

# Application Fee Exemption Form

(For providers seeking enrollment in the New York Medicaid Fee-for-Service Program)

I am exempt from paying the Application Fee to New York Medicaid because:  
(Check one)

A. \_\_\_\_\_ I am enrolled in Medicare.

B. \_\_\_\_\_ I am enrolled in another State's Medicaid Program or Child Health Insurance Program (CHIP).

List State(s): \_\_\_\_\_

C. \_\_\_\_\_ I have paid the application fee to Medicare.

D. \_\_\_\_\_ The National Provider Identification Number (NPI) listed below is already actively enrolled in NYS Medicaid.

Provider Name: \_\_\_\_\_

National Provider Identification Number (NPI): \_\_\_\_\_

\_\_\_\_\_  
Name and Telephone Number of Person Completing Form

\_\_\_\_\_  
Signature: Provider, Owner or Board Member

\_\_\_\_\_  
Date Signed

**Submit this document to the New York Medicaid  
Program with your completed Enrollment Form**