

State of New Mexico Workers' Compensation Administration

Heather Jordan Director

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 in-patient.

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 <u>not been authorized</u> by the Insurance carrier/TPA, please forward medical records for further assistance to WCA Medical Cost Containment Bureau: Catherine Sanchez, Bureau Chief Email: <u>wca-mcc@wca.nm.gov</u> Phone: (505)841-6042 Fax: (505) 841-6078

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