



**Non-Network UB-04 “Signature on File” for TRICARE Claims Form**

Please complete the following information and return by fax to 1-844-730-1373

This form serves the purpose of the signature requirements indicated in the TRICARE Operations Manual (Chapter 8, Section 4, Paragraph 10.0.)

“The signature of the non-network provider, or an acceptable facsimile, is required on all participating claims. The provider’s signature block Form Locator (FL) has been eliminated from the CMS 1450 UB-04. As a work around, the National Uniform Billing Committee (NUBC) has designated FL 80, Remarks, as the location for the signature, if signature on file requirements do not apply to the claim. If a non-network participating claim does not contain an acceptable signature, return the claim.”

I, \_\_\_\_\_ hereby authorize PGBA, LLC / Health Net  
(print/type name here)

Federal Services in the state of South Carolina to accept my signature shown below as my true signature for all claim submissions for the facility indicated below.

Facility Name: \_\_\_\_\_

Facility Tax Identification Number: \_\_\_\_\_

Facility NPI Number: \_\_\_\_\_

Facility Physical Address: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

**TRICARE West**  
**Provider Data Management**  
P.O. Box 202106  
Florence, SC 29502-2106  
Fax: 1-844-730-1373  
1-844-866-WEST (1-844-866-9378)