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**Submit the completed Payer Request Form to:**  
Inovalon Enrollment  
[enrollmentsupport@inovalon.com](mailto:enrollmentsupport@inovalon.com)

## INSTRUCTIONS

- Complete all sections of the **Payer Request Form**
- Complete this form using group or individual provider information as listed on file with the payer you wish to set up

**Note:** Some payers require additional documentation to be completed and signed by the provider in order to complete enrollment. If additional forms are required, the required forms will be sent to you for completion.

**IMPORTANT: You must specify the payer(s) with which you wish to enroll. If no payers are specified, enrollment forms WILL BE RETURNED.**

If you have more than ten payers to enroll, please make additional copies of this form.

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**Questions or need assistance?**

Contact Inovalon Enrollment Department at 888.499.5465 or [enrollmentsupport@inovalon.com](mailto:enrollmentsupport@inovalon.com)

Submit the completed Payer Request Form to:  
Inovalon Enrollment  
[enrollmentsupport@inovalon.com](mailto:enrollmentsupport@inovalon.com)

**INSTRUCTIONS**

Complete one form per TAX ID.

**PROVIDER BILLING INFORMATION**

Please type your responses directly into the form.

Please check:  New Request  Change Request

Billing Service Name (if applicable)

TIN or INOVALON ID:

Contact Name:

Phone: (  )  Fax: (  )  Email:

Group/Provider Name:

Please check for designation:  Professional  Institutional

Billing Tax ID:  Indicate  TIN/EIN  SSN Billing NPI:

Street Address:

City:  State:  Zip:

Name of Authorized Signee:

Title of Authorized Signee:

**PAYER INFORMATION**

List payers with which you wish to enroll below. Please refer to the Inovalon Payer List for enrollment requirements. Check the transaction(s) you want to enroll for each payer.

Payer ID	Payer Name	PTAN, Medicaid ID or Provider ID	Claims	ERA

Submit the completed Payer Request Form to:

Inovalon Enrollment  
[enrollmentsupport@inovalon.com](mailto:enrollmentsupport@inovalon.com)

## INSTRUCTIONS

### Payer Specific Instructions:

**\*\*IMPORTANT NOTE\*\***

ERA and EFT registration are separate, if you would like to receive both you will need to fill out each form and follow instructions specific to the forms as instructed in this packet.

#### **Electronic Funds Transfer (EFT) Enrollment**

Mail to:  
PGBA, LLC  
PO Box 108853  
Florence, SC 29502-8853

#### **For Electronic Remittance Advice (ERA) Enrollment ONLY**

Mail or fax to:  
PGBA, LLC  
VA CCN Electronic Data Interchange  
PO Box 17150  
Augusta, GA 30903  
Fax: 803-264-9864

#### **ERA Only Registration Instructions:**

- To receive ERA, you will need to fill out the ERA form attached to this packet.
- INOVALON Vendor/Clearinghouse information is pre-populated for your convenience.  
\*DO NOT ALTER ANY OF THIS INFORMATION\*
- If you have additional questions regarding ERA enrollment, contact the PGBA Help Desk at 1-800-259-0264 option 1.
- Please type or print legibly using blue or black ink.

#### **FAX or MAIL the completed form along with required documentation to:**

PGBA, LLC  
VA CCN Electronic Data Interchange PO  
Box 17150  
Augusta, GA 30903  
Fax: 803-264-9864

#### **Questions or need assistance?**

Contact Inovalon Enrollment Department at 888.499.5465 or [enrollmentsupport@inovalon.com](mailto:enrollmentsupport@inovalon.com)

**EFT Registration Instructions:**

Please type or print legibly using blue or black ink.

Fill out all necessary fields.

Once you receive a notification letter, you'll start receiving your payments through EFT.

**MAIL the completed form along with required documentation to:**

PGBA, LLC. PO Box  
108853  
Florence, SC 29502-8853

\*It will take proximately thirty (30) days to receive and process EFT requests.

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**Questions or need assistance?**

Contact Inovalon Enrollment Department at 888.499.5465 or [enrollmentsupport@inovalon.com](mailto:enrollmentsupport@inovalon.com)



Electronic Funds Transfer (EFT) &  
Electronic Remittance Advice (ERA)  
*Enrollment Package*

Dear TriWest Network Provider,

Thank you for your interest in Electronic Funds Transfer (EFT) and/or Electronic Remittance Advice (ERA) with PGBA, LLC. PGBA is pleased to partner with TriWest Healthcare Alliance to administer claims processing for the Department of Veterans Affairs (VA) Community Care Network.

