

## **Tricare North (TRICN)**

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**Complete form, sign and mail to:**

EClaims  
Member Services  
PO Box 9  
Kearney, NE 68847

**Blank forms may be copied.**

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



**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



**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 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