

MAIL TO: eMedNY  
P.O. Box 4610  
Rensselaer, NY 12144

**PHYSICIAN OFFICE LABORATORY - CLIA INFORMATION**

**INSTRUCTIONS:**

1. Please print all required information.
2. A **SEPARATE** form must be submitted for **EACH** eligible physician in a group. If a physician works at multiple physician office laboratory sites, a **SEPARATE** form must be submitted for **EACH** site.
3. Attach a copy of the most recently issued valid Clinical Laboratory Improvement Amendments (CLIA) certificate from your site. If your physician office laboratory does not currently have a CLIA certificate, please contact the New York State Department of Health Physician Office Laboratory Evaluation Program at (518) 485-5352.
4. A letter of verification from the Centers for Medicare and Medicaid Services (CMS) or the New York State Department Physician Office Laboratory Evaluation Program is also acceptable evidence of CLIA certification. To obtain a letter from the New York State Department of Health Physician Office Laboratory Evaluation Program, please call (518) 485-5352.

National Provider Identifier (NPI): \_\_\_\_\_

Medicaid Provider # \_\_\_\_\_

CLIA Certificate Number: \_\_\_\_\_

Provider License Number: \_\_\_\_\_

Provider Name: (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MI) \_\_\_\_\_

Site Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Please check the appropriate box for the type of CLIA Certificate held for this site: (check one):

- Waiver       PPMP       Registration       Compliance/Accreditation  
(Provider Performing  
Microscopy Procedures)

**This section should be completed by legally organized group practice(s) only:**

National Provider Identifier (NPI)/Medicaid Provider # for Group (if applicable): \_\_\_\_\_

Name of Group Practice: \_\_\_\_\_

Site Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_