

## DEFAULT ETIN SELECTION FORM

eMedNY uses a Default Electronic Transmitter Identification Number (ETIN), linked to your MMIS Provider Number/NPI, for reporting the following types of claims on your electronic or PDF remittance:

- claims submitted on paper forms
- State submitted adjustments/voids
- automated Medicare crossover claims

You must select a default to identify where remittances for these types of claims are to be routed.

**NOTE: The ETIN you select as the Default must be set to receive electronic or PDF remittances, prior** to submitting this form. If you need to request electronic or PDF remittances, you must submit the ELECTRONIC OR PDF REMITTANCE ADVICE REQUEST FORM located at [www.emedny.org](http://www.emedny.org). Look under Provider Enrollment and Provider Maintenance Forms or click the "Go Green" icon on the homepage. At the same time, you can also use the ELECTRONIC OR PDF REMITTANCE ADVICE REQUEST FORM to select a Default ETIN.

To select or change a Default ETIN, place an "X" in the appropriate box below and indicate the Default ETIN in the space provided. Check the 'Select Default' box if there is currently no Default ETIN listed on the provider's file. Check the 'Change Default' box to change the Default ETIN currently listed on the provider's file. If you have multiple ETINs, set to receive electronic or PDF remittance, you may only choose **one** as the Default.

Select Default

Change Default

Default ETIN: \_\_\_\_\_

NPI (unless NPI exempt): \_\_\_\_\_ **(must be linked to the Default ETIN listed above)**

MMIS Provider Number: \_\_\_\_\_ **(must be linked to the Default ETIN listed above)**  
(If NPI exempt)

SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

**For Practitioners, the Practitioner must sign this form.**

SIGNED BY (PRINT NAME): \_\_\_\_\_ TITLE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Please mail or fax this completed form to:

eMedNY  
Attn: Provider Enrollment Support  
P.O. Box 4614  
Rensselaer, New York 12144  
FAX: (518) 257-4632

Questions about this form should be directed to the eMedNY Call Center at (800) 343-9000.

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