



T2017 TRICARE® West EFT/ERA
 PO Box 870156
 Surfside Beach, SC 29587-9756
 Fax: 1-888-282-2841
 Attn: T2017 West EFT/ERA

Electronic Funds Transfer (EFT) Authorization Agreement

Please complete all fields. See Form Completion Guidelines on page 2. Mail or fax the completed form along with required documentation to the address or fax number noted above. Please retain a copy of the completed EFT Authorization Agreement for your records.

Please note: This application is for pre-enrollment for the T2017 TRICARE West contract, which starts Jan. 1, 2018.
 Fax completed forms to 1-888-282-2841, Attn: T2017 West EFT/ERA.

Provider Information

Provider Name: <i>(legal practice name, not rendering provider)</i>				
Provider Address: <i>(physical address)</i>	Street:	City:	State:	ZIP Code/Postal Code:

Provider Identifiers Information

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):	
National Provider Identifier (NPI):	

NOTE: Payment for all locations of the above NPI will be transmitted to the financial institution transit/routing and account number indicated on this EFT Authorization Agreement. Payments are made at the NPI level. If a specific location requires payment to a different account, it must have a different NPI and you must complete a separate EFT form.

Provider Contact Information

Provider Contact Name:	Telephone Number:	
Email Address:	Fax Number:	

Financial Institution Information

Financial Institution Name:			
Financial Institution Routing Number:			
Type of Account at Financial Institution (check one):	Savings <input type="checkbox"/>	Checking <input type="checkbox"/>	
Provider's Account Number with Financial Institution:			
Account Number Linkage to Provider Identifier Provider payments and remittances are issued at the NPI level. Provider preference for grouping (bulking) claim payments must match preference for V5010 X12 835 remittance advice.			
Note: If enrolled for 835 Electronic Remittance Advice (ERA), the provider must contact their financial institution to arrange for the delivery of the CORE-required minimum CCD+ data elements needed for association of the payment and the 835 ERA.			

Submission Information

Reason for Submission:	New Pre-enrollment <input type="checkbox"/>	Change Pre-enrollment <input type="checkbox"/>	Cancel Pre-enrollment <input type="checkbox"/>
Include with Pre-enrollment Submission:	Voided Check <input type="checkbox"/>	Bank Letter <input type="checkbox"/>	
Written Signature of Person Submitting Pre-enrollment:			
Printed name of Person Submitting Pre-enrollment:			
Printed Title of Person Submitting Pre-enrollment:			
Submission Date:	Request EFT Start/Change/Cancel Date:		

Revised: 7/26/2017



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Form Completion Guidelines

Provider Information	
Provider Name	Complete legal name of institution, corporate entity, practice or individual provider. The provider name submitted must be for the PRACTICE, not a rendering provider.
Provider Address	The address submitted must be a PHYSICAL address.
Provider Identifiers	
Provider Federal Tax Identification Number (TIN)	A federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.
National Provider Identifier (NPI)	The NPI submitted must be for the PRACTICE, not a rendering provider. A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard, the NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. Providers who have subparts that conduct separate HIPAA standard transactions must have their own unique NPI. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means the numbers do not carry other information about health care providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.
Provider Contact Information	
Provider Contact Name	Name of contact in provider's office for handling EFT issues.
Telephone Number	Associated with contact person.
Email Address	An electronic mail address at which the health plan might contact the provider.
Fax Number	A number at which the provider can be sent facsimiles.
Financial Institution Information	
Financial Institution Name	Official name of the provider's financial institution.
Financial Institution Routing Number	A 9-digit identifier of the financial institution where the provider maintains an account to which payments are deposited.
Type of Account at Financial Institution	The type of account the provider will use to receive EFT payments (for example, checking, savings).
Provider Account Number with Financial Institution	Provider's account number at the financial institution to which EFT payments are to be deposited.
Submission Information	
Reason for Submission	New Pre-enrollment, Change Pre-enrollment, Cancel Pre-enrollment
Include with Submission	Voided Check – A voided check is attached to provide confirmation of Identification/Account Numbers.
	Bank Letter – A letter on bank letterhead that formally certifies the account owners routing and account numbers.
Written Signature of Person Submitting Pre-enrollment	A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity.
Printed Name of Person Submitting Pre-enrollment	The printed name of the person signing the form; may be used with electronic and paper-based manual pre-enrollment.
Printed Title of Person Submitting Pre-enrollment	The printed title of the person signing the form; may be used with electronic and paper-based manual enrolment.
Submission Date	The date on which the pre-enrollment is submitted.
Requested EFT Start/Change/Cancel Date	The date on which the requested action is to begin.

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TERMS AND CONDITIONS FOR ELECTRONIC FUNDS TRANSFER

By completing and submitting this form, your company agrees to accept payment by PGBA, LLC (PGBA) through electronic funds transfer (EFT). Additionally, you acknowledge and agree that all payments shall be made in accordance with the information that you supply on the Electronic Funds Transfer Authorization Agreement and that PGBA shall be entitled to rely exclusively upon such information. This agreement applies to and amends all existing agreements with PGBA by incorporating the following terms and conditions for electronic payment.

PGBA will initiate payment to you based on the following:

1. PGBA will transfer funds electronically to the financial institution and account number you register on this EFT Authorization Agreement.
2. PGBA will make payments in accordance with and be governed by the National Automated Clearinghouse Association's Corporation Trade Payment Rules. Our process is governed by and in accordance with the laws, other than choice of law provision of any particular contract, of South Carolina, including Article 4A of the Uniform Commercial Code as enacted by South Carolina and amended from time to time.
3. The information you provide on the EFT Authorization Agreement is very important. PGBA shall not be liable for any loss which may arise solely by reason of error, mistake, or fraud regarding this information. You understand that you must communicate any change in this information to PGBA. This communication must be in the form of a new EFT Authorization agreement faxed to this number: **1-888-282-2841**
4. Payment is initiated within the normal terms of our agreement with you and/or applicable TRICARE procedures. Our EFT terms and conditions neither enlarge nor diminish the parties' respective rights and obligations within any applicable agreement. The payment due date is not affected. We will consider payment made when your financial institution has received or has control of the payment transaction. This will generally occur within three (3) calendar days following initiation by PGBA. If payment is initiated on a nonbanking day at PGBA's originating bank, the funds transfer will occur the following banking day. In all cases, "Banking Day" is defined as the day on which both trading partners' banks are available to transmit and receive these fund transfers.
5. With respect to the EFT reimbursement process, PGBA is responsible up to the point where your financial institution receives or has control of the transaction. Any loss of data at that point will be borne by you unless the loss is due solely to the negligence of PGBA or its originating bank.

You hereby represent that you are authorized to enter into this agreement, disburse funds, sign checks and modify account information for the provider locations listed in this EFT Authorization Agreement.