

Fee for Service
Taxpayer Information Update Form Instructions

If you wish to update the taxpayer information on your New York State Medicaid file, please complete the **Taxpayer Information Update Form**, per the instructions below.

- **Change /Update your Taxpayer Address - address to which 1099 is mailed:**
 - ✓ Please enter the new address information. The NPI, Medicaid ID, Federal Employer Identification Number (FEIN) OR Social Security Number (SSN), should be entered as they currently appear on your NY Medicaid file.

- **Add a FEIN – individual – not self incorporated – (IRS letter is in your personal name, i.e. John Smith MD)**
 - ✓ Complete the form using your **individual NPI**, as listed on your file.
 - ✓ Enter the FEIN in the space provided, leave the SSN box blank.
 - ✓ Attach a copy of the letter from the IRS notifying you of your FEIN and the name under which it was issued. **Form W-9 IS NOT ACCEPTABLE.**
 - ✓ Attach a signed letter stating that **you are the sole proprietor of your business and you will be the only person using this Tax ID number for billing and/or tax purposes.**

- **Add a FEIN - self incorporated individual, or a group entity - (name on IRS letter is John Smith MD PC or PLLC, or John Smith MD becomes Family Medicine).**
 - ✓ Complete the form using your **organizational NPI**, as listed on your file
 - ❖ If you have not enrolled as a group with NYS Medicaid, under your organizational NPI, this form **cannot** be used to add a FEIN. **You must enroll as a group.** The group application is available at www.eMedNY.org.
 - ✓ Enter the FEIN in the space provided, leave the SSN box blank.
 - ✓ Attach a copy of the letter from the IRS notifying you of your FEIN and the name under which it was issued. **Form W-9 is NOT ACCEPTABLE.**

NOTE: You cannot add a Group's FEIN to your individual provider file. To ensure payment is made to the group, and reported on the group's 1099, all claims must be billed using the group's NPI. Claims billed under the individual's NPI will pay to the individual, be reported to the IRS under the individual's Tax ID, and will generate a 1099 to the individual's Tax ID.

NOTE: If your Corporate Taxpayer Name, and/or FEIN, is changing due to a change in ownership, this form cannot be used. You must re-enroll with NYS Medicaid. The applicable enrollment application can be found at www.eMedNY.org.

- **Change your Taxpayer ID – from a FEIN to a SSN:**
 - ✓ To remove a FEIN from your file, please complete the form leaving the FEIN blank.
 - ✓ Enter your Social Security Number in the box provided.

NOTE: This form cannot be used to change from one FEIN to a different FEIN. A change in FEIN, regardless of a change in ownership, requires that you re-enroll with NYS Medicaid. The applicable enrollment application can be found at www.eMedNY.org.

- **Correct your Taxpayer ID - if incorrect on your NYS Medicaid file:**
 - ✓ Enter the correct Tax ID (FEIN or SSN).
 - ✓ For FEIN correction, a copy of the letter from the IRS notifying you of your Employer Identification Number and the name under which it was issued **must be attached**. **Form W-9 is NOT ACCEPTABLE.**

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

Fee for Service Taxpayer Information Update Form

If you wish to update the Taxpayer Address, Taxpayer Name, or Tax ID on your NYS Medicaid file, please complete this form, per the attached instructions. The Taxpayer Address is the address to which your 1099 will be sent.

Questions regarding taxpayer information should be directed to the eMedNY Call Center at, 1-800-343-9000.

Taxpayer			
Provider Number	<input type="text"/>	<input type="text"/>	Category Of Service <input type="text"/>
	8 Digit Medicaid ID (Required)	10 Digit NPI (Required, Unless NPI Exempt)	
Provider Name	<input type="text"/>		
Taxpayer Address			
Street			
Line 1	<input type="text"/>		
Line 2	<input type="text"/>		
City	<input type="text"/>		
Do Not Use Abbreviations			
State	<input type="text"/>	Zip Code	<input type="text"/>
		County	<input type="text"/>
Federal Employer Identification Number	<input type="text"/>	Social Security Number (If Applicable)	<input type="text"/>
* A Copy Of The IRS Letter Must Be Attached *			
I hereby request that the tax information provided above be updated in my records			
Provider's Signature (Original Signature Required)			
Print Provider's Name			
Date Signed		Effective Date	