



1099 Duplicate Request Form

Note: 1099 will NOT be issued if less than \$600 was dispersed in the calendar year. 1099 Duplicate Request can't be processed UNIT 15 business days AFTER the 1099 was mailed out. If it has not been 15 business days since a 1099 was mailed, STOP and please allow additional time.

These are mailed to the providers corporate address on file. If the address on file is incorrect, **STOP: do not complete this form.** You will need to update your address by filling out a Change of Address (COA) Form. Contact the eMedNY Call Center eMedNY Call Center at 1-800-343-9000 for assistance.

THIS FORM WILL BE REJECTED IF ANY REQUIRED FIELDS ARE NOT COMPLETED

Required Information:

(1) Provider Name: _____

Enter the name of either the individual provider or organization for which this form is being submitted.

(2) NPI (unless NPI Exempt): _____

(3) MMIS Provider ID: _____

(4) Full Social Security Number (SSN) or Federal Employer ID Number (FEIN): _____

(5) Year(s) of 1099 Request: _____

(6) Never Received: **Yes** **No**

Authorized Signature

If the request is for an individual provider, the individual provider must sign the form. If the request is for a facility, agency or pharmacy, an authorized person for that entity must sign the form.

The person signing this form, even if on behalf of the Provider, warrants that s/he has the legal authority to do so.

Signature of Person Submitting Form

Submission Date

Printed Name of Person Submitting Form

Email Address of Person Submitting Form

Mail completed form to:

**eMedNY
Attn: Financial Support Unit
P.O. Box 4611
Rensselaer, New York 12144-8614**

PLEASE ALLOW UP TO 10 BUSINESS DAYS FOR PROCESSING.