TRICARE
PROVIDER AUTHORIZATION FOR WPS ELECTRONIC REMITTANCE ADVICE

Due to privacy regulations, this request must be submitted by the provider's office or authorized billing agent.
***Check all that apply:**

TRICARE West Region_____ TRICARE For Life_____ TRICARE Overseas_____

Please Note: If you are uncertain which contract(s) will be receiving ERA's, please refer to your TRICARE Provider Handbook which can also be found at http://www.tricare.mil/providers/

The only version of electronic remittance available is 5010A1.

ERA PROVIDER INFORMATION

*PROVIDER/FACILITY NAME: _____

*PROVIDER/FACILITY TAX ID: _____

Please choose only <u>one</u> option below:

_____ ***Tax ID*** Choose this option if you want all locations under this Tax Id set up for Electronic Remittance. All Electronic Remits for the Tax ID provided will be sent to the Receiver ID provided on Page 2.

OR

_____ ***Specific Group NPI & Pay To/Payment Location(s)***
Choose this option for a specific group NPI location(s) and list them below. All Electronic Remits for the Tax ID and Payment address(s) provided will be sent to the Receiver ID provided on Page 2. If you have additional locations, please attach. Please include **Pay To/Payment Address.**

GROUP NPI	***PAY TO/PAYMENT ADDRESS**
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

If you add an additional Group NPI location in the future and wish to receive ERA for this new location, go to our EDI web site at http://www.wpsic.com/edi/tricare.shtml and download another form.

***REQUIRED**

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ERA REQUESTER INFORMATION

***Print Provider Authorized Contact/Requestors Name:** _____

***Authorized Contact/Requestors Phone# / Email Address:** _____

***Authorized Signature:**_____ ***Date:** _____

ERA RECEIVER INFORMATION

List the Electronic Claim Payment/Advice Receiver Number of your clearinghouse: TDDIR

Tricare West Region
Receiver Number # _____

Tricare for Life
Receiver Number # _____

Tricare Overseas
Receiver Number # _____

If you don't use a Clearinghouse and receive your ERA's directly, what is your Receiver ID: _____

If you wish to receive ERA's (ANSI 835 file) direct to your office, *if you haven't already*, please register for a trading partner/ERA receiver number at; **https://corp-ws.wpsic.com/apps/wtps-web/unauth/wtps.do**. Place 5 digit assigned trading partner number in the field: 98366

If you don't know your Clearinghouse Receiver ID, contact your Clearinghouse.

***Billing Service/Clearinghouse Name**: Office Ally

Contact Name: Customer Service

Contact Phone#: 866-575-4120 Option 1

Contact Email address: support@officeally.com

Date to begin ERA: _____

_____ ***Check if you would like us to turn off your paper Explanations of Benefits (EOB's) after 60 days.***
Note: This applies if you are only receiving ERA. If you are receiving EFT, your EOB's will be shut off automatically after 45 days.

Due to HIPAA requirements, only one submitter ID per provider number may be established for ERA. The submitter ID on this request will be the only recipient of ERA for the provider(s) listed.

An original or faxed copy will be accepted. Please mail or fax your completed agreement to:

Wisconsin Physicians Service
Electronic Data Service
P.O. Box 8128
Madison, WI 53708-8128
Fax (608-) 223-3824
EDI@wpsic.com

***REQUIRED**

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WPS HEALTH INSURANCE