Mail to: eMedNY
P.O. Box 4603
Rensselaer, NY 12144-4603

Change of Category and/or Address Form
For Currently Enrolled Optician/Optometrist

Use this form only if you are currently enrolled in the NYS Medicaid Program and have a need to change your current category of service and/or your current service address.

- If you are currently enrolled as a Salaried Optician/Optometrist and wish to join a Multi Service Group you must change your Category of Service to Self Employed.
- Each Optician/Optometrist MUST complete and sign this form.

1. Optician/Optometrist Name_____
   Last First MI
2. National Provider Identifier (NPI)_____
   NYS Medicaid Provider Number_____

3. ☐ Requesting to change current category of service.
   ☐ Requesting to have an additional category of service.

4. Check the appropriate box to indicate the change or additional category of service.

   ☐ 0403 Salaried Optician
   ☐ 0404 Self-Employed Optician
   ☐ 0421 Salaried Optometrist
   ☐ 0422 Self-Employed Optometrist

5. If the box above is checked requesting a change or additional category of service that is salaried, list the name and address of the optical establishment.

   Optical Establishment Name_____

   Address_____

   City_____State_____Zip_____

   National Provider Identifier (NPI) for Optical Establishment_____

   NYS Medicaid Provider Number for Optical Establishment_____

6. If self-employed, complete the required address criteria:

   a) Pay to Address_____

      City_____State_____Zip_____

   b) List any additional service address(es) to be added to the file.

      Address_____

      City_____State_____Zip_____

Address_____

City_____State_____Zip_____

Address_____

City_____State_____Zip_____

Address_____

City_____State_____Zip_____

7. If you are enrolled in the NYS Medicaid Program, do you have a low vision certificate?

☐ Yes ☐ No

a) If yes, submit a copy of your current license/registration.

b) List the address where the service is provided.

Address_____

City_____State_____Zip_____

Attestation: I swear that the information that I have provided is true and accurate to the best of my knowledge.

_____

Original Signature Date