
EMC ATTACHMENT FORM



Date: _____

PGBA/TRICARE
INSTITUTIONAL
PROFESSIONAL
BEHAVIORAL HEALTH

Phone: 800-403-3950
FAX: 803-462-3988
FAX: 803-462-3989
FAX: 803-462-3990

FROM:

Beneficiary Zip Code: _____

Provider Name: _____

Contact Name: _____

Phone: _____

Fax: _____

Tax ID #: _____

MESSAGE:

Sponsor's SSN: _____

Dates of Service (from and to): _____

Patient's Name: _____

Total Amount Billed: _____

Claim Number (when available): _____

Comments on Attachments: _____

Signature (required): _____

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