Enclosed are the EFT and ERA enrollment forms along with instructions for completion. These forms can also be used to indicate a change or cancellation to a current enrollment. Please take the time to review this package thoroughly and follow the instructions and requirements.

**Electronic Funds Transfer (EFT) Enrollment** mail to:  
PGBA, LLC  
PO Box 108853  
Florence, SC 29502-8853

**For Electronic Remittance Advice (ERA) Enrollment ONLY** mail or fax to:  
PGBA, LLC  
VA CCN Electronic Data Interchange  
PO Box 17150  
Augusta, GA 30903  
Fax: 803-264-9864

## ***Electronic Funds Transfer (EFT) Frequently Asked Questions***

Please use these Frequently Asked Questions as a resource to help guide you through Electronic Funds Transfer (EFT).

### **Q1: What is Electronic Funds Transfer (EFT)?**

**A1:** Receive your VA CCN payments faster because EFT transmits money directly into your bank account. You no longer have to go to the bank to deposit your money or wait for a check in the mail.

### **Q2: How do I sign up for EFT?**

**A2:** Download the EFT Authorization Form found on TriWest Payer Space on Availity.com. Print and complete the EFT registration package and mail it to: PGBA, LLC., PO Box 108853, Florence, SC 29502-8853. Once you receive a notification letter, you'll start receiving your payments through EFT.

### **Q3: Are there any fees to sign up?**

**A3:** There are no fees to sign up for EFT. We do encourage you to check with your bank to determine if they apply any fees to EFT.

### **Q4: After I submit my application, how soon will I receive my VA CCN payments through EFT?**

**A4:** Once you have submitted your EFT application, it takes approximately thirty (30) days to receive and process EFT requests. After your EFT application is processed, it takes seven (7) days for EFT to begin. After the 7-day period, you will receive EFT payments (for any VA CCN claims you submit) in the next payment cycle. A payment cycle is generally 2-3 days. Claims received after your EFT enrollment has been processed will be paid electronically. Until then, you will receive paper checks.

### **Q5: How do I change or cancel EFT?**

**A5:** An employee with signature authority will need to submit a new EFT Authorization Agreement form with the updated information.

### **Q6: What is a signature authority?**

**A6:** An employee with signature authority can disburse funds, sign checks and add, modify or terminate bank account information.

### **Q7: I submit VA CCN claims for multiple providers. Can multiple providers be included in EFT enrollment?**

**A7:** Yes. PGBA processes EFT payments based on NPI. Payment for all locations under the registered NPI will be transmitted to the financial institution transit/routing and account number indicated on the EFT Authorization Agreement. If a specific location requires payment to a different account, it must have a different NPI and you must submit a separate EFT Authorization Agreement form.

**Q8: Will I continue to receive remits in the mail?**

**A8:** No — once you have registered for EFT, you will no longer receive postal remits. You will be able to view online remits at Availity.com and/or receive Electronic Remittance Advice (ERA). To receive ERA, you should complete an ERA application.

**Q9: Why do I need to fill out two separate forms for EFT and ERA?**

**A9:** Electronic Funds Transfer (EFT) and Electronic Remit Advice (ERA) are different things. With EFT, payments are electronically transmitted directly into your bank account. When you sign up for EFT, you are automatically signed up for Web remits. A web remit is a PDF copy of the remit that you can view on Availity's VA CCN web portal. If you have questions while completing your enrollment, contact PGBA EFT Customer Service at 1-800-259-0264, option 3. When enrolling in EFT, you are not automatically signed up for ERA. To receive ERA, you must complete the ERA form, include your vendor or clearinghouse information and retrieve remits following their process. If you have additional questions regarding ERA enrollment, contact the PGBA EDI Help Desk at 1-800-259-0264, option 1.

**Q10: Who can I contact if I have any questions?**

**A10:** You can contact PGBA EFT Customer Service at 1-800-259-0264, option 3. Please be sure that you've allowed enough time for your application to be received and processed. For all other claims inquiries, please contact TriWest customer service at: 877-226-8749

**Q11: How will I know when my EFT application has been processed?**

**A11:** You will receive an EFT notification letter through postal mail. If you receive an EFT notification and you didn't submit an EFT request, please notify us right away by contacting PGBA EFT Customer Service at 1-800-259-0264, option 3.

**Q12: Why was my EFT application returned?**

**A12:** Although these instances are rare, EFT applications are returned when there is incomplete or missing information. Applications can be re-submitted with the required information. Due to the sensitive nature of financial information, complete and accurate information must be received in writing.

