



Capario  
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## ERA Payer Agreement Instructions for TRICARE – West (CH003)

ERA Transactions are available as an additional Capario contracted service. Please ensure you are contracted with Capario to request Electronic Remittance BEFORE requesting ERAs through Capario for this payer. If you are unsure about your current status please contact Capario sales at: [sales@capario.com](mailto:sales@capario.com) or 800-586-6870.

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.

We recommend enrolling using the convenience of our enrollment tool located on the Capario portal. This tool allows you to enter providers, select the payers and transactions for which you want to enroll, and produces pre-filled forms for processing. If you are not currently using the Capario portal, you can contact us at [sales@capario.com](mailto:sales@capario.com) and our team will ensure that you are set up and will provide a quick tutorial on using the enrollment tool.

Enrollment can be completed without the enrollment tool by following the [specific instructions for this payer shown below.](#)

### *Guidelines for Enrolling with this Payer*

To request ERAs from TRICARE-West, complete the payer's enrollment form as described below, and also complete the Capario enrollment spreadsheets and email them to our EDI Team.

**1. Fax or mail the ERA Authorization Form to:**

Fax: (608) 223-3824  
Wisconsin Physicians Service  
Electronic Data Service  
P.O. Box 8128  
Madison, WI 53708-8128

**2. Complete the Capario Enrollment Spreadsheets (located in our Resource Center):**

- Capario Provider Spreadsheet - This is completed for each new provider.  
[http://www.capario.com/downloads/xls/provider\\_bulk\\_spreadsheet-Interim.xlsx](http://www.capario.com/downloads/xls/provider_bulk_spreadsheet-Interim.xlsx)
- Capario Payer Enrollment Spreadsheet - This is completed when requesting enrollment with a payer for providers previously added to the Capario system. Please note the instruction tab on each spreadsheet form for details about the information to enter in each column.  
[http://www.capario.com/downloads/xls/enrollment\\_bulk\\_spreadsheet-Interim.xlsx](http://www.capario.com/downloads/xls/enrollment_bulk_spreadsheet-Interim.xlsx)

**Email the completed spreadsheet(s) to:** [provider.enrollment@capario.com](mailto:provider.enrollment@capario.com)  
*Questions? Contact Capario Enrollment at: (800) 792-5256 Option 1*



# TRICARE PROVIDER AUTHORIZATION FOR WPS ELECTRONIC REMITTANCE ADVICE

Due to privacy regulations, this request must be submitted by the provider's office or authorized billing agent.

\*Check all that apply:

TRICARE West Region \_\_\_\_\_ TRICARE For Life \_\_\_\_\_ TRICARE Overseas \_\_\_\_\_

Please Note: If you are uncertain which contract(s) will be receiving ERA's, please refer to your TRICARE Provider Handbook which can also be found at <http://www.tricare.mil/providers/>

The only version of electronic remittance available is 5010A1.

## ERA PROVIDER INFORMATION

\*PROVIDER/FACILITY NAME: \_\_\_\_\_

\*PROVIDER/FACILITY TAX ID: \_\_\_\_\_

Please choose only one option below:

\_\_\_\_\_ **Tax ID** Choose this option if you want all locations under this Tax Id set up for Electronic Remittance. All Electronic Remits for the Tax ID provided will be sent to the Receiver ID provided on Page 2.

**OR**

\_\_\_\_\_ **Specific Practice/Service Locations** Choose this option for specific locations and list them below. All Electronic Remits for the Tax ID and Payment address(s) provided will be sent to the Receiver ID provided on Page 4. Please include **BOTH Physical & Payment Address**.

**GROUP NPI**

**\*PHYSICAL ADDRESS**

**\*PAYMENT ADDRESS**

1. _____	_____	_____
	_____	_____
	_____	_____
2. _____	_____	_____
	_____	_____
	_____	_____
3. _____	_____	_____
	_____	_____
	_____	_____
4. _____	_____	_____
	_____	_____
	_____	_____

If you add an additional service location in the future and wish to receive ERA for this new location, go to our EDI web site at <http://www.wpsic.com/edi/tricare.shtml> and download another form.

**\*REQUIRED**

G:\EDI-Shared\Internet\5010 Documents\West Region ERA 5010 Enrollment Form Only 12 16 11.doc

## ERA REQUESTER INFORMATION

\*Print Provider Authorized Contact/Requestors Name: \_\_\_\_\_

\*Authorized Contact/Requestors Phone# / Email Address: \_\_\_\_\_

\*Authorized Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

## ERA RECEIVER INFORMATION

List the Electronic Claim Payment/Advice Receiver Number of your clearinghouse:

Tricare West Region  
Receiver Number # \_\_\_\_\_

Tricare for Life  
Receiver Number # \_\_\_\_\_

Tricare Overseas  
Receiver Number # \_\_\_\_\_

If you don't use a Clearinghouse and receive your ERA's directly, what is your Receiver ID: \_\_\_\_\_

If you wish to receive ERA's (ANSI 835 file) direct to your office, *if you haven't already*, please register for a trading partner/ERA receiver number at; <https://corp-ws.wpsic.com/apps/wtps-web/unauth/wtps.do>. Place 5 digit assigned trading partner number in the field: \_\_\_\_\_

If you don't know your Clearinghouse Receiver ID, contact your Clearinghouse.

\*Billing Service/Clearinghouse Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone#: \_\_\_\_\_

Contact Email address: \_\_\_\_\_

Date to begin ERA: \_\_\_\_\_

\_\_\_\_\_ **Check if you would like us to turn off your paper Explanations of Benefits (EOB's) after 60 days.**  
**Note: This applies if you are only receiving ERA. If you are receiving EFT, your EOB's will be shut off automatically after 45 days.**

**Due to HIPAA requirements, only one submitter ID per provider number may be established for ERA. The submitter ID on this request will be the only recipient of ERA for the provider(s) listed.**

**An original or faxed copy will be accepted. Please mail or fax your completed agreement to:**

Wisconsin Physicians Service  
Electronic Data Service  
P.O. Box 8128  
Madison, WI 53708-8128  
Fax (608- ) 223-3824  
[EDI@wpsic.com](mailto:EDI@wpsic.com)

**\*REQUIRED**