



www.gatewayedi.com
501 N. Broadway, 3rd Floor
SAINT LOUIS, MISSOURI 63102
(314) 802-6700 (800) 969-3666 FAX (314) 898-1932

TRICARE WEST ERA Professional or Institutional

- If you are a Corporate Office receiving remits, please complete the Addendum for Corporate Headquarters page. If you are not a corporate office please disregard this page.
- Once this agreement is processed at the payers and you start receiving your remits electronically, you will no longer receive paper remits.

Please mail all pages of the completed forms to:

Gateway EDI, a TriZetto Co.
Provider Enrollment Dept.
501 N. Broadway, 3rd Floor
St. Louis, MO 63102

- Due to system or processing changes, it may be necessary for the payer to change their agreements. If this occurs during your enrollment process, you may be asked to complete an updated form.
- If the Tax ID submitted on this enrollment form is associated with more than one office, all remittances for that Tax ID regardless of who submits the claim, will be returned to that vendor.

**ADDENDUM TO ERA ENROLLMENT FORM
FOR CORPORATE HEADQUARTERS**

PGBA, LLC

P.O. Box 202007 Florence, South Carolina 29502-2007

Please select your TRICARE Region.

- North
- South
- West

The companies listed on the reverse side of this addendum are branches/satellites of our corporate headquarters which will be receiving Electronic Remittance Advices (ERA's) for them. I am authorized to endorse this addendum on behalf of my company, and I acknowledge that it is my responsibility to notify Palmetto EDI in writing if I wish to make revisions to this authorization.

FEDERAL TAX ID NUMBER 946000524	SUBMITTER NUMBER/TRADING PARTNER ID 7GW0433MO3
NATIONAL PROVIDER IDENTIFIER (NPI #) 1326125337	NAME/TITLE (PLEASE PRINT)
CORPORATE HQ NAME Monterey County Health Department Laboratory	SIGNATURE
ADDRESS 1270 Natividad Road	DATE
CITY/STATE/ZIP Salinas, CA 93906	PHONE

**ADDENDUM TO ERA ENROLLMENT FORM
FOR BILLING SERVICES AND CLEARINGHOUSES
PGBA, LLC**

P.O. Box 202007 Florence, South Carolina 29502-2007

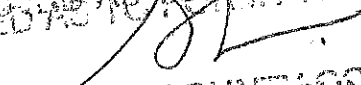
Please select your TRICARE Region.

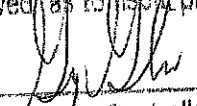
- North
- South
- West

I hereby authorize Gateway EDI to receive Electronic
BILLING SERVICE/CLEARINGHOUSE

Remittance Advices (ERA's) on my behalf. I understand that ERA's contain payment information concerning my processed TRICARE claims. I am authorized to endorse this addendum on behalf of my company, and I acknowledge that it is my responsibility to notify Palmetto EDI in writing if I wish to revoke this authorization.

FEDERAL TAX ID NUMBER 946000524	SUBMITTER NUMBER / TRADING PARTNER ID 7GW0433MO3
NATIONAL PROVIDER IDENTIFIER (NPI #) 1326125337	NAME /TITLE (PLEASE PRINT)
COMPANY NAME Monterey County Health Department Laboratory	SIGNATURE
ADDRESS 1270 Natividad Road	DATE
CITY/STATE/ZIP Salinas, CA 93906	PHONE

APPROVED AS TO LEGALITY

 DEPUTY COUNTY COUNSEL
 COUNTY OF MONTEREY

Reviewed as to fiscal provisions

 Assessor-Controller
 County of Monterey 4/11/14