



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 True Health New Mexico.*

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.