truehealth new mexico

Letter of Interest – Facility

Name of Facility: _____

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

Facility NPI #: _____ Medicare Certification #: _____

1. Facility Address:
   Physical: _____
   Billing: _____
   Mailing: _____
2. Scheduling Phone: _____ Authorization Fax: _____
3. Primary Contact Name and Title: _____
4. Primary Contact Email Address: _____
5. Is there a freestanding ambulatory surgery attached to the same TIN? ☐ Yes ☐ No
   If yes, please provide the Medicare record number: _____
6. Is there a skilled nursing facility attached to the same TIN? ☐ Yes ☐ No
   If yes, please provide the Medicare record number: _____
7. Are there swing beds in or attached to the same TIN? ☐ Yes ☐ No
   If yes, please provide the Medicare record number: _____
8. Is there a rehabilitation unit attached to the same TIN? ☐ Yes ☐ No
   If yes, please provide the Medicare record number: _____
9. Is there a hospice attached to the same TIN? ☐ Yes ☐ No
   If yes, please provide the Medicare record number: _____
10. Is there a home health attached to the same TIN? ☐ Yes ☐ No
    If yes, please provide the Medicare record number: _____
11. Is there an inpatient behavioral health unit attached to the same TIN? ☐ Yes ☐ No
    If yes, please provide the Medicare record number: _____
12. Is there a residential treatment center attached to the same TIN? ☐ Yes ☐ No
    If yes, please provide the Medicare record number: _____
13. Has your Medicare or Medicaid license been revoked for any reason? ☐ Yes ☐ No
14. Do you file claims electronically? ☐ Yes ☐ No

Please return this form via fax to 1-888-282-3483 or via email to provider.services@truehealthnewmexico.com.

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