



STATE OF TENNESSEE
BUREAU OF TENNCARE
310 GREAT CIRCLE ROAD
NASHVILLE TENNESSEE 37243

Cross-Over Claims Remittance Advice Request Form

Provider Name: _____

Provider Address: _____

Provider NPI Number: _____

Provider Billing Number: _____

Provider Phone Number: _____

Provider Fax Number: _____

Remittance Advice Number: _____

Page(s) Requested: _____

Check Amount (\$4.54 per page): _____

Date: _____

**If you have any question, please contact the provider inquiry line at:
1-800-852-2683.**

Mail completed form to:

**Bureau of TennCare
Attn: Ruby Baker
310 Great Circle Road, 4E
Nashville, TN 37243**