

<p><u>Business Providers:</u> Disclosure of Other Businesses at Same Location Form</p>	<p><u>Mail to:</u> eMedNY PO Box 4610 Rensselaer, NY 12144</p>
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Please list all other businesses located at the same service address as listed on page 3. All entities (related owners, co-located optical businesses) must be on the form. Failure to disclose all information may result in the rejection of the application.

Disclosing Entity Information

Applicant Name	Applicant NPI	County (if in New York)
Street Address		
City	State	Zip Code (9 digit)

There are no other currently enrolled or enrollable businesses at this location

Other entities currently enrolled or enrollable in NYS Medicaid at Same Address

Business Name	Owner Name
Relationship to Disclosing Entity	NPI (if known)
Business Name	Owner Name
Relationship to Disclosing Entity	NPI (if known)
Business Name	Owner Name
Relationship to Disclosing Entity	NPI (if known)

{This page may be copied for additional listings}

Applicant / Provider's Signature (original; no stamps)

Date (MM/DD/YYYY)

Name & Telephone Number of Person who Prepared Application