



## Pay-To-Group Only Qualifier Removal Request Form

The Pay-To-Group Only Qualifier tells the system that as a member of a Group practice, the services you provide are claimed by, and paid to, the Group Practice. Members of Group Practices, therefore, are non-billing providers.

This form authorizes eMedNY to remove the Pay-To-Group Only Qualifier from a providers Medicaid enrollment file who no longer wishes to be a non-billing provider. Please complete and sign this form and mail to the address listed below.

**NOTE:** It is important to confirm that your Pay-To-Address and EFT information on file is correct; if **incorrect**, you should submit in a Change of Address form (COA) and/or Electronic Funds Transfer Authorization Form. If your information is not up to date, it could result in payments or remittance being misdirected. If you have any questions concerning your pay-to-address or banking information, please contact the eMedNY Call Center at 1-800-343-9000.

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

### **Required Information:**

**(1) Provider Name:** \_\_\_\_\_

*Enter the name of the individual provider who wishes to remove the Pay-To-Group Only Qualifier.*

**(2) NPI (National Provider Identifier):** \_\_\_\_\_

**(3) As of Date:** \_\_\_\_\_

*From the date that this request is received, the As of Date can't be more than 90 days in the past.*

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### **Authorized Signature**

*The person signing this form must be the Provider requesting the removal of the Pay-To-Group Only Qualifier.*

\_\_\_\_\_  
*Signature of Provider*

\_\_\_\_\_  
*Submission Date*

\_\_\_\_\_  
*Printed Name of Provider*

\_\_\_\_\_  
*Email Address of Provider*

Mail completed form to:

**eMedNY  
P.O. Box 4610  
Rensselaer, New York 12144-8614**

**PLEASE ALLOW UP TO 14 BUSINESS DAYS FOR PROCESSING.**