



Non-Network Supplier Application

Corporation Name: _____

Tax ID Number: _____ NPI# _____

Physical Address (Street Address): _____
Billing Address (If Different): _____

Telephone No: _____ Telephone No: _____

Fax Number: _____ E-mail Address: _____

*** Please attach a list of ADDITIONAL office locations.

Select the appropriate specialty and attach any required documentation:

_____ Ambulance (attach copy of state license or Letter of Exemption)

License Number: _____

Original License Date: ____/____/____ Current Expiration Date: ____/____/____

_____ Independent Clinical Lab (attach copy of CLIA Certificate or Letter)

CLIA Number: _____

Original License Date: ____/____/____ Current Expiration Date: ____/____/____

_____ Durable Medical Equipment

Date business opened: ____/____/____

_____ Portable X-Ray Supplier (attach a copy of Medicare Certification letter)

Medicare Certification Number: _____

Original License Date: ____/____/____ Current Expiration Date: ____/____/____

PGBA, LLC
Provider Data Management
P.O. Box 870156
Surfside Beach, SC 29587-9756
1-877-TRICARE (1-877-874-2273)
Fax 1-888-279-3540
www.myTRICARE.com by PGBA



ELECTRONIC FUNDS TRANSFER (EFT)

Complete and FAX/Mail to: TRICARE North EFT, PO Box 870154, Surfside Beach, SC 29587-9754 or FAX completed form to 1-888-536-2324. (For assistance contact our EDI Help desk at, 1-877-334-2524).

PART I – PROVIDER OR SUPPLIER INFORMATION

Tax Identification (EIN or SSN) _____
National Provider Identifier _____
Name _____
Business Physical Address _____
_____ State _____ Zip Code _____ City _____
Phone Number _____ Fax Number _____

PART II – BANKING INFORMATION

Bank name _____
Bank Address _____
City _____ State _____ Zip Code _____
Bank contact name: _____ Phone Number _____
Bank Transit Number/ Routing Number (nine digit) _____ Bank
Account Number _____
Type of Account (check one) Checking Account Saving Account

PART III – CONTACT PERSON

Name _____
Business Physical Address _____
_____ State _____ Zip Code _____ City _____
Phone Number _____ Fax Number _____
E-mail Address _____

I hereby authorize PGBA, LLC to initiate credit entries and, if necessary, debit entries and adjust and credit entries in error. I also authorize the bank named above to credit and/or debit the same to this account.

Signature (person with signature authority) _____ Date _____

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