

ON PROVIDER LETTERHEAD

Date

Blue Cross Blue Shield of Tennessee
ATTN: Provider Management – 3TC
801 Pine Street
Chattanooga, TN 37402-2555

Dear Provider Management:

Please allow MedAvant (submitter id 330391811) to retrieve electronic remittance advices (ERA) on your behalf. The necessary group/provider information is listed below:

Group or Individual Provider Name
Tax Identification Number
Tennessee Blue Shield Group / Provider Id

Please send enrollment confirmation to MedAvant at fax number 770-885-4559.

Sincerely,

Provider Signature