

**CHANGE OF CATEGORY AND/OR ADDRESS FORM  
FOR CURRENTLY ENROLLED OPTICIAN/OPTOMETRIST**

*Use this form only if you are currently enrolled in the NYS Medical Program and have an active status to change your current category of service and/or your current service address.*

**NOTE:**

Each Optician/Optomtrist **MUST** complete and sign this form.  
You may photocopy this form to obtain the number of forms needed.

1. Optician/Optomtrist Name: \_\_\_\_\_

2. National Provider Identifier (NPI): \_\_\_\_\_

NYS Medicaid Identification 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

National Provider Identifier (NPI) for Optical Establishment:

\_\_\_\_\_

NYS Medicaid Identification Number for Optical Establishment:

\_\_\_\_\_

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

a) Pay to address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

(1.) \_\_\_\_\_ (3.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2.) \_\_\_\_\_ (4.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I swear that the information listed above is accurate.***

**Print full name.**

NAME \_\_\_\_\_  
FIRST MIDDLE LAST

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Mail to: **COMPUTER SCIENCES CORPORATION  
P.O. BOX 4603  
RENSSELAER, NY 12144**