

Tennessee Health Link Provider Attestation form

This form is completed when attesting new member attribution or requesting Tennessee Health Link (THL) provider change for an existing member. Please note: Effective date of THL change will be the first day of the month following the request.

Section 1: Member information

Member name:

Date of birth:

Legal guardian's name (if younger than age 18):

Amerigroup Community Care ID/TennCare #:

Phone number:

Section 2: Attesting THL provider information

Name:

Provider ID:

Phone number:

Fax number:

Name of requester:

Section 3: Reason for attestation

New attribution THL provider change

Section 4: Attestation details for Section 3 (not required for provider change)

Please note: Attestation details are only needed for new attributions based on Section 3. Attestation details are not required for provider change.

Diagnosis (ICD-10 code): _____

Functional need:

This member has functional needs that meet the TN Health Link criteria for Section 3.

Please fax completed attestation form to Amerigroup at 1-844-756-4605.