Mail To: eMedNY
P.O. Box 4610
Rensselaer, NY 12144-4610

New York State Medicaid
Prescription Footwear

- Use this form for a new request to provide prescription footwear, to notify the Department of Health of a change of employment for a certified employee, or when your certification or that of your employee is renewed.
- Please submit, with this form, a copy of your certification for each orthotist, pedorthist or prosthetist to the address above.
- If you have any questions, call the eMedNY Call Center at 1-800-343-9000.

☐ New Certification ☐ Renewal ☐ Change of Employment

Medicaid Provider Name_____

Medicaid Provider #_____

National Provider Identifier (NPI)_____

Name of Certified Orthotist(s), Prosthetist(s), or Pedorthist(s)_____

_____

_____

Relationship of Certified Individual to Your Company (Check one):

☐ Owner ☐ Employee

If neither owner or employee is checked, please explain:_____

_____

Please indicate all other locations where the certified individual(s) are currently employed and dispense shoes:_____

_____

_____

Attach a copy of current certification by one of the following for at least one employee or owner (Check one):

☐ American Board for Certification in Orthotics, Prosthetics, and Pedorthics, Inc.

☐ Board for Certification / Accreditation, International

If you have certified fitters in addition to the certified staff listed above, please submit a copy of those licenses as well with this form, and list those names:_____

_____

_____

_____

Please indicate all other locations where the certified fitters are currently employed and dispense shoes:_____

_____

_____

_____

For a Change in Employment:

☐ For a new employee with new certification:

- Orthotist, Prosthetist, or Pedorthist joined employment on _____/_____/_____
  MM / DD / YY

☐ For an employee who has left your employment:

- Orthotist, Prosthetist, or Pedorthist left employment on _____/_____/_____
  MM / DD / YY

_____

Name (print) of Employee Original Signature Date

_____

Name (print) of Owner Original Signature Date