



PO Box 92200  
 Albuquerque, NM 87199-2200  
 7471 Pan American Freeway NE 87109  
 Phone: (505) 343-0070  
 Toll free: (866) 908-0070  
 Fax: (505) 346-0288  
 www.nmhsc.com

**This form only applies to MD's, DO's and certain allied health PCP's who do not have admitting privileges. Use this form to document the arrangements you have made to admit your patients if you are required to have admitting privileges, or if your courtesy, consulting, or ambulatory medicine privileges to not allow you to admit patients.**

Dear Practitioner:

We are currently updating your file for \_\_\_\_\_. To meet the requirements of the customer organization requesting your file, we must determine whether you have admitting privileges at a facility that is contracted with the customer organization. All MD's and DO's, and certain allied health PCP's must be able to admit patients. If you do not have admitting privileges we must determine the arrangements you have made to admit your patients. Additionally, if you have courtesy, consulting, or ambulatory medicine privileges that do not allow you to admit patients, a signed admitting arrangement is required. Please provide the following information:

**PRIMARY ADMITTING FACILITY ARRANGEMENTS**

I have admitting privileges at \_\_\_\_\_, which is a contracted facility with the customer organization identified above.

\_\_\_\_\_  
 Your Signature

\_\_\_\_\_  
 Date

Or

I have made the following arrangements for admission of my patients with a contracted facility with the customer organization identified above, as confirmed by my admitting physician or hospitalist group administrator below:

\_\_\_\_\_  
 Admitting Physician's Name (please print)

\_\_\_\_\_  
 Admitting Physician's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Hospitalist Group Administrator's Name (please print)

\_\_\_\_\_  
 Hospitalist Group Administrator's Signature

\_\_\_\_\_  
 Date

To expedite this process, please forward the requested information by facsimile to the attention of our Credentials Verification Services, (505) 346-0288. Thank you for your cooperation. Please contact one of our Credentials Verification Analysts at (505) 343-0070 if you have any questions or require any additional information, or if you have questions regarding which facilities are contracted with the customer organization identified above, please contact your Provider Enrollment representative at that organization.

Sincerely,

Hospital Services Corporation  
 Credentials Verification Services



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**PRIMARY ADMITTING FACILITY ARRANGEMENTS  
MANAGED CARE ORGANIZATION CONTRACTED FACILITIES**

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Following are the contracted facilities that will be accepted by our managed care organization customers within the Albuquerque, El Paso and Lubbock areas. Outside of these areas, these managed care organizations will accept all primary admitting hospital arrangements. If you have any questions regarding these facilities or your primary admitting facility arrangements, please contact your Provider Enrollment representative.

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**BLUE CROSS BLUE SHIELD**

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Albuquerque: All Lovelace Hospitals  
University of New Mexico Hospital

Blue Cross Blue Shield accepts all primary admitting hospital arrangements outside of the Albuquerque area.

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**PRESBYTERIAN HEALTH PLAN**

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Albuquerque: All Presbyterian Hospitals  
University of New Mexico Hospital  
El Paso: Las Palmas Del Sol Regional Healthcare System  
RE Thomason Hospital  
Lubbock: University Medical Center

Presbyterian Health Plan accepts all primary admitting hospital arrangements outside of the Albuquerque, El Paso and Lubbock areas.