CHANGE OF ADDRESS FORM FOR PRACTITIONERS, BUSINESSES AND GROUPS

General Instructions

- Pages 3, 4 and 5 of the Change of Address Form must be returned. Red ink, white out and double-sided forms are unacceptable.
- Page 3: list the Medicaid Provider Number, NPI (Required, unless NPI exempt,) Category of Service and Provider Name.
- Page 3: list the new correspondence, pay to, and corporate addresses, if applicable. If no changes to these addresses, leave blank.
- Provider's original signature is required on the bottom of page 5.
- Pages 3, 4 and 5: list the begin dates for each address update.
- Page 4: list the following information:
  - *All active service addresses REQUIRE a valid Telephone Number, failure to complete all required fields will result in your Change of Address form being returned to you which may have an impact on your service address effective date.
  - Indicate the word "**UPDATE"** ONLY if adding/updating the telephone number or Attention line on an existing service address(s). Note: When UPDATE is selected, the physical street address will not be updated, the address will only be used to identify the service address for the telephone number update.
  - Indicate the word "**CLOSE**", for all service addresses that are inactive.
  - Indicate the word "**ADD**" for all New service address(s)

Please see below for additional instructions based on provider type.

Durable Medical Equipment (DME)

- DME dealers must first change their service address with Medicare. Once confirmation is received from Medicare, complete the Change of Address form showing the updated service address.

Hearing Aid Dealer/Audiologists

- Hearing Aid Dealers and Audiologists must first change their service address on their state license/registration. Once the updated license/registration is received, complete the Change of Address Form and submit that form with a copy of the current license/registration showing the new service address.

Laboratory

- Laboratories must first change their service address on their state license/registration. Once the updated license/registration is received, complete the Change of Address Form and submit that form with a copy of the current license/registration showing the new service address.

Nurse Registry

- Nurse Registries must first change their service address on their state license/registration. Once the updated license/registration is received, complete the Change of Address Form and submit that form with a copy of the current license/registration showing the new service address.

Pharmacy

- Pharmacies must first change their service address with Medicare, their state license/registration board and DEA.

- Complete the Change of Address form and submit with the updated confirmation received from Medicare, the state license/registration board and DEA. **Physician**

- If the physician has a limited license an amendment letter to the Affidavit of Agreement from the Department of Health showing the new address must accompany the Change of Address Form.

- If a physician is adding an out of state service address it must be accompanied by their license in that state.

RN/LPN Private Duty Nursing

- RN/LPNs cannot list a beneficiary address on their NYS Medicaid Provider file.

Transportation

- Ambulance providers (COS 0601) must first change their service address with Medicare and on their state license/registration. Once the confirmation is received, complete the Change of Address form and submit that with a copy of the current license/registration both showing the new address.

- NYC Taxi providers (COS 0605 only) must first change their service address with the NYC TLC. Once the confirmation of the change is received, complete and submit this Change of Address Form with the updated copy of the new NYC TLC base license.

PLEASE NOTE: ALL SERVICE ADDRESSES REQUIRE A VALID TELEPHONE NUMBER

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

Date___/___/___

CHANGE OF ADDRESS FORM FOR PRACTITIONERS, BUSINESSES AND GROUPS

_____	_____	_____
Medicaid Provider Number (Required)	**National Provider Identifier (Required, unless NPI exempt)**	**Category of Service**

Provider Name: _____

I wish to change the address to which my Correspondence and Claim Forms are sent.

LOCATOR 001: **CORRESPONDENCE ADDRESS –** Must specify a street address. Cannot be a P.O. Box unless accompanied by an actual street address.

Begin date: _____
M M D D Y Y

ATTENTION: _____

STREET: _____

CITY: _____

STATE: _____ZIP:_____-_____COUNTY CODE:_____

TELEPHONE: _____

Electronic Funds Transfer (EFT) is a requirement for Medicaid Enrollment. However, please supply an address should it be necessary to send a paper check.

Providers enrolled as ordering/prescribing/referring/attending (OPRA) do not need to supply a Pay to Address.

LOCATOR 002: **PAY TO ADDRESS**

Begin date: _____
M M D D Y Y

STREET: _____

CITY: _____

STATE: _____ZIP:_____-_____COUNTY CODE: _____

TELEPHONE: _____

CORPORATE ADDRESS: This is where the 1099 is sent.

Individual practitioners - I wish to change the address to where my1099 is sent.

Businesses & Groups - We wish to change the address to where the business or groups 1099 is sent.

Begin date: _____
M M D D Y Y

ATTENTION: _____

STREET: _____

CITY: _____

STATE: _____ ZIP: _____ - _____ COUNTY CODE: _____

TELEPHONE: _____

EMAIL ADDRESS: _____

SERVICE ADDRESSES: Each address where you see Medicaid beneficiaries must be listed on our file.
If no service address changes are necessary, leave this blank. Any addresses to be updated, closed or added should be listed below. Please write **UPDATE, CLOSE** or **ADD** in the Action field.

A Service Address must be a street address and cannot be a P.O. Box.

***A valid Telephone number is REQUIRED for all active service addresses, if left blank the form will be returned.**

Begin date: _____ Action: _____
M M D D Y Y

ATTENTION: _____

STREET: _____

CITY: _____

STATE: _____ ZIP: _____ - _____ COUNTY CODE: _____

*TELEPHONE: _____

SERVICE ADDRESSES (CONTINUED) Each address where you see Medicaid beneficiaries must be listed on our file. If no service address changes are necessary, leave this blank. Any addresses to be updated, closed or added should be listed below. Please write **UPDATE, CLOSE** or **ADD** in the Action field.

A Service Address must be a street address and cannot be a P.O. Box.

***A valid Telephone number is REQUIRED for all active service addresses, if left blank the form will be returned.**

Begin date: _____ Action: _____
M M D D Y Y

ATTENTION: _____

STREET: _____

CITY: _____

STATE: _____ ZIP: _____ - _____ COUNTY CODE: _____

***TELEPHONE**: _____

Begin date: _____ Action: _____
M M D D Y Y

ATTENTION: _____

STREET: _____

CITY: _____

STATE: _____ ZIP: _____ - _____ COUNTY CODE: _____

***TELEPHONE**: _____

Begin date: _____ Action: _____
M M D D Y Y

ATTENTION: _____

STREET: _____

CITY: _____

STATE: _____ ZIP: _____ - _____ COUNTY CODE: _____

***TELEPHONE**: _____

Begin date: _____ Action: _____
M M D D Y Y

ATTENTION: _____

STREET: _____

CITY: _____

STATE: _____ ZIP: _____ - _____ COUNTY CODE: _____

***TELEPHONE:** _____

PHOTOCOPIES OF THIS PAGE MAY BE USED WHEN REPORTING MORE THAN 5 SERVICE ADDRESSES

►PROVIDER SIGNATURE: _____

NOTE: Photocopy or stamp is *unacceptable* for signature.
If this change is for a Group**,** then Board Member or Owner must sign and declare title**.** If this is a business or corporation, then Owner must sign**.**