

Change of Category and/or Address Form For Currently Enrolled Optician/Optomtrist

Use this form only if you are currently enrolled in the NYS Medicaid Program and have a need to change your current category of service and/or your current service address.

- If you are currently enrolled as a Salaried Optician/Optomtrist and wish to join a Multi Service Group you must change your Category of Service to Self Employed.
- Each Optician/Optomtrist MUST complete and sign this form.

1. Optician/Optomtrist Name _____
Last First MI

2. National Provider Identifier (NPI) _____
NYS Medicaid Provider Number _____

3. Requesting to change current category of service.
 Requesting to have an additional category of service.

4. Check the appropriate box to indicate the change or additional category of service.

- 0403 Salaried Optician
 0404 Self-Employed Optician
 0421 Salaried Optomtrist
 0422 Self-Employed Optomtrist

5. If the box above is checked requesting a change or additional category of service that is salaried, list the name and address of the optical establishment.

Optical Establishment Name _____

Address _____

City _____ State _____ Zip _____

National Provider Identifier (NPI) for Optical Establishment _____

NYS Medicaid Provider Number for Optical Establishment _____

6. If self-employed, complete the required address criteria:

a) Pay to Address _____

City _____ State _____ Zip _____

b) List any additional service address(es) to be added to the file.

Address _____

City _____ State _____ Zip _____

Address _____

City _____ State _____ Zip _____

Address _____

City _____ State _____ Zip _____

Address _____

City _____ State _____ Zip _____

7. If you are enrolled in the NYS Medicaid Program, do you have a low vision certificate?

Yes No

a) If yes, submit a copy of your current license/registration.

b) List the address where the service is provided.

Address _____

City _____ State _____ Zip _____

Attestation: I swear that the information that I have provided is true and accurate to the best of my knowledge.

Original Signature

Date