



## ELECTRONIC OR PDF REMITTANCE ADVICE REQUEST

### **Pre-Requirements:** Prior to submitting this form, providers must:

- Be enrolled in the Medicaid program
- Have an active certification on file for the ETIN submitted in the 'Other Identifiers' section.
- Have a valid and active eMedNY eXchange, Core Web Services, or FTP User ID prior to requesting any electronic remittance advice format.
- To enroll in ePACES/eXchange, contact the eMedNY Call Center at 1-800-343-9000.

**THE FORM WILL BE REJECTED IF ANY REQUIRED FIELDS ARE NOT COMPLETED OR ARE ILLEGIBLE.  
ALLOW 7 TO 14 BUSINESS DAYS FOR PROCESSING.**

### **Provider Identifiers Information**

- **Provider Name:** Enter the name of either the individual provider or organization for which this form is being submitted.
- **Federal Tax Identification Number:** Number being submitted is either Federal Employer identification Number (EIN) or the provider's Social Security Number (TIN).
- **NPI:** Required, unless exempt

### **Trading Partner IDs**

- **MMIS Provider ID:** For atypical providers ONLY, enter your MMIS Provider ID here.
- **ETIN:** Enter the 3 or 4 digit Electronic Transmitter Identification Number. Only one ETIN per form allowed.
  - The Provider ID submitted on this form must be certified to the ETIN.
  - For multiple providers, a separate form must be submitted for each provider who is actively enrolled and currently certified to the ETIN entered.
- **NOTE:** This ETIN will serve as the DEFAULT ETIN for reporting paper claim submissions, state submitted adjustments/voids, and Medicare crossover claims, unless you indicate an alternate ETIN that is set up for electronic/PDF remittances in the field provided.

### **Provider Contact Information**

- Enter the name, phone and email address for the person to be contacted on behalf of the provider with questions regarding this form.

### **Electronic Remittance Advice Information**

#### **Method of Retrieval**

- **Remittance Type:** Chose one remittance type for the provider. Only one remittance type is allowed per ETIN/Provider combination.  
**Notes:**
  - For 835/820 electronic remittance types, software to interpret HIPAA formatted records is strongly recommended. eMedNY cannot provide remittance interpretation service.
  - PDF remittance advices can only be delivered to an eMedNY eXchange user account.
- **Remittance Delivery Method:** Chose one remittance delivery method for the provider. Only one remittance delivery method is allowed per ETIN/Provider combination.
- **eXchange user ID, Core Web Services User ID, or FTP User ID:** Enter the user ID of the preferred remittance delivery method.
  - The eXchange, Core Web Services, or FTP user ID submitted on the form must be valid and activated.
  - Only one User ID is allowed per ETIN/Provider combination.

### **Submission Information**

- **Reason for Submission**
  - **New Enrollment check-box:** not applicable to this form.
  - **Change Enrollment check-box:** To change the User ID, remittance type, or delivery method for an existing provider ETIN relationship.
- **Authorized Signature**
  - If submitting the form for a practitioner, the practitioner must sign the form.
  - If submitting this form for a group, business or institution, the authorized representative must sign the form.



# ELECTRONIC OR PDF REMITTANCE ADVICE REQUEST

To receive the New York Medicaid remittance advice in PDF format through eMedNY eXchange or electronic HIPAA-compliant 835 or 820 format through eMedNY eXchange, FTP or Core WEB Services, complete **all** sections below.

**ALLOW 7 to 14 BUSINESS DAYS FOR PROCESSING.**

## Provider Information

Provider Name \_\_\_\_\_

## Provider Identifiers Information

### Provider Identifiers

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):

TIN  EIN \_\_\_\_\_

National Provider Identifier (NPI) (Required, unless exempt): \_\_\_\_\_

### Other Identifiers – Assigning Authority – New York Medicaid

Trading Partner ID: MMIS Provider ID # (Required, if NPI exempt): \_\_\_\_\_

Trading Partner ID: ETIN: \_\_\_\_\_

**NOTE:** The ETIN listed on this form above will also serve as the **DEFAULT ETIN** for reporting paper claim submissions, state submitted adjustments/voids, and Medicare crossover claims, unless you indicate an alternate ETIN, which is set up for electronic/PDF remittances, in this field: \_\_\_\_\_

## Provider Contact Information

Provider Contact Name Contact \_\_\_\_\_

Telephone Number \_\_\_\_\_ Extension \_\_\_\_\_

Email Address \_\_\_\_\_ FAX Number \_\_\_\_\_

## Electronic Remittance Advice Information

### Method of Retrieval

Remittance Type (**Choose one**):  835/820 Electronic Remittance  PDF (eXchange delivery method only)

Remittance Delivery Method (**Choose one**):  eXchange  FTP  Core WEB Services

eXchange, Core WEB Services **or** FTP User ID: \_\_\_\_\_

## Submission Information

**Reason for Submission**  New Enrollment  Change Enrollment

### Authorized Signature

The person signing this form on behalf of the Provider warrants that s/he has the legal authority to do so.

\_\_\_\_\_  
Written Signature of Person Submitting Enrollment

\_\_\_\_\_  
Submission Date

\_\_\_\_\_  
Printed Name of Person Submitting Enrollment

\_\_\_\_\_  
Printed Title of Person Submitting Enrollment

Mail the completed form to:

**eMedNY**  
**Attn: Provider Enrollment Support**  
**P.O. Box 4614**  
**Rensselaer, New York 12144-8614**  
**FAX: (518) 257-4632**

**You can fax the remittance request form if the provider is already certified for the ETIN. Certification forms cannot be faxed. Only originals will be accepted.**

**This form will be returned if it contains incomplete or illegible information.**