

REQUEST FOR RELEASE FROM THE BUREAU OF TENNCARE

As required by T.C.A. §71-5-116(c)(2)

PLEASE ALLOW 10 WORK DAYS FOR RESPONSE

SUBMIT BY FAX OR U.S. MAIL. NO DUPLICATES PLEASE!

TO: Manager of Estate Recovery Unit

FAX (615) 532-7509

Bureau of TennCare
Estate Recovery Unit
729 Church Street
Nashville, TN 37247-6501

Decedent's Information

<Decedent's Full Legal Name>

<Social Security Number>

<Date of Birth, m/d/yr>

<Date of Death, m/d/yr>

Decedent's Spouse Information

<Decedent's Spouse's Full Legal Name>

<Social Security Number>

<Date of Birth, m/d/yr>

<Date of Death, m/d/yr>

Surviving Minor Child(ren) or Disabled Dependent(s) Information

<Full Legal Name>

<Social Security Number>

<Date of Birth>

<Full Legal Name>

<Social Security Number>

<Date of Birth>

<Full Legal Name>

<Social Security Number>

<Date of Birth>

Probate Case Number

County

Date Opened

<Signature>

<Printed Name>

Relationship to decedent's estate:

- Personal Representative/Executor of Estate
 Attorney for Estate

Address:

Telephone Number: () _____

Fax Number: () _____