

Provider Inquiry Form

1. Provider Name and Address			2. Provider/NPI Number		3. Telephone Number	
			4. Person to contact in Provider's Office			5. Date of Inquiry
6. Client Name: Last, First MI.			7. Medicaid ID Number		8. Dates of Service	
9. Proc. Code	10. Charge	11. RA Date	12. MED Record Number		13. Transaction Control Number	
14. Nature of Inquiry						
15. Fiscal Agent Response						
6. Client Name: Last, First, MI.			7. Medicaid ID Number		8. Dates of Service	
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14. Nature of Inquiry						
15. Fiscal Agent Response						

Mail completed form to:

Wyoming Medicaid
 Attn: Provider Relations
 PO Box 667
 Cheyenne, WY 82003-0667