

ELECTRONIC REMITTANCE 835/820 REQUEST FORM

In order to receive the New York Medicaid remittance advice in the electronic HIPAA-compliant 835 or 820 format through eMedNY eXchange or FTP, please complete all of the following information and either mail or fax the completed form to:

Computer Sciences Corporation
Attn: Provider Enrollment Support
P.O. Box 4614
Rensselaer, New York 12144
FAX: (518) 257-4632

WARNING: YOUR SYSTEM MUST BE READY TO ACCEPT THIS FORMAT PRIOR TO REQUESTING ELECTRONIC REMITTANCES.

NOTE: YOU MUST BE ENROLLED IN EITHER EMEDNY EXCHANGE OR FTP PRIOR TO REQUESTING THE ELECTRONIC REMITTANCE ADVICE. IF USING EXCHANGE, PLEASE LOG INTO EPACES TO ACTIVATE YOUR USER ID. PLEASE ENTER YOUR ASSIGNED eXchange or FTP USER ID BELOW.

1. ETIN (formerly TSN): _____

2. PROVIDER Medicaid ID: _____ (Required)

NPI: _____ (Required, unless NPI exempt)

(For multiple provider IDs, please submit a separate list, TYPE WRITTEN IN ASCENDING ORDER, attached to this form.) Please note: If you have submitted a Certification Statement to link a provider to your ETIN, this form must also be submitted to request an electronic 835/820 remittance for each newly linked provider. (Otherwise, the default is a paper remittance.)

3. GROUP Medicaid ID: _____ (Required)

NPI: _____ (Required, unless NPI exempt) (If applicable)

(Only if billing with a Group ID. If this request is for a Group remittance, no individual Provider ID should be entered.)

4. If this is your only ETIN, the electronic remittance for this ETIN will be used for reporting paper claim forms and adjustments/voids submitted by the State. Otherwise, if you have multiple ETIN's, and want the ETIN listed above to be used for this purpose, place an "X" in this box.
(In the future, should you elect to have these types of claims sent to a different ETIN's remittance, you will need to submit another request form.)

5. ORGANIZATION NAME: _____

6. ADDRESS: _____

7. CONTACT NAME: _____

8. CONTACT PHONE #: _____

9. eMAIL ADDRESS: _____

10. FAX #: _____

ENTER YOUR ASSIGNED USER ID BELOW AND CHECK YOUR CHOSEN METHOD OF REMITTANCE RETRIEVAL (eXchange or FTP). Check paper to switch back to paper remittance.

USER ID: _____ eXchange _____ FTP _____ paper _____

SIGNATURE: _____ DATE SIGNED: _____

SIGNED BY (PRINT NAME): _____ TITLE: _____

Please note: This form will be returned if it contains incomplete or illegible information.