BlueCross BlueShield of New Mexico

HOSPITAL COVERAGE LETTER

To: Blue Cross and Blue Shield of New Mexico (BCBSNM)

Date: ______________________

Please accept this correspondence as confirmation that since I do not have active admitting privileges at a participating network hospital (in the applicable BCBSNM provider network(s) in which I participate), with the exception of medical emergencies, my practice will be confined to outpatient care.

I hereby agree and attest, that if non-emergency hospitalization is necessary, I will refer BCBSNM subscriber/member care to a participating physician or hospitalist (in the applicable BCBSNM provider network) who has active admitting privileges at a participating network hospital (in the applicable BCBSNM provider network).

(Please print legibly or complete online)

Provider's Name:
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Provider's NPI #:
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Provider's Signature:
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BCBSNM provider networks include:
1) Commercial: HMO/PPO 2) Medicaid 3) Medicare Advantage 4) Blue Community℠ HMO
5) Blue Advantage HMO Network℠

Note: *If you are unsure of the participation status of a specific BCBSNM provider network, for yourself, another physician, hospitalist, or hospital, please contact Network Services office by fax or phone*.

Telephone Numbers	FAX Numbers
505-837-8800/ 1-800-567-8540	505-816-2688/ 1-866-290-7718