



# Prior Approval Change Request Form

- Please complete and attach this form for each Prior Approval you want changed.
- You must enter the information, requested below, to have this change request properly recorded in the eMedNY system.
- Please attach this completed form to a document, for example,
  - Hardcopy of Prior Approval Roster
  - 278 Transaction Response
  - Pre-eMedNY Prior Approval Form or
  - Explanatory Note/Letter

which explains the specific change(s) requested to be made to the Prior Approval.

**\*\* DO NOT SEND IN A NEW, ORIGINAL PRIOR APPROVAL (PA) FORM \*\***

PA NUMBER				
<input type="text" value="01"/>	<input type="text" value="2"/>	<input type="text"/>	<input type="text" value="Leave Blank"/>	<input type="text" value="T"/>
PROVIDER NUMBER		CLIENT ID		
<input type="text"/>		<input type="text"/>		

**Date of This Request:**  **PA Review Office Code:**

Please send this form and the attached documents to:

Computer Sciences Corporation  
P.O. Box 4600  
Rensselaer, NY 12144  
or Fax to: 1-800-210-7442