*e*MedNY Mailing Addresses

Please use the following chart when sending mail to eMedNY and identify the type of correspondence to be mailed, and mail to the address below using the appropriate P.O. Box and 4-digit ZIP Code extension:

eMedNY
P.O. Box _____
Rensselaer, New York 12144-_____

Expedited/Priority Mailing
Please note: If you are sending priority/expedited mail (Fed Ex, UPS, USPS), use the following physical address format: **eMedNY**   **327 Columbia Turnpike**   **ATTN: Box_____** *(use the corresponding Box number from the table below)*   **Rensselaer, NY 12144**   ****** Forms sent priority delivery will still be processed in the standard timeframe. ******

P.O. Box	ZIP Code Extension	Description of Contents	Form Types
4600	4600	Prior Approval and Prior Authorization Requests	• EMEDNY-3614 (Dental) • EMEDNY-3615 (Prescription Drugs, Physician, DME, PDN, Vision) • EMEDNY-2832 (Hearing Aid) • EMEDNY-1260 (Level of Care) • EMEDNY-3897 (Transportation) • EMEDNY-4106 (Group Transportation) • PA Additional Information
4601	4601	Claims	• EMEDNY-1500 (HCFA) • EMEDNY-0002 (Form A) • EMEDNY-0003 (Pharmacy) • UB-04
4602	4602	Threshold Override Applications	EMEDNY-0001 (TOA)
4603	4603	Provider Enrollment Applications	All Fee-For-Service and Rate-Based Enrollment Packets
4605	4605	Remittance Retrieval	Provider Requests for copies of remittance statements
4606	4606	Additional Information	Provider Enrollment Additional Information Form with attachments
4610	4610	Provider Maintenance	Provider maintenance (update) forms and related Correspondence
4614	8614	Electronic Form Requests	• Electronic Certifications • ETIN Applications • Security Packet A • Electronic Remittance Request • Electronic Prior Approval Request • Remittance Sort Request • Pended Claim Recycle Request • Request to Disaffiliate/Delete an EITN
4616	8616	Electronic Funds Transfer	Electronic Funds Transfer Enrollment Forms