EMEDNY PTAR/MMTP FACILITY ADMINISTRATOR USER ID REQUEST FORM

NEW/EXISTING PTAR USER INFORMATION

Name: (First)	(Last)
Phone:	E-mail Address:

PTAR FACILITY INFORMATION

Facility Name:			
Facility Address:	City:	State:	ZIP Code:
8-Digit NYS MMIS Provider ID # :			

REQUESTING PTAR FACILITY ADMINISTRATOR INFORMATION

Facility Administrator: (First)	(Last)	
Your PTAR User ID:	E-mail:	Phone #:

PTAR ADMINISTRATOR ID ACCESS REQUEST OR CHANGE

Is this request for: ☐ A New PTAR Administrator ID ☐ An Existing PTAR Administrator ID*

PTAR ADMINISTRATOR ID SECURITY

*If Existing what is the PTAR ID: _____ ☐ Deactivate/Lock PTAR ID ☐ Reactivate/Un-Lock PTAR ID ☐ Reset Password

SIGNATURES

I certify that:

The facility named above, hereafter in this certification referred to as the "Facility," is actively enrolled with and authorized to participate in the New York State Medicaid Program.

Payments made by the Facility to Medicaid enrollees (for out-of-pocket expenses incurred traveling to necessary medical care), on behalf of the New York State Health Department, are made in accordance with established rules, fee schedules and procedures.

All records pertaining to the reimbursement of out-of-pocket travel expenses reimbursed by the Facility to Medicaid enrollees will be kept for a period of six (6) years from the date of payment and such records and information regarding such claims therefore shall be promptly furnished upon request of the New York State Health Department and/or its agents; the Office of the Medicaid Inspector General and/or its agents; the State Medicaid Fraud Control Unit of the Office of the Attorney General; and/or the Secretary of the Department of Health and Human Services and/or its agents.

I understand and agree that the Facility shall be subject to and bound by the rules of the New York State Health Department. My signature on the face hereof incorporates the above certifications and attests to their truth.

Signature of Requesting User:	Date:
Signature of Requesting PTAR Facility Administrator:	Date:

Please allow 3-5 business days for PTAR forms to be processed. Please assure the entire form is filled out, all the information provided is complete & accurate and that the form is signed by an active and authorized PTAR Facility Administrator or the form may be rejected.
Completed eMedNY PTAR User Access Forms must be faxed or mailed to:

eMedNY

Computer Sciences Corporation
P.O Box 4619
Rensselaer, NY 12144
Fax # (518) 257-4637