



## All Provider Types

### New Address for Submitting Additional Information for Claims



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Effective **February 7, 2018**, the following request types should be mailed to the new address below:

- Requests for waiver of the regulation regarding submission of claims greater than two years from the date of service. (Attn: Two Year Claim Review)
- Dental Reviews (Attn: Dental Review)
- Pended claims (edits 00127, 01283, 02015 & 02255) waiting for remittance advice (Attn: Medical Pended Claims)

**Contact Details:**

**1-800-343-9000**  
emednyalert@csra.com

**New York State Department of Health**  
431B Broadway  
Menands, NY 12204-2836

For more information on these processes, refer to the Information for All Providers General Billing Guidelines available on emedny.org here:

[https://www.emedny.org/ProviderManuals/AllProviders/PDFS/Information\\_for\\_All\\_Providers-General\\_Billing.pdf](https://www.emedny.org/ProviderManuals/AllProviders/PDFS/Information_for_All_Providers-General_Billing.pdf)

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