



All Provider Types

Important Reminder for Expedited/Priority And P.O. Box Mailing Addresses



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Please use the following chart when sending mail to eMedNY. Identify the type of correspondence to be mailed, and mail to the address below using the appropriate P.O. Box and 4-digit ZIP Code extension:

Contact Details:
1-800-343-9000
emednyalert@csra.com

eMedNY
P.O. Box _____
Rensselaer, New York 12144 _____

***Please note:** If you are sending priority/expedited mail (Fed Ex, UPS, USPS), use the following physical address format:

eMedNY
327 Columbia Turnpike
ATTN: Box _____
(use the corresponding Box number from the table below)
Rensselaer, NY 12144

Forms sent priority delivery will still be processed in the standard timeframe.

P.O. Box	ZIP Code Extension	Description of Contents	Form Types
4600	4600	Prior Approval and Prior Authorization Requests	<ul style="list-style-type: none"> • EMEDNY-361402 (Dental) • EMEDNY-361502 (Prescription Drugs, Physician, DME, PDN, Vision) • EMEDNY-283202 (Hearing Aid) • EMEDNY-126001 (Level of Care) • PA Additional Information
4601	4601	Claims	<ul style="list-style-type: none"> • EMEDNY-150003 (HCFA) • EMEDNY-000201 (Form A) • EMEDNY-000301 (Pharmacy) • UB-04
4602	4602	Threshold Override Applications	EMEDNY-000105 (TOA)
4603	4603	Provider Enrollment Applications/Revalidation	All Fee-For-Service and Rate-Based Enrollment Packets

4604	4604	Edit Review	Provider Submitted documentation (Medicare EOMBs) to support claims pending for MMIS Edits 00127 and 01283 only
4605	4605	Remittance Retrieval	Provider Requests for copies of remittance statements
4606	4606	Additional Information	Provider Enrollment Additional Information Form with attachments
4610	4610	Provider Maintenance	Provider maintenance (update) forms and related Correspondence ex: Change of Address
4614	8614	Electronic Form Requests	<ul style="list-style-type: none"> • Electronic Certifications • ETIN Applications • Security Packet B • Electronic/PDF Remittance Request • Electronic Prior Approval Request • Remittance Sort Request • Pended Claim Recycle Request • Request to Disaffiliate/Delete an ETIN
4616	8616	Electronic Funds Transfer	Electronic Funds Transfer Enrollment Forms

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The Department has attempted to ensure that the information contained in these notifications is as accurate as possible. However, no e-mail transmittals or materials provided are intended to constitute legal or medical advice.