

**Georgia Department of Human Services  
Division of Family and Children Services  
Medicare Buy-In Problem Form**

**Email:** gammisbuy-in@gainwelltechnologies.com

**Fax:** Gainwell at 1-866-483-1045

Date \_\_\_\_\_

Recipient Name \_\_\_\_\_

Client ID \_\_\_\_\_

SSN \_\_\_\_\_

Recipient County of Residence \_\_\_\_\_

GAMMIS ID #, if known \_\_\_\_\_

Medicare Claim # \_\_\_\_\_

Medicare Effective Date (M/D/YYYY) \_\_\_\_\_

Buy-In Needed For \_\_\_\_\_ Part A \_\_\_\_\_ Part B

Case Worker Name \_\_\_\_\_

Case Worker Telephone # \_\_\_\_\_

Case Worker Email \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_