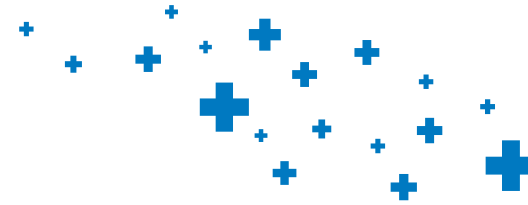




1 Cameron Hill Circle
 Chattanooga, TN 37402
 bluecare.bcbst.com

BlueCareSM
 TennCareSelect



Verification of TennCareSM Eligibility

Please Fax This Form to 1-866-504-6356

Provider Fax Number:			Provider Fax Number:						
	Doctor/Facility Name	Provider Number/NPI	Member Name	Member Identification Number	Effective Date	Termination Date	Assigned Primary Care Practitioner	Copayment Amount	Medicaid/Standard
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Disclaimer: These benefits are based on the information provided to BlueCare Tennessee by the Bureau of TennCare. Due to possible contract changes or policy cancellation, final determination will be made when claims are received. This information is subject to change based on eligibility and is ultimately to be determined by the State.

Signature:	Date:
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