**Medicaid Data Aggregate and Access Program (MDAAP) Return Payment Form**

**Please use this form if you are returning a VT Medicaid MDAAP Incentive payment.**

1. **Please return this form with your payment.**
2. **Send an email to:** [ahs.dvhamdaap@vermont.gov](mailto:ahs.dvhamdaap@vermont.gov)**, notifying them that you are returning payment and include your name, Medicaid ID number, and NPI number.**

**Name: Click here to enter text.**

**Business Address/City/State/ZIP: Click here to enter text.**

**Business Phone: Click here to enter text.**

**Alternate Phone: Click here to enter text.**

**Email: Click here to enter text.**

**Medicaid ID number: Click here to enter text.**

**NPI number: Click here to enter text.**

**Original Attestation Date: Click here to enter text.**

**MDAAP Program Track and Milestone that you are Returning Payment for: Click here to enter text.**

**Reason for Returning Payment:** Click here to enter text.

**Signature: Date:**

If you were paid by EFT or cashed your original check, you should: Return your payment, please issue a check payable to **Gainwell Technologies**.

Mail the check and this form to:

**Gainwell Technologies**

**Attention: Financial Department**

**PO Box 1645**

**Williston, VT 05495-1645**

If you have the original check issued by the payment contractor, you should: Mail the original check and this form to:

**Gainwell Technologies**

**Attention: Financial Department**

**PO Box 1645**

**Williston, VT 05495-1645**