

FY25 Provider Contact Form – Breast and Cervical Cancer Early Detection Program

<b>General Information</b> (as shown on Substitute W-9)		
Name (to appear in Provider Listing): .....		
Federal EIN: [ ][ ]-[ ][ ][ ][ ][ ][ ][ ][ ]	NM CRS ID #: [ ][ ]-[ ][ ][ ][ ][ ][ ][ ][ ]-[ ][ ][ ][ ]	
Unique Entity ID: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]		
Mailing address:		
City:	State:	ZIP:
Service Area [County(ies)]		
<b>Main Contact Person</b> (person who coordinates BCC Program services at the clinic/health system)		
Name:	Email:	
Phone:	Ext.	Fax:
<b>Authorized Representative for Provider Agreement</b> (person who signs agreement)		
Name:	Email:	
Phone:	Ext.	Fax:
<b>Authorized Representative for Patient Navigation</b> (licensed individual designated, per agreement)		
Name:	Email:	
Phone:	Ext.	Fax:
<b>Authorized Representative for Payments</b> (person who reconciles payments)		
Name:	Email:	
Phone:	Ext.	Fax:
*Please see substitute W-9 Form for payment information.		
<b>Authorized Representative for Billing</b> (person who submits billing/claim status requests)		
Name:	Email:	
Phone:	Ext.	Fax:
<b>External Laboratory/Pathology Provider, if applicable</b>		
Name of Company:		
Contact Person Name:	Email:	
Phone:	Ext:	Fax:
<b>External Third-Party Billing Company, if applicable*</b>		
Name of Company:		
Contact Person Name:	Email:	
Phone:	Ext:	Fax:
* Per the provider agreement, all requests for reimbursement must include the HICF/UB claim form, results such as pathology, mammogram reports, anesthesia logs, and completed BCC Program Screening/Referral Form. Third-party billing company may be contacted by BCC Program if claims submitted for reimbursement lack documentation required for reimbursement.		

Please email completed Provider Contact Form to: [Sylvia.Baca@doh.nm.gov](mailto:Sylvia.Baca@doh.nm.gov)

**Please mail claims to:**  
 Breast and Cervical Cancer Early Detection Program  
 BCC Program Billing Department  
 5300 Homestead Road NE, Suite 100  
 Albuquerque, NM 87110

Contact us at: (505) 841-5860 or (505) 252-3050  
 or visit the *Providers* page on our website: <https://www.nmhealth.org/about/phd/pchb/bcc/>.