

REQUEST TO TERMINATE ENHANCED ePACES SEARCH ACCESS

To terminate a provider's enhanced search access, please **complete and return this form to:**

eMedNY
PO Box 4610
Rensselaer, NY 12144-4610

_____ requests termination of enhanced search access for the following provider(s) effective _____:

Provider Name: _____

Provider MMIS: _____ Provider NPI: _____

Facility Name: _____

Facility MMIS: _____ Facility NPI: _____

OR

All providers with enhanced ePACES search access affiliated with _____ *

Facility MMIS: _____ Facility NPI: _____

Authorized Requestor's: Name: _____

Title: _____

Signature: _____

Date: _____

** The individual requesting termination of search access for all providers must be someone who is listed on the facility's Medicaid provider file as an owner or managing employee.*