Provider Application Fee Refund Request Form

Complete this form to submit a request for reimbursement of a provider application fee.

Provider Request

Provider Name:____

Email: ______________________________ Phone: ______________________

Provide a detailed explanation for your application fee refund request:

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Note: Convenience Pay processing fees are non-refundable.

Tracking Number (ATN): _______________ NPI #: ______________________

Payment Confirmation #: _______________

Allow 30 days processing time to receive an approved refund. Refund will be credited back to the original credit/debit card or bank account used to make the payment.

Authorized Requestor Name: ______________________________ Date: _______________

Complete this form and mail to:

Gainwell Technologies
P.O. Box 30
Denver, CO 80201

Revised October 2020