**Q13: Why does EFT enrollment take up to 37 days?**

**A13:** It takes up to thirty-seven (37) days due to several factors. EFT applications are sent and received through postal mail. Then, EFT applications are sorted and processed. After an EFT application is processed, there is a pre-note bank process, which takes up to seven (7) days. After the 7-day period, EFT payments begin.



A CELERIAN GROUP COMPANY



# Electronic Funds Transfer (EFT) Authorization Agreement

This form authorizes PGBA, LLC to administer any payment to you as an Electronic Funds Transfer (EFT). Please complete all fields on page 1 and 2 of this form. Form Completion Guidelines and Terms and Conditions can be found on pages 2 and 3. Please retain a copy of the completed EFT Authorization Agreement for your records.

**Please Note:** *This application will be verified with a confirmed entity before processing.*

Provider Information				
Provider Name <i>(legal practice name, not rendering provider):</i>				
Provider Address: <i>(physical address)</i>	Street:	City:	State:	ZIP:
Provider Identifiers Information				
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):		National Provider Identifier (NPI):		
<i>Note: Payment for all locations of the above NPI will be transmitted to the financial institution transit/routing and account number indicated on this EFT Authorization Agreement. Payments are made at the NPI level. If a specific location requires payment to a different account, it must have a different NPI and you must complete a separate EFT form.</i>				
Provider Contact Information				
Provider Contact Name:			Department:	
Telephone Number:	Fax Number:	Email Address:		
Provider Agent Information				
Provider Agent Name:				
Agent Address:	Street:	City:	State:	ZIP:
Provider Agent Contact Name:			Title:	
Telephone Number:	Fax Number:	Email Address:		
Financial Institution Information				
Financial Institution Name:		Financial Institution Routing Number:	Type of Account at Financial Institution (check one): Savings <input type="checkbox"/> Checking <input type="checkbox"/>	
Provider's Account Number with Financial Institution:		Account Number Linkage to Provider Identifier <i>Provider payments and remittances are issued at the NPI level. Provider preference for grouping (bulking) claim payments must match preference for V5010 X12 835 remittance advice.</i>		
<b>Note:</b> If enrolled for 835 Electronic Remittance Advice (ERA), the provider must contact their financial institution to arrange for the delivery of the CORE-required minimum CCD+ data elements needed for association of the payment and the 835 ERA.				

*(Continues on next page)*



Submission Information			
Reason for Submission:	<b>Transition Enrollment</b> *Include two prior processor check/EFT numbers received within the last 30 days from separate payment dates	Check/EFT number: _____	
		Check/EFT number: _____	
	<b>New PGBA Enrollment</b> *Include two PGBA check numbers received within the last 30 days from separate payment dates	Check number: _____	
		Check number: _____	
	<b>Change PGBA Enrollment</b> *Include previous routing & account numbers used for receiving EFT payments	Routing number: _____ Account number: _____	
	<b>Cancel PGBA Enrollment</b> *Include previous routing & account numbers used for receiving EFT payments	Routing number: _____ Account number: _____	
Include with Enrollment Submission: *Bank letter must be signed and dated within the last year		<input type="checkbox"/> Voided Check	<input type="checkbox"/> Bank Letter
Written Signature of Person Submitting Enrollment:			
Printed name of Person Submitting Enrollment:			
Printed Title of Person Submitting Enrollment:			
Submission Date:		Request EFT Start/Change/Cancel Date:	

### Form Completion Guidelines

- Please type or print legibly using blue or black ink.
- Mail the completed form along with required documentation to: PGBA, LLC. PO Box 108853 Florence, SC 29502-8853
- Once enrolled, EFT payments that have not been received after 4 business days of the corresponding ERA, online, or paper remittance can be researched. If you have any questions regarding the information contained in the EFT Authorization Agreement, please contact PGBA EFT Customer Service at 1-800-259-0264, option 3.

Provider Information	
Provider Name	Complete legal name of institution, corporate entity, practice or individual provider. The provider name submitted must be for the PRACTICE, not a rendering provider.
Provider Address	The address submitted must be a PHYSICAL address.
Provider Identifiers	
Provider Federal Tax Identification Number (TIN)	A federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.
National Provider Identifier (NPI)	The NPI submitted must be for the PRACTICE, not a rendering provider. A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard, the NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. Providers who have subparts that conduct separate HIPAA standard transactions must have their own unique NPI. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means the numbers do not carry other information about health care providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.
Provider Contact Information	
Provider Contact Name	Name of contact in provider's office for handling EFT issues.
Telephone Number	Associated with contact person.
Email Address	An electronic mail address at which the health plan might contact the provider.
Fax Number	A number at which the provider can be sent facsimiles.

