Mail To: eMedNY P.O. Box 4610 Rensselaer, NY 12144-4610

New York State Medicaid Office Based Surgery

- New York State requires the accreditation of certain practices in which physicians, physician
 assistants or special assistants (licensees) perform office based surgery under moderate sedation,
 deep sedation or general anesthesia.
- Complete this form if your office will be performing office based surgery procedures meeting the above criteria.
- Maximum of 40 characters per Street Address or Suite, Department lines. A character is a space, number, letter, or symbol.
- If you have questions regarding Office Based Surgery and how to become credentialed, please
 contact one of the three organizations below. If your inquiry is in regards to your approved
 OBS Certification and your Medicaid Enrollment file contact eMedNY at (800) 343-9000, or send
 an e-mail to providerenrollment@health.ny.gov.

| Certification Type | | _ |
|--|-------|-------------------|
| ☐ New Certificat | tion | ☐ Renewal |
| Medicaid Provider Name | | |
| Medicaid Provider # | _ | |
| National Provider Identifier (NPI) | | |
| | | |
| Accredited Office Based Surgery Addre | ess | |
| Street Address | | |
| Suite, Department, etc | | |
| City | State | Zip |
| | | |
| Attach a copy of your current certification by one of the following (Check one) | | |
| □ Accreditation Association for Ambulatory Health Care, www.aaahc.org (847)853-6060 □ American Association for Accreditation Ambulatory Surgery Facilities, www.aaaasf.org (847)775-5222 | | |
| | | |
| | | |
| Provider Signature | | Date MM / DD / YY |