

# 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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