

# Pharmacy Enrollment Form

**PLEASE PRINT CLEARLY.**

Email the completed form to [adap.admin@health.ny.gov](mailto:adap.admin@health.ny.gov) OR fax to (518) 459-7429

NPI NUMBER: 

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NABP NUMBER: 

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FEDERAL TAX ID Number: 

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NYS MEDICAID NUMBER: 

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Pharmacy Corporation Name: \_\_\_\_\_

Pharmacy (DBA) Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: 

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Store Phone: ( 

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Pharmacy Contact Person: \_\_\_\_\_  
(First and Last Name)

Pharmacy Email Address (required): \_\_\_\_\_

Secondary Email Address (optional): \_\_\_\_\_

*All licensed New York State pharmacies are eligible to enroll as ADAP providers if actively enrolled in the New York State Elderly Pharmaceutical Insurance Coverage (EPIC) program and are enrolled with one or more Medicare Prescription Drug Plans. Applying pharmacies must also be actively enrolled in New York State Medicaid.*

**Is the Pharmacy actively enrolled in NYS EPIC? Yes  No**

**Is the Pharmacy enrolled in NYS Medicaid? Yes  No**

**Does the Pharmacy participate with at least one Medicare Part D Plan? Yes  No**

**Pharmacies eligible to purchase drugs under Public Health Service (PHS) Section 340B may not use 340B stock for New York ADAP participants.**

Pharmacies MUST maintain active enrollment with Medicaid and EPIC to remain eligible as ADAP pharmacy providers. All claims MUST be submitted through Point of Sale using NCPDP D.0 unless otherwise specified. The Uninsured Care Programs (ADAP) will not be obligated to pay claims submitted more than 90 days after delivery of services. All enrolled pharmacy providers will receive a Pharmacy Provider Manual from the Uninsured Care Programs (ADAP) within 30 days of enrollment. Signature on this form constitutes acceptance and compliance with all Uninsured Care Programs (ADAP) pharmacy provider requirements listed above, which are further detailed in the Pharmacy Provider Manual.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
(Pharmacy Owner / Corporate Officer Required)