of Tennessee

Medicaid Subrogation / Managed Care Organization / Medicaid Agencies Change Form

Use this form to allow a Managed Care Organization/vendor to update current information to submit Medicaid Reclamation claims for recovering Medicaid payment from private insurance.

Once completed, email the form to **PNS_GM@bcbst.com** or fax it to **(423) 535-3066**.

Please note: This form should only be used for Medicaid Subrogation/Managed Care Organizations/Medicaid Agencies to recover payment from other insurance carriers that aren't part of BlueCard.

This form is to update one of the changes listed below. Please provide updated details below for the change you are needing.

- Agency Name
- Tax ID
- Physical Address
- Remittance Address
- Clearinghouse Information

Current BlueCross Facility Pin*: _____

Current BlueCross Group Pin*: _____

Current Carrier/Agency Name*: _____

New Carrier/Agency Name*: _____

Contract Number (if applicable): _____

Current Tax ID*: _____ NPI: _____ Tax ID Term date*: ___/___/_____

New Tax ID*: _____ NPI: _____ Tax ID Effective date*: ___/___/_____

Current Physical Address*:

_____

_____

_____

New Remittance Address for Payments*:

☐ *Check if same as Physical Address*

_____

_____

_____

Phone Number* (___) ___–_____ Fax Number (___) ___–_____

(*) indicates a required field

New Physical Address*:

_____

_____

_____

New Remittance Address for Payments*:

☐ *Check if same as Physical Address*

_____

_____

_____

Phone Number* ( ) – _____ Fax Number ( ) – _____

NEW CLEARINGHOUSE INFORMATION (CLAIM FILING VENDOR):

Clearinghouse or Billing Agency Name: _____

Submitter Number (Tax ID): _____

If you're an established managed care organization, please list your mailbox names in the fields below. If you'd like to submit Medicaid Reclamation claims electronically, please complete the Electronic Billing Request form.

CONTACT INFORMATION*

☐ I am authorized to complete the above information on behalf of the Carrier/Agency:

Contact Name* (Submitter): _____ Title*: _____

Contact Email*: _____

Phone*: _____

(*) indicates a required field