



**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.

Thank you.



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

PGBA,LLC

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

I hereby authorize _____ to receive Electronic
BILLING SVC./CLEARINGHOUSE

Remittance Advices (ERAs) on my behalf. I understand that ERAs 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)
NATIONAL PROVIDER IDENTIFIER (NPI #)		NAME /TITLE (PLEASE PRINT)
COMPANY NAME		SIGNATURE
ADDRESS		DATE
CITY/STATE/ZIP		PHONE