

TennCare Provider Payment Information Form

Please fill this form out and send this along with your W-9 and ACH information that you send in to the State of Tennessee, Supplier Maintenance.

Name as shown on line 1 of IRS form W-9:

Billing NPI: _____ (if applicable)

Medicaid ID: _____ (if applicable)

Billing contact name: _____

Phone #: _____

Contact e-mail: _____

For State use only:

Edison ID: _____

Billing location _____

Address sequence _____