



State of New Mexico
WORKERS' COMPENSATION ADMINISTRATION

NOTIFICATION OF INPATIENT ADMISSION

As required by NMAC 11.4.7.12 (B)(1)

The following workers' compensation claimant has been or will be admitted as an inpatient:

| | | | |
|------------------------|-------------------|----------------------|-------------|
| Patient Name: | | SSN: | DOB: |
| Date of Injury: | Physician: | Contact Name: | |
| | | Phone Number: | |

HAS THIS INPATIENT ADMISSION BEEN AUTHORIZED BY THE INSURANCE CARRIER/TPA?

Yes [] No []

If this admission **has not been authorized** by the Insurance carrier/TPA,
Please provide medical records for further assistance by the
WCA Medical Cost Containment Bureau:

Email: WCA-MCC@state.nm.us

Phone: (505)841-6811 **Fax:** (505)841-6078

| | | |
|--|---------------------------|---------------------------------|
| Admitting Diagnosis: | | |
| Planned Treatment and procedures: | | |
| Patient's Employer: | | |
| Employer Insurance Co./TPA: | Adjuster Name: | |
| | Phone Number: | |
| Facility: | Date of Admission: | Proposed Length of Stay: |