



STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION  
BUREAU OF TENNCARE  
310 GREAT CIRCLE ROAD  
NASHVILLE, TENNESSEE 37243

**TENNCARE / MEDICAID BENEFITS LIMITED REASSIGNMENT AUTHORIZATION**

**PROVIDERS WHO HAVE STATE ASSIGNED MCC MEDICAID  
PROVIDER NUMBERS AND HAVE RECEIVED THEIR MEDICARE NUMBERS**

**Note: This form may be used when the individual and group providers have received their assigned MCC Medicaid number(s). Both must be linked by the same tax identification number and address. Your Medicare Welcome Letter(s) must be returned with this completed form. **You will not have to complete any new additional application(s).****

**Name:** \_\_\_\_\_ **Group MCC Medicaid Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

The undersigned physician agrees that said Medicare group is authorized to bill for services furnished and that monies due shall be made payable to the group.

<b>NAME AND SIGNATURE OF PHYSICIAN</b>	<b>MCC INDIVIDUAL PROVIDER NUMBER</b>	<b>MEDICARE INDIVIDUAL PROVIDER #</b>	<b>MEDICARE GROUP PROVIDER NUMBER</b>
NAME _____	_____	_____	_____
SIGNATURE _____			
GROUP NPI NO. _____			
INDIV. NPI NO. _____			

**Medicare Welcome Letter(s) Must Be Returned With This Form!**