



EDI Updates

It is very important the information we have for you remains correct and current. If there are any changes to your business name, address, contact name, contact telephone number, or email address, notify us within 30 days. Respond to us using the EDI contact information in the box on the right. Keep us updated and ensure you continue to receive notifications regarding batch submissions.

Your contact information

All fields are required.

Provider or submitter ID number: _____

Business name: _____

Business address: _____

City State ZIP

Contact name: _____

Contact telephone: _____

Email address: _____

Check this box if you do **NOT** want to receive emails from the EDI department.

Secondary Contact name: _____

Secondary Contact Telephone: _____

Secondary Email address: _____

Check this box if you do **NOT** want to receive emails from the EDI department

Completed by: _____

Signature: _____

Date: _____

Title: _____

Electronic Data Interchange

Mailing address:

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EDI Department
PO Box 3571
Topeka, KS 66601-3571

Email:

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Phone:

1-800-933-6593, option 4
8:00 a.m. - 5:00 p.m. CST

Fax:

785-274-4296