

Return to: eMedNY  
PO Box 4610  
Rensselaer NY 12144-4610

# PERSONAL IDENTIFICATION NUMBER (PIN) REQUEST

**For Pharmacy Only:**

The Electronic Claim Capture and Adjudication (ECCA) feature requires a Personal Identification Number (PIN). Pharmacies must select a Personal Identification Number (PIN) and forward that number to the NYSDOH for processing. Please use this form for your request.

**National Provider  
Identifier (NPI):**

\_\_\_\_\_

**Medicaid Provider ID:**

\_\_\_\_\_

**NYS Medicaid Provider  
Name:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PIN Number:**

\_\_\_\_\_

(Any four (4) digits)

Please specify and keep a record of your number.

**Name of Person  
Completing Form:**

\_\_\_\_\_

Print or Type

**Signature of Person  
Completing Form:**

\_\_\_\_\_

**Date Signed:**

\_\_\_\_\_

**Telephone Number:**

(\_\_\_\_)\_\_\_\_\_

**Return with your Enrollment Package.**