

MAIL TO: Computer Sciences Corporation
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: _____