



BlueCare<sup>SM</sup>  
TennCareSelect

# Subcontracting Termination Form

## Provider/Vendor Information

Please provide the following information for the provider or vendor that's contracted with BlueCare Tennessee.

Provider/Vendor Legal Business

Name (as reported to the IRS): \_\_\_\_\_

Provider/Vendor Doing Business

As (DBA) Name (if applicable): \_\_\_\_\_

Provider/Vendor Tax ID (EIN or SSN): \_\_\_\_\_

Provider/Vendor NPI: \_\_\_\_\_

Medicaid ID (if applicable): \_\_\_\_\_

Requestor Name: \_\_\_\_\_

Requestor Phone: \_\_\_\_\_ Requestor Email: \_\_\_\_\_

## Subcontractor Information

Please provide the following information for the entity that has a subcontract relationship with the BlueCare Tennessee provider or vendor, respectively.

Subcontractor Legal Business

Name (as reported to the IRS): \_\_\_\_\_

Subcontractor DBA

Name (if applicable): \_\_\_\_\_

Subcontractor NPI: \_\_\_\_\_

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Subcontractor Tax ID (EIN or SSN): \_\_\_\_\_

Subcontractor Street Address: \_\_\_\_\_

Subcontractor City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Subcontractor Medicaid ID: \_\_\_\_\_

What date did we approve the subcontractor? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What date will services be terminated or when were they terminated?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Will another subcontractor provide the above services to our members on your behalf?

Yes      No

If so, please submit the new subcontractor for approval. Please refer to the **BlueCare Tennessee Provider Administration Manual** or the BlueCare Tennessee Annual Subcontractor Training for instructions.

Please send all provider subcontracting termination notifications to **TennCare\_Provider\_Subcontracts@bcbst.com**.

Please submit vendor subcontracting notifications to **Vendor\_Relations\_GM@bcbst.com**.