



of Tennessee

plans for better health. plans for a better life.™

1 Cameron Hill Circle
Chattanooga, TN 37402

bcbst.com

Data Verification Notice Report

Wednesday, December 3, 2014

For Provider ID: _____

The CHOICES DVF will only report the following provider types:

- * Assisted Care Living Facility
- * Adult Day Care
- * Assistive Technology
- * Home and Community Based Services
- * Home Delivered Meals
- * Homemaker
- * In Home Respite
- * Inpatient Respite
- * Minor Home Modifications
- * Attendant Care
- * Personal Care Services
- * Personal Emerg Response System
- * Pest Control
- * LTC Nursing Facility
- * Personal Emergency Response Monitoring



Data Verification Notice For:

This section is for internal use only. If anything in this section needs to be updated, please call 1-800-924-7141

NPI: _____ **Provider #:** _____ **Networks:** _____
Tax ID: _____ **Description:** _____

Identification Numbers: ID Number Corrections:

Medicaid: _____

Medicare: _____

Concierge Provider: Correction:

Electronic Services: (To add or update this information, please visit www.bcbst.com/providers/ecommm/getting_started)

Electronic Funds Transfer: _____

Electronic Remits: _____

Electronic Claims Submission: _____

Mailing Address: (Where correspondence should be mailed)

Mailing Address Corrections:

Billing Address: (Where checks and remittance advices should be mailed)

Billing Address Corrections:

Practice Address(es): (Physical location address)

Practice Address Corrections:

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Practice Hours: Practice Hours Corrections:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Form must be signed before changes will be accepted or to attest information is correct if no changes are made.

 Authorized Facility Representative Signature

 Title

 Date

Please keep a copy of the completed form for your records.