

Please Allow 20 Business Days for Response



As Required by TCA 71-5-116(c)(2)

Send recent death forms as Request, per form name in 1-565-388-6444

STATE OF TENNESSEE BUREAU OF TENNCARE TPL Division 310 Great Circle Road, 4th Floor Nashville, Tennessee 37243 Tel: 615-252-6444 Fax: 615-252-1041

TENNCARE ELIGIBILITY VERIFICATION/ REQUEST FOR RELEASE OF ESTATE RECOVERY COST CLAIM

A COPY OF THE DEATH CERTIFICATE MUST ACCOMPANY THIS REQUEST

Probate Case No. County of Probate Date Probate Opened Decedent's Information:

Decedent's Last Name Decedent's First Name Decedent's Middle Name or Maiden Name

Decedent's Social Security No. Decedent's Marital Status Decedent's Date of Birth Decedent's Date of Death

Is the Decedent's Spouse Pre-Deceased Yes No Spouse's Date of Death if Pre-Deceased [mm-dd-yyyy]

Spouse First Name Spouse Last Name Spouse Middle Name Spouse Date of Birth or Maiden Name

Spouse Social Security No. The person completing this document is the:

[] Executor [] Representative [] Legal Counsel for the Estate.

Name: Address: Phone: ()

Signature of Person Completing This Document

- 1. ARE YOU REQUESTING AN EXEMPTION DUE TO SURVIVING SPOUSE... 2. ARE YOU REQUESTING AN EXEMPTION DUE TO A CHILD 18 YEARS OF AGE? 3. ARE YOU REQUESTING AN EXEMPTION FOR A DISABLED CHILD? IF YOU ARE, YOU MUST PROVIDE: A copy of the Social Security Administration determination of permanent total disability prior to the age 18. A copy of the birth certificate of the decedent child.

* THIS DOCUMENT WILL NOT BE PROCESSED WITHOUT ALL INFORMATION REQUESTED & SIGNATURE

TC-0017

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STATE OF TENNESSEE BUREAU OF TENNCARE

A COPY OF THE DEATH CERTIFICATE MUST ACCOMPANY THIS REQUEST

Probate Case No. County of Probate Date Probate Opened, Decedent's Information Decedent's Last Name Decedent's First Name

Decedent's Middle Name or Maiden Name

[Married] [Divorced] [Single] [Never Married]

Decedent's Social Security No. Decedent's Marital Status Decedent's Date of Birth Decedent's Date of Death

YOU MUST PROVIDE INFORMATION REGARDING THE DECEDENT'S SPOUSE IF APPLICABLE:

Is the Decedent's Spouse Pre-Deceased Yes No Spouse's Date of Death if Pre-Deceased

[mm-dd-yyyy] Spouse First Name Spouse Last Name Spouse Middle Name Spouse Date of Birth or Maiden Name Spouse Social Security No. The person completing this document is the: [] Executor [] Representative - [] Legal Counsel for the Estate. Name: - Address: - Phone: ()

Signature of Person Completing This Document

1. ARE YOU REQUESTING AN EXEMPTION DUE TO SURVIVING SPOUSE. IF YOU ARE, YOU MUST PROVIDE THE FOLLOWING INFORMATION AND/OR DOCUMENTATION IN ADDITION TO WHAT IS INDICATED ABOVE:

A copy of your marriage license. 2. ARE YOU REQUESTING AN EXEMPTION DUE TO A CHILD 18 YEARS OF AGE 'P

I _____ A copy of the birth certificate of the minor child.

3. ARE YOU REQUESTING AN EXEMPTION FOR A DISABLED CHILD? IF YOU ARE, YOU MUST PROVIDE:

A copy of the birth certificate of the disabled child'

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_____ A copy of the Social Security Administration determination of permanent total disability prior to the age 18. A copy of the birth certificate of the disabled child' THIS DOCUMENT WILL NOT BE PROCESSED WITHOUT ALL INFORMATION REQUESTED & SIGNATURE

THIS DOCUMENT WILL NOT BE PROCESSED WITHOUT ALL INFORMATION REQUESTED & SIGNATURE TC-0087

Notice:

CONFIDENTIAL. INFORMATION REGARDING A TENNCARE RECIPIENT, DECEASED TENNCARE RECIPIENT AND/OR NON-TENNCARE DECEASED PERSON WILL NOT BE RELEASED WITHOUT PRIOR AUTHORIZATION FROM THE EXECUTOR/EXECUTRIX, ESTATE REPRESENTATIVE and/or LEGAL COUNSEL FOR THE ESTATE.

