



NEW YORK STATE MEDICAID PROGRAM- ENTERAL FORMULA PRIOR AUTHORIZATION CANCELLATION REQUEST FORM

This form is to be completed by prescribing or dispensing providers to request cancellation of activated Interactive Voice Response (IVR) and enteral web portal prior authorization's only. Once the prior authorization (PA) is canceled, prescribers can obtain a new automated PA.

PA's that have been rendered or billed on cannot be canceled and will require submission of a manual prior approval for changes.

Completed forms may be submitted via fax to (518) 474-4137

Date:

Requester Name:

Contact Email and Phone Number:

Prior Authorization Number:

Date Submitted:

Member's Medicaid ID (2 alpha/5 numeric/1 alpha):

Member's Date of Birth (MM/DD/YYYY):

Prescriber's 10-digit National Provider ID # (NPI):

Dispenser's 10-digit National Provider ID # (NPI):

Reason for Cancellation:

Questions may be directed to the Division of Medical and Dental Directors, Bureau of Medical Review at 1(800) 342-3005, Option 1 or OHIPMEDPA@health.ny.gov