

NEW MEXICO PUBLIC REGULATION COMMISSION
INSURANCE DIVISION
COMPANY LICENSING BUREAU
P. O. BOX 1269
SANTA FE, NEW MEXICO 87504-1269
(505) 827-3978

PLEASE READ BEFORE COMPLETING:
-PLEASE TYPE OR PRINT NEATLY
-COMPLETE ENTIRE FORM—DO NOT LEAVE ANY BLANKS
-CONTACT PERSON & PHONE NUMBER—MUST BE
LOCATED AT ADDRESS INDICATED

HEALTH MAINTENANCE ORGANIZATION CONTACT PROCESSING FORM

COMPLETE NAME OF HEALTH MAINTENANCE ORGANIZATION – Do not abbreviate name.

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MAILING ADDRESS

Street, P.O. Box, etc.:		
City:	State:	Zip Code:
CONTACT PERSON FOR MAILING ADDRESS:		PHONE NUMBER:

HOME ADDRESS – Must be located in State of domicile.

Physical location only:		
City:	State:	Zip Code:
CONTACT PERSON FOR HOME ADDRESS:		PHONE NUMBER:

ADDRESS FOR TRUST DEPOSIT

Street, P.O. Box, etc.:		
City:	State:	Zip Code:
CONTACT PERSON FOR DEPOSIT:		PHONE NUMBER:

CONTACT PERSON FOR ENROLLEES:	
PHONE NUMBER:	TITLE:

CONTACT PERSON FOR MEDICARE CLAIMS:	
PHONE NUMBER:	TITLE:

LOCAL OFFICE ADDRESS – Must be located in New Mexico.

Street, P.O. Box, etc.:		
City:	State:	Zip Code:
CONTACT PERSON FOR N.M. ADDRESS:		PHONE NUMBER: