

Tricare Payer	WPS - Tricare Overseas (FOREN) Enrollment Instructions – Professional ERAs (835)
Payer Info	This payer sends confirmation when EDI enrollment is approved. Yes ✓ No ERAs will begin coming in once ERA setup is completed.
Checklist of Requirements	✓ The billing provider must have a Practice Insight EDI customer account number with billing provider record(s) added.
How and Where to Submit this Request	Submit to EDInsight Enrollment Team: Within EDInsight - Enrollment Manager: GO TO or [ADD Payer Enrollment] record for this payer. SELECT record, CLICK [ATTACH File] to attach all pages of the completed payer form(s). IF prompted, asking if you want to Submit the request, CLICK [Yes] -Or- CLICK [SUBMIT Enrollment] ENTER any notes (optional) CLICK to "Save and Exit" notes window.
Steps / Instructions for completing request (Continued)	<p>[DEG1 Provider [Information] ENTER the billing provider's group name and address.</p> <p>[DEG2 Provider Identifiers Information]</p> <p>ENTER <i>the billing provider's group Tax ID # and NPI #</i></p> <p>For Other Identifier(s): ENTER <i>the provider's billing group NPI #</i></p> <p>Assigning Authority: Tricare Overseas</p> <p>Trading Partner ID: 98002</p> <p>[DEG3 Provider Contact Information] ENTER <i>the Provider's Contact info.</i></p> <p>[DEG4], [DEG5], [DEG6] OK TO SKIP. NOT REQUIRED / NOT APPLICABLE</p> <p>[DEG7 Electronic Remittance Advice Information] CHOOSE and ENTER ONE.</p> <p>[DEG 8] Practice Insight's Clearinghouse information is pre-printed on this form.</p> <p>[DEG 9] OK TO SKIP. Not Required / Not Applicable</p> <p>[DEG 10 Submission Information]</p> <p>Reason for Submission (Select One) New or Change</p> <p>Printed Name of Authorized Representative</p>
Estimated Time Of Completion	Allow 2-4 Weeks for 835 ERA enrollment to be completed.
Contact Info to Follow Up or Make Inquiries	Providers may contact WPS to inquire regarding status of the request that was Submitted at 1-800-782-2680. When phoning, be sure to have the billing provider's NPI #, last 5 digits of Tax ID and Practice Insight's Trading Partner ID, 98002.



This document is intended to establish Electronic Remittance Advice (ERA) enrollment. This document shall become effective when submitted by the provider. The responsibilities and obligations contained in this document will remain in effect as long as claims are submitted to WPS. Either party may terminate this arrangement by giving the other party thirty (30) days written notice of its intent to terminate. In the event that the notice is mailed, the written notice of termination shall be deemed to have been given upon the date of mailing, as established by the postmark or other appropriate evidence of transmittal. **Please note: Detailed instructions on how to complete this form are available on page 3 of this document.**

DEG1: PROVIDER INFORMATION

Provider Name:			
Doing Business As Name (DBA):			
Provider Address	Street:		City:
	Province/State:		Country Code:
	Zip Code/Postal Code:		

DEG2: PROVIDER IDENTIFIERS INFORMATION

Provider Identifiers	
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):	
National Provider Identifier (NPI):	
Other Identifiers	
Assigning Authority:	Trading Partner ID:
Provider License Number:	License Issuer:
Provider Type:	Provider Taxonomy Code:

DEG3: PROVIDER CONTACT INFORMATION

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

DEG4: PROVIDER AGENT INFORMATION

Provider Agent Name:		
Agent Address		
Street:		City:
State/Province:	Zip Code/Postal Code:	Country Code:
Provider Agent Contact Name:		Title:
Telephone Number:		Extension:
Email Address:	Fax Number:	

DEG5: FEDERAL AGENCY INFORMATION

<i>(Not Used by WPS Health Solutions)</i>	
Federal Program Agency Name:	
Federal Program Agency Identifier:	
Federal Agency Location Code:	



DEG6: RETAIL PHARMACY INFORMATION

(Not Used by WPS Health Solutions)

Pharmacy Name:

Chain Number:

Parent Organization ID:

Payment Center ID:

NCPDP Provider ID Number:

Medicaid Provider Number:

DEG7: ELECTRONIC REMITTANCE ADVICE INFORMATION

Preference for Aggregation of Remittance Data

Provider Tax Identification Number (TIN):

National Provider Identifier (NPI):

Method of Retrieval:

DEG8: ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION

Clearinghouse Name:

Clearinghouse Contact Name:

Telephone Number:

Email Address:

DEG9: ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION

Vendor Name:

Vendor Contact Name:

Telephone Number:

Email Address:

DEG10: SUBMISSION INFORMATION

Reason for Submission: **New Enrollment** **Change Enrollment** **Cancel Enrollment**

Authorized Signature:

Printed Name of Person Submitting Enrollment:

Submission Date:

Requested ERA Effective Date:

PLEASE SEND COMPLETED FORM TO

Mail: Wisconsin Physicians Service
 Electronic Data Services
 P.O. Box 8128
 Madison, WI 53708-8128

Fax: (608) 223-3824
Email: edi@wpsic.com

Should you have any questions or issues completing this form please contact the WPS EDI Team on:

Tel: 1-800-782-2680
 Choose Option 1 if you are current EDI Provider
 Choose Option 2 if you are a new EDI Provider