

EDI Attachment Form



Date: _____ PGBA/TRICARE Phone: 800-403-3950
Institutional Fax: 803-462-3988
Professional Fax: 803-462-3989
Behavioral Health Fax: 803-462-3990

FROM:

Beneficiary Zip Code: _____
Provider Name: _____
Contact Name: _____
Phone: _____
Fax: _____
Tax ID #: _____

MESSAGE:

Sponsor's SSN: _____
Date of Service (from and to): _____
Patient's Name: _____
Total Amount Billed: _____
Claim Number (when available): _____
Comments on Attachments: _____

Signature (required): _____

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