

Tricare North (TRICN)

Complete form, sign and mail to:

Emdeon

Donelson Corporate Ctr Bldg 3

3055 Lebanon Pike Ste 1000

NASHVILLE, TN 37214-2230

AND

Fax a copy of this same completed form to:

Eclaims: (866) 333-4596

and include a note that you have also mailed this form to Emdeon directly.

Blank forms may be copied.

Call LTC at (888) 941-8967 if you have questions.

PAYER ID:

SUBMITTER ID:



Emdeon **ERA** Provider Information Form

**This form is to ensure accuracy in updating the appropriate account*

1 Provider Organization

Practice/ Facility Name		Provider Name			
Tax ID		Client ID		Site ID	
Address		City/State		Zip Code	
Contact Name					
E-mail Address		Telephone		Fax	

2 Vendor *(Emdeon certified vendor used to submit files to Emdeon)*

Vendor Name		Vendor Submitter ID		Division ID	
Contact Name					
E-mail Address					

3 Payer

Payer ID		
Group ID	Individual Provider ID	NPI ID

4 Confirmations

Send Emdeon Claim Confirmations To:	
Special Instructions: <ul style="list-style-type: none"> • All Payer Registration forms must contain original signatures, no stamped signatures or photocopies are accepted. • SUBMIT COMPLETED FORM TO: Emdeon Donelson Corporate Ctr Bldg 3 3055 Lebanon Pike Ste 1000 NASHVILLE, TN 37214-2230 	
ORIGINAL SIGNATURE IN BLUE INK IS REQUIRED BY THE PAYER	
EMDEON REVISION FORM DATE:	



**TRICARE
PGBA, LLC**

Government Programs Electronic Data Interchange Department
PO Box 202007, Florence, South Carolina 29502-2007
Phone 1-800-325-5920, Option #2

Dear Provider:

Thank you for your interest in Electronic Remittance Advice (ERA) with PGBA, LLC.

Enclosed is a summary of ERA services available for TRICARE providers, along with the necessary enrollment forms and instructions for their completion. Please take the time to review this package thoroughly and follow the instructions included for each form.

We are committed to making your transition to ERA as smooth as possible. If you have any questions regarding the information contained in this package, please feel free to contact our EDI Help Desk at 1-800-325-5920, option 2. Please identify yourself as a TRICARE provider.

Once you have completed the enrollment form, **please retain a copy for your records** and mail to the address listed below.

PGBA, LLC
TRICARE Electronic Data Interchange
PO Box 202007
Florence SC 29502-2007

**ADDENDUM TO ERA ENROLLMENT FORM
FOR CORPORATE HEADQUARTERS
PGBA, LLC**

P.O. Box 202007 Florence, South Carolina 29502-2007

Please select your TRICARE Region.

☐ North

☐ South

The companies listed on the reverse side of this addendum are branches/satellites of our corporate headquarters which will be receiving Electronic Remittance Advices (ERA's) for them. I am authorized to endorse this addendum on behalf of my company, and I acknowledge that it is my responsibility to notify Palmetto EDI in writing if I wish to make revisions to this authorization.

TRICARE PROVIDER NUMBER	SUBMITTER NUMBER 7GW0171TN3
NATIONAL PROVIDER IDENTIFIER (NPI #)	NAME /TITLE (PLEASE PRINT)
CORPORATE HQ NAME	SIGNATURE
ADDRESS	DATE
CITY/STATE/ZIP	PHONE

Our corporate headquarters will be receiving ERA"S for these satellite offices:

[illegible]

**ADDENDUM TO ERA ENROLLMENT FORM
FOR BILLING SERVICES AND CLEARINGHOUSES**

PGBA, LLC

P.O. Box 202007 Florence, South Carolina 29502-2007

Please select your TRICARE Region.

☐ North
☐ South

I hereby authorize EMDEON to receive Electronic
BILLING SERVICE/CLEARINGHOUSE

Remittance Advices (ERA's) on my behalf. I understand that ERA's contain payment information concerning my processed TRICARE claims. I am authorized to endorse this addendum on behalf of my company, and I acknowledge that it is my responsibility to notify Palmetto EDI in writing if I wish to revoke this authorization.

TRICARE PROVIDER NUMBER	SUBMITTER NUMBER (BILLING SVC/CLEARINGHOUSE) 7GW0171TN3
NATIONAL PROVIDER IDENTIFIER (NPI #)	NAME /TITLE (PLEASE PRINT)
COMPANY NAME	SIGNATURE
ADDRESS	DATE
CITY/STATE/ZIP	PHONE