



Document Number FOD - 7002
Medicaid Enrollment / Change of Address

Enrollment

In order to enroll, you must submit your request to:

eMedNY
Attn: Provider Enrollment
Box 4603
Rensselaer, New York 12144

Provider Manuals are available on the eMedNY website – www.emedny.org, click on Provider Manuals.

Change of Address

All requests for Change of Address must be made in **writing** using the appropriate Change of Address form available from www.emedny.org on the [Provider Enrollment Forms](#) page and directed to the Provider Enrollment Support unit at the following address:

eMedNY
Attn: Provider Enrollment
Support Box 4610
Rensselaer, New York 12144

Please be sure to indicate your Provider Number and the type of change necessary: "Pay to" address, request for additional locator codes, "Correspondence" address, or any other information supplied on your application form when you enrolled in the eMedNY System.

If you have any questions, please contact Provider Enrollment Support at 800-343-9000.