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1. PROVIDE? ALL REQUESTED INFORMATION AND SIGN the TENNCARE ELIGIBILITY VERIFICATION/ REQUEST FOR RELEASE FORM.

You must; provide information about the deceased person and the deceased and the executor or estate representative must sign the request.

person spouse even though the spouse may have pre-deceased the decedent

2. PROVIDE ALL REQUESTED DOCUMENTATION IF YOU ARE REQUESTING AN EXEMPTION TO RECOVERY.

PROVIDE A COPY OF THE DECEDENT'S DEATH CERTIFICATE OR OTHER DOCUMENTATION AS INDICATED ON THE RELEASE. PROVIDE AN ADDRESS FOR RETURN OF THE RELEASE FORM. THE RELEASE FORM WILL FAXED. THE FORM MAY BE RETURNED WITHOUT/1% COVER LETTER BUT YOU MUST PROVIDE A RETURN ADDRESS.

6. -IF YOU HAVE QUESTIONS REGARDING THE COMPLETION OF THE REQUEST FOR RELEASE? FORM PLEASE CALL (866) 389-8444.

INFORMATION YOU SHOULD BE AWARE OF

WHO IS SUBJECT TO RECOVERY?

ANY PERSON OVER 55 YEARS OF AGE FOR WHOM TENNCARE HAS PAID FOR NURSING FACILITY SERVICES OR CARE RECEIVED FROM HOME & COMMUNITY BASED SERVICES.

IF THE ESTATE IS NOT BEING PROBATED, YOU DO NOT HAVE TO PROVIDE THE PROBATE COURT INFORMATION BUT YOU MUST OBTAIN A RELEASE OF TENNCARE'S CLAIM PRIOR TO DISBURSEMENT OF FUNDS AND/OR ASSETS.

HOW MUCH WILL THE PERSON'S ESTATE HAVE TO PAYBACK TO TENNCARE?

THE ACTUAL VALUE OF ALL FUNDS EXPENDED BY TENNCARE FOR THE PERSON'S COST OF SERVICES IN A NURSING FACILITY AND/OR HOME & COMMUNITY BASED SERVICES.

WHAT ARE THE EXEMPTIONS?

IF THERE IS A SURVIVING SPOUSE, TENNCARE WILL NOT RECOVER FROM THE ESTATE UNTIL THE TIME OF THE SURVIVING SPOUSE'S DEATH IF:

1. THE SURVIVING SPOUSE REQUESTS AN EXEMPTION; AND 2. THE SURVIVING SPOUSE PROVIDES DOCUMENTATION OF PROOF OF MARRIAGE.

IF THERE IS A MINOR CHILD UNDER THE AGE OF 18, TENNCARE WILL NOT RECOVER FROM THE ESTATE UNTIL THE MINOR CHILD REACHES THE AGE 18 IF:

IF THERE IS A DISABLED CHILD WHO BECAME DISABLED PRIOR TO THE AGE OF 18, TENNCARE WILL NOT RECOVER FROM THE ESTATE UNTIL THE DEATH OF THE DISABLED CHILD IF:

1. THE DISABLED CHILD OR THE DISABLED CHILD'S REPRESENTATIVE REQUESTS AN EXEMPTION; AND

2. THE DISABLED CHILD OR THE DISABLED CHILD'S REPRESENTATIVE PROVIDES A COPY OF THE SOCIAL SECURITY DISABILITY DETERMINATION PROVING DISABILITY AND ONSET PRIOR TO THE AGE OF 18; AND

3. THE DISABLED CHILD OR THE DISABLED CHILD'S REPRESENTATIVE PROVIDES A COPY OF A BIRTH CERTIFICATE PROVING RELATIONSHIP.

WHAT HAPPENS WHEN THE SURVIVING SPOUSE, MINOR CHILD OR DISABLED CHILD DIES?

HOW MAY I OBTAIN A RELEASE OF TENNCARE'S INTEREST IN AN ESTATE?

1. COMPLETE THE REQUEST FOR RELEASE FORM; AND 2. PROVIDE ALL DOCUMENTATION REQUESTED;
AND 3. IF THE ESTATE IS SUBJECT TO RECOVERY, YOU MUST PAY TENNCARE'S CLAIM TO OBTAIN A
RELEASE.