



## ETIN Name and Address Change Form

This ETIN Name and Address Change Form can be used when there is a Change of Ownership, and the New Owner of an MMIS would like to utilize the old owners ETIN on file. **The name currently on file with the MMIS ID/NPI that is listed on this form is the name that will be utilized for the Name Change.**

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

### Required Information:

(1) **Old Provider Name:** \_\_\_\_\_  
*Enter the name of either the individual provider or organization for which the ETIN used to belong to.*

(2) **NPI** (National Provider Identifier) (Required, unless exempt): \_\_\_\_\_  
*The NPI entered must match the provider or organization name entered above in section (1).*

(3) **\*MMIS Provider ID** \_\_\_\_\_  
*\*Required only if NPI exempt or an atypical provider.*

(4) **ETIN:** \_\_\_\_\_  
*Form will be rejected If the ETIN is not currently certified.*

### (5) \*Address For New Owner:

**Attention:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

### 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 of Person Submitting Form*

\_\_\_\_\_  
*Submission Date*

\_\_\_\_\_  
*Printed Name of Person Submitting Form*

\_\_\_\_\_  
*Email Address of Person Submitting Form*

Mail completed form to:

**eMedNY**  
**Attn: Enrollment Support**  
**P.O. Box 4614**  
**Rensselaer, New York 12144-8614**

**PLEASE ALLOW UP TO 14 BUSINESS DAYS FOR PROCESSING.**