MEDICAID PROVIDER ENROLLMENT

Optical Establishment Employee List

Optical Establishment Name

This form MUST be completed with each optical establishment employee's name, license number, Medicaid Provider Identification Number (if applicable) and National Provider Identifier (NPI). If the employee is not yet enrolled they must separately submit a salaried enrollment application and write pending after the name of the employee. If the employee is actively enrolled, the employee must complete the Optical Establishment Affiliation/Disaffiliation Request - Form #428901 and return with Optical Establishment application. Please indicate below if optician or optometrist.
These forms can be obtained at www.eMedNY.org.

NAME OF EMPLOYEE	Optician	Optometrist	LICENSE NUMBER	MEDICAID PROVIDER IDENTIFICATION NUMBER	NATIONAL PROVIDER IDENTIFIER (NPI)