



Empowering Healthcare

## ERA Payer Agreement Instructions for TRICARE North and South Region Payer ID CH001 and CH002

### Important Notes

ERA transactions are available as an additional McKesson contracted service. To add ERAs to your contract please contact your McKesson Sales person or Value Added Reseller. ERAs must be part of your McKesson contract BEFORE requesting ERA service through the McKesson EDI Enrollment Department.

Electronic Funds Transfer (EFT) is an arrangement between the Physician/Provider and the Payer. McKesson does not manage or transmit EFTs.

Before receiving ERAs for Tricare the Physician/Provider must:

- Be processing claims electronically with this payer
- Contract with McKesson for All Payer ERA service
- Complete an ERA Enrollment Request Form
- Complete Tricare's Electronic Remittance Advice Form.

### **Guidelines for completing: Tricare Electronic Remittance Advice Form:**

- Complete all required fields
- Submit one ERA Payer Agreement for each Physician/Group Tax ID.
- Once the agreement is open in Adobe Reader you can type information onto the form.
- Forward original ERA agreement along with your McKesson ERA Enrollment Request Form to the Enrollment Team for processing.
- Please allow up to 30 days for approval and receipt of Tricare ERA.

Fax completed Tricare ERA Agreement and McKesson ERA Enrollment Request Form to:

<b>McKesson EDI Enrollment</b>
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**800-633-4763**





**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