

Duplicate Remittance Advice Request

Requesting Provider Information:

Name of Requestor:	Date of Request:
Name of Provider:	
Street Address:	City, State and Zip Code:
Phone Number:	Fax Number:
NPI Number:	Medicaid Provider Number:

As provided by Tenn. Comp. R. & Regs. 1200-13-11-.01, the following fees shall apply for reproduction of documents:

- \$0.75 per page of the Remittance Advice requested with a minimum total charge for reproduction of documents of \$5.00
- An additional flat-rate charge for postage, shipping and handling of \$5.00 without regard for method of transmission, except for hand delivery at the Medicaid Administration building, which shall not carry this fee.

Remittance Advice Number(s):	Remittance Advice Date(s):
Number of Page(s) Requested:	Submitted Check Amount:

If you have any question, please contact the provider inquiry line at: 1-800-852-2683. Mail completed form along with check or money order made payable to Health Care Finance and Administration to:

Bureau of TennCare
Attn: Accounting
310 Great Circle Road, 4E
Nashville, TN 37243