Prior Approval
Change Request Form

- Please complete and attach this form for each Prior Approval you want changed.
- You must enter the information, requested below, to have this change request properly recorded in the eMedNY system.
- Please attach this completed form to a document, for example,
  
  Hardcopy of Prior Approval Roster
  278 Transaction Response
  Pre-eMedNY Prior Approval Form or
  Explanatory Note/Letter

  which explains the specific change(s) requested to be made to the Prior Approval.

** DO NOT SEND IN A NEW, ORIGINAL PRIOR APPROVAL (PA) FORM **

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<table>
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<tr>
<th>PA NUMBER</th>
<th>PROVIDER NUMBER</th>
<th>CLIENT ID</th>
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Date of This Request: [ ] PA Review Office Code: [ ]

Please send this form and the attached documents to:

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