

**Instructions:** 1) Complete form,  
2) Date and sign, 3) Attach death certificate (include documents listed if requesting a deferral/exception),  
4) Mail or fax to TennCare.

Date received:



**STATE OF TENNESSEE  
BUREAU OF TENNCARE—ESTATE RECOVERY**

310 Great Circle Road, 3<sup>rd</sup> Floor • Nashville, Tennessee 37243  
Phone 866-389-8444 • Fax 615-413-1941

**TENNCARE REQUEST FOR RELEASE OF ESTATE RECOVERY CLAIM**

INFORMATION ABOUT THE DECEASED PERSON				
Full name				
Date of birth		Date of death		Social Security number
Marital status	<input type="checkbox"/> widow/widower	<input type="checkbox"/> divorced	<input type="checkbox"/> married	<input type="checkbox"/> single
Did the deceased receive TennCare CHOICES (home and community-based or nursing facility care)?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Do not know
Last known address of deceased prior to nursing facility or assisted living				
INFORMATION ABOUT THE SPOUSE OF THE DECEASED PERSON (complete even if spouse is already deceased)				
Full name				
Date of birth		Date of death		Social Security number
INFORMATION ABOUT PROBATE COURT CASE				
Probate Court case filed?	<input type="checkbox"/> Full probate	<input type="checkbox"/> Small estate	<input type="checkbox"/> Muniment of title	<input type="checkbox"/> NO
County		Case number		
If not, do you anticipate filing?	<input type="checkbox"/> Full probate	<input type="checkbox"/> Small estate	<input type="checkbox"/> Muniment of title	<input type="checkbox"/> NO
INFORMATION ABOUT THE PERSON COMPLETING THIS FORM				
Full name			Relationship to deceased	
Address			Phone number	
			Email	

The person completing the Request for Release is executing it as the estate representative. TennCare will rely upon this representation when communicating the value of TennCare's claims and/or executing a release or deferral of TennCare's claim. TennCare shall be held harmless of any action brought by heirs or other interested parties due to the payment of TennCare's claim by the person presenting themselves as the estate representative.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Deferral/exception request on page 2 (OVER)→**

