

Electronic Transaction Attachment Scanning Sheet

You must complete and attach this sheet to each document to be scanned.
Enter the requested information below to have the scanned document properly filed in the eMedNY Image Repository.

01	2	PA NUMBER <input type="text"/>	ATTACHMENT NUMBER <input type="text"/>	T
PROVIDER NUMBER <input type="text"/>	CLIENT ID <input type="text"/>			

Date of Request:

PA Review Office Code:

Forward this form and the attached document to Data Management at:

eMedNY
P.O. BOX 4600
Rensselaer, NY 12144
or Fax to: 1-800-210-7442

Priority / Expedited Shipping:

eMedNY
327 Columbia Turnpike
ATTN: Box 4600
Rensselaer, NY 12144

DO NOT WRITE BELOW THIS LINE. FOR INTERNAL USE ONLY

ATTACHMENT STICKER:

← ↑ ALIGN TOP AND LEFT EDGES OF STICKER ATTACHMENT NUMBER
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OVERSIZED

TYPE OF ATTACHMENT:

- X-Ray/Film
- Oversized Paper
- Mold
- Other