Please use the following chart when sending mail to eMedNY and identify the type of correspondence to be mailed, and mail to the address below using the appropriate P.O. Box and 4-digit ZIP Code extension:

**eMedNY**
P.O. Box ______
Rensselaer, New York 12144-_______

### Expedited/Priority Mailing

*Please note: If you are sending priority/expedited mail (Fed Ex, UPS, USPS), use the following physical address format:

**eMedNY**
327 Columbia Turnpike
ATTN: Box _____(use the corresponding Box number from the table below)
Rensselaer, NY 12144

*** Forms sent priority delivery will still be processed in the standard timeframe. ***

<table>
<thead>
<tr>
<th>P.O. Box</th>
<th>ZIP Code Extension</th>
<th>Description of Contents</th>
<th>Form Types</th>
</tr>
</thead>
</table>
| 4600    | 4600               | Prior Approval and Prior Authorization Requests             | • EMEDNY-3614 (Dental)  
• EMEDNY-3615 (Prescription Drugs, Physician, DME, PDN, Vision)  
• EMEDNY-2832 (Hearing Aid)  
• EMEDNY-1260 (Level of Care)  
• EMEDNY-3897 (Transportation)  
• EMEDNY-4106 (Group Transportation)  
• PA Additional Information |
| 4601    | 4601               | Claims                                                      | • EMEDNY-1500 (HCFA)  
• EMEDNY-0002 (Form A)  
• EMEDNY-0003 (Pharmacy)  
• UB-04 |
| 4602    | 4602               | Threshold Override Applications                             | EMEDNY-0001 (TOA)                                           |
| 4603    | 4603               | Provider Enrollment Applications                           | All Fee-For-Service and Rate-Based Enrollment Packets        |
| 4604    | 4604               | Edit Review                                                | Provider Submitted documentation (Medicare EOMBs) to support claims pending for MMIS Edits 00127 and 01283 only |
| 4605    | 4605               | Remittance Retrieval                                       | Provider Requests for copies of remittance statements        |
| 4606    | 4606               | Additional Information                                     | Provider Enrollment Additional Information Form with attachments |
| 4610    | 4610               | Provider Maintenance                                       | Provider maintenance (update) forms and related Correspondence |
| 4614    | 8614               | Electronic Form Requests                                   | • Electronic Certifications  
• ETIN Applications  
• Security Packet A  
• Electronic Remittance Request  
• Electronic Prior Approval Request  
• Remittance Sort Request  
• Pended Claim Recycle Request  
• Request to Disaffiliate/Delete an EITN |
| 4616    | 8616               | Electronic Funds Transfer                                  | Electronic Funds Transfer Enrollment Forms                  |