# ELECTRONIC OR PDF REMITTANCE ADVICE REQUEST

**Pre-Requirements: Prior to submitting this form, providers must:**
- Be enrolled in the Medicaid program
- Have an active certification on file for the ETIN submitted in the 'Other Identifiers' section.
- Have a valid and active eMedNY eXchange, Core Web Services, or FTP User ID prior to requesting any electronic remittance advice format.
- To enroll in ePACES/eXchange, contact the eMedNY Call Center at 1-800-343-9000.
- To set up a new FTP account, submit Security Packet B found under Provider Enrollment, Maintenance Forms on eMedNY.org.

**THE FORM WILL BE REJECTED IF ANY REQUIRED FIELDS ARE NOT COMPLETED OR ARE ILLEGIBLE.**
**ALLOW 7 TO 14 BUSINESS DAYS FOR PROCESSING.**

## *Provider Identifiers Information*

- **Provider Name:** Enter the name of either the individual provider or organization for which this form is being submitted.
- **Federal Tax Identification Number:** Number being submitted is either Federal Employer identification Number (EIN) or the provider's Social Security Number (TIN).
- **NPI:** Required, unless exempt

Trading Partner IDs
- **MMIS Provider ID:** For atypical providers ONLY, enter your MMIS Provider ID here.
- **ETIN:** Enter the 3 or 4 digit Electronic Transmitter Identification Number. Only one ETIN per form allowed.
  - The Provider ID submitted on this form must be certified to the ETIN.
  - For multiple providers, a separate form must be submitted for each provider who is actively enrolled and currently certified to the ETIN entered.
- **NOTE:** This ETIN will serve as the DEFAULT ETIN for reporting paper claim submissions, state submitted adjustments/voids, and Medicare crossover claims, <u>unless</u> you indicate an alternate ETIN that is set up for electronic/PDF remittances in the field provided.

## *Provider Contact Information*

- Enter the name, phone and email address for the person to be contacted on behalf of the provider with questions regarding this form.

## *Electronic Remittance Advice Information*

**Method of Retrieval**
- **Remittance Type: Chose one** remittance type for the provider. <u>Only</u> one remittance type is allowed per ETIN/Provider combination.
  **Notes:**
  - **For 835/820 electronic remittance types, software to interpret HIPAA formatted records is <u>strongly recommended</u>. CSC <u>cannot</u> provide remittance interpretation service.**
  - PDF remittance advices can only be delivered to an eMedNY eXchange user account.
- **Remittance Delivery Method: Chose one** remittance delivery method for the provider. <u>Only</u> one remittance delivery method is allowed per ETIN/Provider combination.
- **eXchange user ID, Core Web Services User ID, or FTP User ID:** Enter the user ID of the preferred remittance delivery method.
  - The eXchange, Core Web Services, or FTP user ID submitted on the form must be valid and activated.
  - Only one User ID is allowed per ETIN/Provider combination.

## *Submission Information*

- **Reason for Submission**
  - **New Enrollment check-box:** not applicable to this form**.**
  - **Change Enrollment check-box:** To change the User ID, remittance type, or delivery method for an existing provider ETIN relationship.
- **Authorized Signature**
  - If submitting the form for a practitioner, the practitioner must sign the form.
  - If submitting this form for a group, business or institution, the authorized representative must sign the form.

## eMedNY · ELECTRONIC OR PDF REMITTANCE ADVICE REQUEST

To receive the New York Medicaid remittance advice in PDF format through eMedNY eXchange or electronic HIPAA-compliant 835 or 820 format through eMedNY eXchange, FTP or Core WEB Services, complete **all** sections below.
**ALLOW 7 to 14 BUSINESS DAYS FOR PROCESSING.**

### *Provider Information*
Provider Name _____

### *Provider Identifiers Information*
**Provider Identifiers**

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):

☐ TIN ☐ EIN _____

National Provider Identifier (NPI) *(Required, unless exempt):* _____

**Other Identifiers** – Assigning Authority – New York Medicaid

Trading Partner ID: MMIS Provider ID # *(Required, if NPI exempt)*: _____

Trading Partner ID: ETIN: _____

> **NOTE:** The ETIN listed on this form above will also serve as the **DEFAULT ETIN** for reporting paper claim submissions, state submitted adjustments/voids, and Medicare crossover claims, unless you indicate an alternate ETIN, which is set up for electronic/PDF remittances, in this field: _____

### *Provider Contact Information*
**Provider Contact Name** Contact_____

Telephone Number _____ Extension _____

Email Address _____FAX Number _____

### *Electronic Remittance Advice Information*
**Method of Retrieval**

Remittance Type (**Choose one**): ☐ 835/820 Electronic Remittance ☐ PDF *(eXchange delivery method only)*

Remittance Delivery Method (**Choose one**): ☐ eXchange ☐ FTP ☐ Core WEB Services

eXchange, Core WEB Services **or** FTP User ID: _____

### *Submission Information*
**Reason for Submission** ☐ New Enrollment ☐ Change Enrollment

**Authorized Signature**

*The person signing this form on behalf of the Provider warrants that s/he has the legal authority to do so.*

_____     _____
*Written Signature of Person Submitting Enrollment*          *Submission Date*

_____     _____
*Printed Name of Person Submitting Enrollment*          *Printed Title of Person Submitting Enrollment*

Mail the completed form to:     **Computer Sciences Corporation**
**Attn: Provider Enrollment Support**
**P.O. Box 4614**
**Rensselaer, New York 12144-8614**
**FAX: (518) 257-4632**

**You can fax the remittance request form if the provider is already certified for the ETIN. Certification forms cannot be faxed. Only originals will be accepted.**

**This form will be returned if it contains incomplete or illegible information.**