<u>DEFAULT ETIN SELECTION FORM</u>

<div style="border:1px solid black">

Prior to submitting this form, providers must:

- Have a valid and active ETIN associated to the NPI/MMIS. If the provider is not currently associated with the ETIN entered on this form, **STOP**. You must complete a certification statement for the ETIN entered (EMEDNY form # 490601)

- Have the ETIN entered on this form set up for PDF or Electronic Remittances. If the ETIN is **NOT** currently set up for PDF or Electronic Remittances, **STOP**. You **must** complete an Electronic Remittance Advice Request (ERA) Form for the ETIN entered (EMEDNY form # 700201).

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THIS FORM WILL BE REJECTED IF ANY REQUIRED FIELDS ARE NOT COMPLETED

eMedNY uses a Default **E**lectronic **T**ransmitter **I**dentification **N**umber (ETIN), linked to your MMIS Provider ID/NPI, for reporting the following types of claims on your electronic or PDF remittance. You must select a default ETIN to identify where remittances for these types of claims are to be routed:

- Claims submitted on paper forms
- State submitted adjustments/voids
- Automated Medicare crossover claims

To select or change your Default ETIN, indicate the ETIN in the space provided below.
Please note: You can only have **ONE** default ETIN per MMIS/NPI.

Default **ETIN** (The ETIN is **NOT** your Tax ID/EIN number):_____

NPI #:_____

MMIS Provider ID # (Required Only If NPI exempt): _____

Authorized Signature
The person signing this form, even if on behalf of the Provider, warrants that s/he has the legal authority to do so.

SIGNATURE: _____ DATE SIGNED: _____

SIGNED BY (PRINT NAME): _____

EMAIL ADDRESS: _____ PHONE #: _____

Please mail or fax this completed form to:

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

PLEASE ALLOW UP TO 14 BUSINESS DAYS FOR PROCESSING

EMEDNY-401103 (12/23)