



State of Tennessee
Division of TennCare

TennCare Subrogation Interest Identification Inquiry

This completed form must be accompanied by a *HIPAA-Compliant Release Form*

Please allow 10 business days for an initial response and
up to a maximum of 120 days for a complete response. TCA § 71-5-117(f)

1. Patient Information

Full Name: _____
Date of Birth: _____ SSN: _____ - _____ - _____
TennCare or MCO ID#: _____ MCO Name: _____

2. Accident or Illness Information

Date of Accident or Illness: _____ Last Date of Treatment: _____
Where did the Accident or Illness occur? _____
Please provide a brief description of the PATIENT'S injury or illness: _____

Did the PATIENT receive medication or dental treatment as a result of the injury or illness?
 Yes No

If the PATIENT was involved in an ACCIDENT, please identify the TYPE of INJURY. (Check One)
 Auto Worker's Compensation
 General Liability Other _____
 Medical Malpractice

3. Person Completing this Form

Name: _____
Relationship to PATIENT (Attorney, Guardian, Spouse, etc.): _____
Company or Firm: _____
Phone: _____ Fax: _____

Please submit this completed form and a HIPAA-Compliant Release Form according to the
INSTRUCTIONS FOR FILING. An example of a HIPAA-Compliant Release form can be found at
<https://www.tn.gov/content/dam/tn/tenncare/documents/releaserecord.pdf>