

**INSTRUCTIONS FOR COMPLETING THE NY MEDICAID ENROLLMENT FORM FOR  
OPTICIAN/OPTOMETRIST/EYE PROSTHESIS SUPPLIER**

**1. General Instructions:**

- Complete **ALL** items on the form unless otherwise instructed below. Failure to complete all required fields will result in your **enrollment form being returned to you which may have an impact on the enrollment effective date.**
- Required document (see #3 below) **MUST** cover the application date and be continuous through the current date.
- Completion of signature field is required and must be original. Initials or rubber stamped signatures will not be accepted.
- Type or legibly print in black or blue ink. Do not use red ink, nor white-out. All attachments will be scanned so they must be legible and on standard 8 ½ x 11 paper in good condition.
- Keep a copy of all documents submitted.

**2. Additional Instructions and Definitions for Form Completion:**

**Category(s) of Service:** Enter the appropriate 4-digit code on the Enrollment Form:

**0403** – Optician – Salaried  
**0404** – Optician – Self-Employed  
**0405** – Eye Prosthesis Supplier  
**0421** – Optometrist – Salaried  
**0422** – Optometrist – Self-Employed or Member of a Multi-Service Group

**Choose ONE and check the corresponding box on the Enrollment Form:**

- ✓ Check New Enrollment if the NPI or Provider listed is not currently enrolled in NYS Medicaid
- ✓ Check Revalidation if the NPI or Provider is currently enrolled and you were notified that Revalidation is required per 42 CFR, Part 455.414. The Provider ID can be found on the Revalidation Letter you received
- ✓ Check Reinstatement/Reactivation if the provider was previously enrolled but is not currently active.  
*Please note: You will be at financial risk if you render services to Medicaid beneficiaries before successfully completing the enrollment process.*

**DEA Number & Dates:** Leave Blank

**Type of Practice** – Leave Blank

**Place of Service** - Leave Blank

**Association Types:** Enter the letter (B, F, H, M, P or U) which best corresponds to the individual's role:

B: Board of Directors Member

F: Facility Administrator

H: Compliance Officer

M: Managing Employee

P: Supervising Pharmacist

U: Laboratory Director

**3. ADDITIONAL REQUIREMENTS**

**OMIG Provider Compliance Certification** – Confirmation notice for the OMIG Provider Compliance Program may be required. Visit [www.omig.ny.gov](http://www.omig.ny.gov) to determine if the Applicant / Provider must comply. If yes, a copy of the confirmation notice (printed from the website) must be included with this application.

**42 CFR, Part 455.460** requires the collection of an application fee for a new enrollment, revalidation, change of ownership and reinstatement/reactivation. Click [here](#) for more information.

**REQUIRED DOCUMENTS TO BE SUBMITTED WITH THIS FORM:**

- Copy of Your Current License/Registration
  - If applicable, a copy of your Low Vision Certificate (to receive Specialty Code 714)
  - If applicable, a copy of your Contact Lens Certificate (to receive Specialty Code 715)
  - Application Fee required if enrolling as optician or eye prosthesis supplier (0403, 0404 or 0405)
  - ETIN Certification Statement for New Enrollments Form (EMEDNY-490602) (not required for revalidation or reinstatement/reactivation)
  - Electronic Funds Transfer (EFT) Authorization Form (EMEDNY-701101) **EXCEPT** Optician - Salaried (0403) AND Optometrist - Salaried (0421). Use this link if you would like to submit your EFT Information to the NYS WEB site: <https://portal.emedny.org/provider/portal/efRequest>
- NOTE for Optometrists only: If you answered "No" to the Enrollment Form's Group question (Line 7 of page 2), EMEDNY-701101 is NOT required. Also not required for revalidation or reinstatement/reactivation