

**New Mexico Medical Society
PHYSICIAN CREDENTIALING
Problem resolution reporting form**

Date _____ Your Name: _____
Work Address: _____
City: _____ Zip Code: _____
Best Phone Number (s) to Reach You: _____
E-Mail Address (es): _____

[This information will remain confidential – it will be used to follow up with NMMS member if more information is needed. Only the information below will be shared with insurance companies and/or NM Human Services Division.]

Please address each problem separately and in as much detail as possible.

Date of the Problem _____

Company: _____ BC/BSNM [Commercial / Centennial]
 _____ Christus Health Care
 _____ Health Connections
 _____ Medicaid Fee for Service
 _____ Molina
 _____ Presbyterian [Commercial / Centennial]
 _____ United Health Care [Commercial / Centennial]
 _____ Other _____

Name (s) of physician (s) _____

Please describe the problem in as much detail as possible.

How, when, and with whom did you communicate with the insurance company?

PLEASE RETURN TO---
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E mail: rmarshall@nmms.org Phone: 505-796-3434 / Fax: 505-828-0336