Provider Agent Information	
Provider Agent Name	Name of provider's authorized agent (authorized to act on behalf of another, a principal, to legally bind an individual in particular business transactions with third parties pursuant to an agency relationship.)
Agent Address	The location where a person or organization can be found
Provider Agent Contact Name	Name of a contact in agent office for handling EFT issues
Telephone Number	Associated with contact person
Email Address	An electronic mail address at which the health plan might contact the provider
Fax Number	A number at which the provider can be sent facsimiles
Financial Institution Information	
Financial Institution Name	Official name of the provider's financial institution.
Financial Institution Routing Number	A 9-digit identifier of the financial institution where the provider maintains an account to which payments are deposited.
Type of Account at Financial Institution	The type of account the provider will use to receive EFT payments (for example, checking, savings).
Provider Account Number with Financial Institution	Provider's account number at the financial institution to which EFT payments are to be deposited.
Submission Information	
Reason for Submission	Transition Enrollment, New Enrollment, Change Enrollment, Cancel Enrollment
Include with Submission	Voided Check – A voided check is attached to provide confirmation of Identification/Account Numbers.
	Bank Letter – A letter on bank letterhead that has been signed and dated within the last year which formally certifies the account owners routing and account numbers.
Written Signature of Person Submitting Enrollment	A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity.
Printed Name of Person Submitting Enrollment	The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment.
Printed Title of Person Submitting Enrollment	The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment.
Submission Date	The date on which the enrollment is submitted.
Requested EFT Start/Change/Cancel Date	The date on which the requested action is to begin.

### **Terms and Conditions for Electronic Funds Transfer**

By completing and submitting this form, the individual and/or entity identified on this EFT Authorization Agreement (User) agrees to accept payment by PGBA, LLC (PGBA) through EFT. Additionally, User acknowledge and agrees that all payments shall be made in accordance with the information supplied on this Electronic Funds Transfer Authorization Agreement and that PGBA shall be entitled to rely exclusively upon such information. User acknowledges that from time to time PGBA may have a legitimate business need to obtain information to verify or authenticate User's account information. This agreement applies to and amends all existing agreements with PGBA regarding EFT by incorporating the following terms and conditions for electronic payment.

PGBA will initiate payment to you based on the following:

1. PGBA will transfer funds electronically to the financial institution and account number User registers on this EFT Authorization Agreement.
2. PGBA will make payments in accordance with and be governed by the National Automated Clearinghouse Association's Corporation Trade Payment Rules. PGBA's process is governed by and in accordance with the laws, other than choice of law provision of any particular contract, of South Carolina as amended from time to time.
3. PGBA shall not be liable for any loss which may arise solely by reason of error, mistake, or fraud regarding this information. User understands that user must communicate any change in this information to PGBA. This communication must be in the form of a new EFT Authorization Agreement mailed to: PO Box 108853 Florence, SC 29502-8853
4. Payment is initiated within the normal terms of PGBA's agreement with User and/or applicable procedures. These EFT terms and conditions neither enlarge nor diminish the parties' respective rights and obligations within any such applicable agreement. The payment due date is not affected. We will consider payment made when the financial institution listed on this EFT Authorization Agreement has received or has control of the payment transaction. This will generally occur within three (3) calendar days following initiation by PGBA. If payment is initiated on a non-banking day at PGBA's originating bank, the funds transfer will occur the following banking day. In all cases, "Banking Day" is defined as the day on which both trading partners' banks are available to transmit and receive these fund transfers.
5. With respect to the EFT reimbursement process, PGBA is responsible up to the point where the financial institution listed on this EFT Authorization Agreement receives or has control of the transaction. Any loss of data at that point will be borne by User unless the loss issue solely to the negligence of PGBA or its originating bank.

User hereby represents that the individual submitting this EFT Authorization Agreement is authorized to enter into this agreement, disburse funds, sign checks and modify account information for the provider locations listed in this EFT Authorization Agreement.

Please complete all fields on page 1 and 2 of this form. Form Completion Guidelines can be found on pages 2 and 3. Please retain a copy of the completed ERA enrollment form for your records.

**Note:** Please allow 4 weeks for the enrollment process to be completed. If after 4 weeks you do not start receiving ERA files, you may contact the EDI Help Desk at 1-800-259-0264, option 1 or by email at [PGBA.EDI@pgba.com](mailto:PGBA.EDI@pgba.com).

Provider Information				
Provider Name:				
Provider Address:	Street:	City:	State:	Zip Code/Postal Code:
Provider Identifiers Information				
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):			National Provider Identifier (NPI):	
Other Identifiers Assigning Authority:		Trading Partner ID: 7GW 1475OK3		
<input type="checkbox"/> <b>Note:</b> Checking this box indicates enrolling all locations for this provider's TIN/EIN that are active in our provider files and will no longer receive a paper remit. Otherwise, if only <b>specific</b> locations are to be included, list them below. <b>Attach additional sheets if necessary.</b>				
National Provider Identifier (NPI)	Business Name and Address			
Provider Contact Information				
Provider Contact Name:				
Telephone Number:	Fax Number:	Email Address:		
Preference for Aggregation of Remittance Data (e.g. Account Number Linkage to Provider Identifier) (Must match EFT Preference)		<input type="checkbox"/> Provider Tax Identification Number (TIN)		
		<input type="checkbox"/> National Provider Identifier (NPI)		
Method of Retrieval (Required if provider is not using clearinghouse or vendor):				

Electronic Remittance Advice Clearinghouse Information	
Clearinghouse Name: <b>G4 Health Systems</b>	
Telephone Number: <b>888-499-5465</b>	Email Address: <b>enrollments@abilitynetwork.com</b>
Reason for Submission: <input checked="" type="checkbox"/> New Enrollment <input type="checkbox"/> Change Enrollment <input type="checkbox"/> Cancel Enrollment	
Authorized Signature	
Electronic Signature of Person Submitting Enrollment:	Printed Title of Person Submitting Enrollment:
Submission Date:	Requested ERA Effective Date:

### Form Completion Guidelines

- Please type or print legibly using blue or black ink.
- Once enrolled, ERA files that have not been received after 4 business days of receipt of the corresponding EFT file or check payment can be researched by calling or emailing the EDI Help Desk.
- Arrangements can be made for you to receive a paper copy of your remit in conjunction with an 835 transaction file for up to 31 days by contacting the EDI Help Desk. If you have any other questions regarding the information contained in this package, please contact our EDI Help Desk at 1-800-259-0264, option 1 or by email to [PGBA.EDI@pgba.com](mailto:PGBA.EDI@pgba.com).
- Mail or fax the completed form along with required documentation to:

PGBA, LLC  
 VA CCN Electronic Data Interchange  
 PO Box 17150  
 Augusta, GA 30903  
 Fax: 803-264-9864

Provider Information	
Provider Name	Complete legal name of institution, corporate entity, practice or individual provider.
Provider Address	<b>Street:</b> The number and street name where a person or organization can be found. <b>City:</b> City associated with provider address field. <b>State/Province:</b> ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country <b>Zip Code/Postal Code:</b> System of postal zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery) and exploit electronic reading and sorting capabilities.
Provider Identifiers	
Provider Federal Tax Identification Number (TIN)	A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.
National Provider Identifier (NPI)	A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.
Other Identifiers	
Assigning Authority	Name of contact in provider's office for handling ERA issues.
Trading Partner ID	Associated with contact person.

(Continues on next page)

Provider Contact Information	
Provider Contact Name	Name of contact in provider's office for handling ERA issues.
Telephone Number	Associated with contact person.
Email Address	An electronic mail address at which the health plan might contact the provider.
Fax Number	A number at which the provider can be sent facsimiles.
Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)	Provider preference for grouping (bulking) claim payments – must match preference for EFT payment. Must fill out one of the two options below: Providers Tax Identification Number (TIN) or National Provider Identifier (NPI)
Clearinghouse Information	
Clearinghouse Name	Official name of the provider's clearinghouse.
Telephone Number	Telephone number of contact.
Email Address	An electronic mail address at which the health plan might contact the provider's clearinghouse.
Reason for Submission	<b>New Enrollment</b> <b>Change Enrollment:</b> write a note stating the needed change and the requested ERA effective date of the change. <b>Cancel Enrollment:</b> provide requested ERA effective date of the cancellation.
Authorized Signature	
Authorized Signature	The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment may be used with electronic and paper-based manual enrollment
Written Signature of Person Submitting Enrollment	A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity.
Printed Name of Person Submitting Enrollment	The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment.
Printed Title of Person Submitting Enrollment	The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment.
Submission Date	The date on which the enrollment is submitted.
Requested EFT Start/Change/Cancel Date	Date the provider wishes to begin ERA; per Phase III CORE Health Care Claim Payment/Advice (835) Infrastructure Rule Version 3.0.0: there may be a dual delivery period depending on whether the entity has such an agreement with its trading partner.