health First Colorado or Returned Warrant

- Claims voided via this form will not appear on the remittance advice.
- **Providers are encouraged to void claims electronically.**
- A check must be included with this form and must match the payment on the Internal Control Number (ICN) listed.
- Denied claims should be resubmitted as a new claim and do not require an adjustment or void.

Provider Request

Provider Name												
Street Address (Address used to Return to Provider)												
City, State, Zip Code												
Telephone Number												
Required Information												
Enter the ICN (13 digits) in the following fields. Note: Do not use to adjust denied or already voided claims.												
If an ICN is not available, complete the following.												
Health First Colorado Member ID						Billing Provider Health First Colorado ID Number						
Date of Service						Remittance Advice Date, if available						
<i>By (Provider Signature)</i>										Date		
Fiscal Agent Use Only												
Reply (notes)												

**Complete form and mail to:
Gainwell Technologies
P.O. Box 30, Denver, CO 80201**

Contact the [Provider Services Call Center](#) for questions regarding adjusting or voiding claims.

Revised January 2021

