

W-9 and ACH Enrollment Instructions for Individual Provider Types:

Individual Provider's that need to be paid directly by TennCare for Crossover Claims, DIDD Payments, EHR Incentive Payments, FQHC, RHC, and Special Provider Pool Payments will need to complete three forms and mail to the address as specified.

All of the forms will need to be mailed in an envelope marked confidential to:

State of Tennessee

Attn: Supplier Maintenance
21st Floor WRS Tennessee Tower
312 Rosa L Parks Ave.
Nashville, TN 37243

- 1. IRS Form W9:** The latest version of the IRS Form W9 can be found at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>. Please send this most recently published version of the form as included in this link. Failure to submit the correct version of the form will result in processing delays.
- 2. STATE OF TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION SUPPLIER DIRECT AUTHORIZATION (ACH Enrollment Form)**
https://tn.gov/assets/entities/generalservices/cpo/attachments/State_of_TN_Supplier_Direct_Deposit_Authorization.pdf. Please complete the form if you wish to enroll in ACH so that your funds can be automatically deposited.
- 3. TennCare Provider Payment Information Form:**
<https://pdms.tennCare.tn.gov/ProviderPersonRegistration/Process/RequiredForms.aspx>
(click link for TennCare ACH Supplemental Form) This form is needed so that State of Tennessee Supplier Maintenance will notify TennCare that your information has been added into the State's accounting system and will allow TennCare to add necessary State accounting information to our claims system to insure that your payments are processed timely.