



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

John Doe
55 Main Street
Huntington, NY 11721

Date: 3/1/2019
NPI: 123456789
Provider ID: 123456
COS: 060

Dear Provider:

This letter acknowledges the successful enrollment revalidation of the Medicaid Provider ID and category(ies) of service (COS) listed above. We appreciate the time you committed to this process.

This is an opportunity to remind you to contact the Medicaid Program if any of the information supplied during this process changes (e.g., changes in ownership, taxpayer identification number, managing employee compliance officer, etc.). More information can be found at www.eMedNY.org or contact us by calling CSRA at 1-800-343-9000. Inquiries can also be made by sending an email to Providerenrollment@health.ny.gov.

Thank you for your continued participation in the New York State Medicaid Program.

Sincerely,

Susan Zelezniak, Director
Bureau of Provider Enrollment
Division of Health Plan Contracting and Oversight
Office of Health Insurance Programs