



Prior Approval Change Request Form

- Please complete and attach this form for each Prior Approval you want changed.
- You must enter the information, requested below, to have this change request properly recorded in the eMedNY system.
- Please attach this completed form to a document, for example,
 - Hardcopy of Prior Approval Roster
 - 278 Transaction Response
 - Pre-eMedNY Prior Approval Form or
 - Explanatory Note/Letter

which explains the specific change(s) requested to be made to the Prior Approval.

**** DO NOT SEND IN A NEW, ORIGINAL PRIOR APPROVAL (PA) FORM ****

PA NUMBER				
<input type="text" value="01"/>	<input type="text" value="2"/>	<input type="text"/>	<input type="text" value="Leave Blank"/>	<input type="text" value="T"/>
PROVIDER NUMBER	CLIENT ID			
<input type="text"/>	<input type="text"/>			

Date of This Request: **PA Review Office Code:**

Please send this form and the attached documents to:

eMedNY
P.O. Box 4600
Rensselaer, NY 12144
or Fax to: 1-800-210-7442