



Capario EDI  
1901 E. Alton Ave. #100  
Santa Ana, CA. 92705  
Phone: (800) 792-5256 Option 1  
Fax: (404) 877- 3324  
provider.enrollment@Capario.com

## ERA Payer Agreement Instructions for Tricare South Region (CH001) | Tricare North Region (CH002)

To enroll with this payer for ERAs complete and send the payer agreement directly to TRICARE PGBA, LLC. In addition please complete and send the Capario ERA Enrollment Request Form to our EDI Team. Specific instructions for this Payer are shown below.

ERA Transactions are available as an additional Capario contracted service. To add ERAs to your contract please contact your Capario Sales person or Account Manager. ERAs must be part of your contract and you must be enrolled with this Payer BEFORE submitting this ERA Payer Agreement.

EFT enrollment and transmission is an arrangement between the provider and the Payer. If the Payer offers EFT transactions contact them to determine if they:

- Require you to receive EFTs in order to receive their ERAs
- Charge an additional fee for EFTs/ERAs
- Require you to enroll for EFTs on this ERA enrollment form.

### Guidelines for Enrolling with this Payer

For Payer IDs CH001 and CH002, please be advised that Tricare South Region processes ERAs for Tricare North Region; therefore:

- The ERA enrollment process should be completed under Payer ID CH001
- All ERAs will be returned under Payer ID CH001

An original and legible signature is required. Stamped signatures are not allowed.

#### 1. Mail the completed Payer Agreement to:

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

#### 2. Fax, Email or mail the Capario ERA Enrollment Request Form to:

Capario  
EDI Team  
1901 E. Alton Ave. Suite 100  
Santa Ana, CA. 92705  
Fax: (404) 877-3324  
Email: [provider.enrollment@Capario.com](mailto:provider.enrollment@Capario.com)

To obtain the Capario ERA Enrollment Request Form, go to:  
[www.capario.com/services/resource\\_center/enrollment\\_instructions.html](http://www.capario.com/services/resource_center/enrollment_instructions.html)  
Questions? Contact Capario Enrollment at: (800) 792-5256 Option 1



**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 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 Capario – Submitter ID 7GW0547GA3 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) 7GW0547GA3
NATIONAL PROVIDER IDENTIFIER (NPI #)	NAME /TITLE (PLEASE PRINT)
COMPANY NAME	SIGNATURE
ADDRESS	DATE
CITY/STATE/ZIP	PHONE