

DELAY OF SERVICE (DOS) ACKNOWLEDGEMENT

Date:		
Attn:	_ Group Na	me:
Address: City, State, Zip:		e, Zip:
Thank you for choosing New Mexico Our goal is to provide the very best s		ns for your employees' healthcare coverage. care experience possible.
your new or renewal paperwork. Ho coverage, your employees may expeperiod of coverage. Services may be • Member identification number identification number identification numbers after the sale has been identify you during this period time of service. • Prescription eligibility may be prescription at a participating medications and seek reimber pharmacies will reimburse the applicable copayment) if the and presents a valid identifice. • Employee communications reimburged in the initial premium billing may be initial premium billing may be initial premium billing may be into the coverage.	beveer, due to the erience some diffice disrupted or delay bers and health players and identificate and iden	an identification cards may be delayed. ion cards will be available approximately 10 to ustomer Service center may be unable to is and other providers require the ID card at the ample, if a member attempts to fill a member may be required to pay for the covered from the health plan. On occasion, participating it of the covered medication (minus the o the pharmacy within 5 days of the purchase lelayed.
-	•	ity of service disruptions or delays by signing sprior to your effective date of coverage.
Signature of Group's Authorized Re	presentative	Today's Date
Proposed Effective Date of Coverag	e:	
Agent of Record:		
	-	25 th of the month prior to the effective date, coverage to the next available effective date.
Please contact your Agent if you hav	ve any questions.	
Sincerely,		
NMHC Sales Team		