Return to: eMedNY
PO Box 4610
Rensselaer NY 12144-4610

PERSONAL IDENTIFICATION NUMBER (PIN) REQUEST

For Pharmacy Only:

The Electronic Claim Capture and Adjudication (ECCA) feature requires a Personal Identification Number (PIN). Pharmacies must select a Personal Identification Number (PIN) and forward that number to the NYSDOH for processing. Please use this form for your request.

National Provider Identifier (NPI): _____

Medicaid Provider ID: _____

NYS Medicaid Provider Name: _____

Address: _____

_____

_____

PIN Number: _____ _____ _____ _____
(Any four (4) digits)

Please specify and keep a record of your number.

Name of Person Completing Form: _____
Print or Type

Signature of Person Completing Form: _____

Date Signed: _____

Telephone Number: (_____)_____

Return with your Enrollment Package.