



Vision Care

New Form “Disclosure of Other Business at Same Location”



Contact Details:
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New Form “Disclosure of Other Business at Same Location”

Optical Business Providers (COS 0401 & 0402) enrolling, revalidating, reinstating or changing ownership must now identify other optical providers at the same location. This form, “Disclosure of other Business at the same location” #436702, can be found on the Optical Business landing page at: <https://www.emedny.org/info/ProviderEnrollment/optEst/index.aspx> under the section “Additional forms/information which may be Required to complete your enrollment.”

Other optical providers include other Medicaid enrolled Optical Establishments, Optometrists, Opticians and Ophthalmic Dispensers.

In addition, the following information must also be reported on the Business Application (EMEDNY - 436701) upon initial enrollment, revalidation, reinstatement, or change of ownership:

- **Disclosure of Ownership and Control, Section 1, For Corporations and Optical Establishment only: Providers are required to report all other business addresses.**
- **Disclosure of Ownership and Control, Section 2: Providers are required to complete Ownership in Other Disclosing Entities (ODE).**

Optical applications that do not include this form will be rejected.

If you have questions regarding the information that must be reported, please call the eMedNY Call Center at 800-343-9000 and choose option 2, or email providerenrollment@health.ny.gov with the subject line “Optical Establishment Notice”.

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