



## Letter of Interest – Ancillary

Business Name (on your W-9 Form): \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_ (Please attach a copy of your W-9 form)

1. Type of Business: \_\_\_\_\_

2. Billing Method (please check one): Global  Separate Tech/Professional

3. Addresses (please attach list if more than one business location):

Physical: \_\_\_\_\_

Billing: \_\_\_\_\_

Mailing: \_\_\_\_\_

4. Scheduling Phone: \_\_\_\_\_ Referral Fax: \_\_\_\_\_

5. Billing Phone: \_\_\_\_\_ Billing Fax: \_\_\_\_\_

6. Primary Contact Person & Title: \_\_\_\_\_

7. Primary E-Mail: \_\_\_\_\_

8. Electronic Claims Filing Capability?\* Yes  No

*\*Network providers are required by contract to submit electronic claims to NMHC.*

9. Do you provide services outside of New Mexico? Yes  No

If yes, please indicate which city/state(s):

\_\_\_\_\_  
\_\_\_\_\_

**Please return this form via fax to 1-888-282-3483.**

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