

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.**