

Return to: eMedNY
PO Box 4610
Rensselaer NY 12144-4610

PERSONAL IDENTIFICATION NUMBER (PIN) REQUEST

For Pharmacy Only:

The Electronic Claim Capture and Adjudication (ECCA) feature is optional. Pharmacies that choose to use the ECCA option must select a Personal Identification Number (PIN) and forward that number to the NYSDOH for processing. Please use this form for your request.

National Provider Identifier (NPI):

Medicaid Provider ID:

NYS Medicaid Provider Name:

Address:

PIN Number:

____ _

(Any four (4) digits)

Please specify and **keep** a record of your number.

Name of Person Completing Form:

Print or Type

Signature of Person Completing Form:

Date Signed:

Telephone Number:

(____) _____

Return with your Enrollment Package.