

**NEW MEXICO WORKERS' COMPENSATION ADMINISTRATION
NOTICE OF CHANGE OF HEALTH CARE PROVIDER**

A party has filed a Notice of Change of Health Care Provider in your workers' compensation case pursuant to Section 52-1-49 of the New Mexico Workers' Compensation Act or Section 52-3-15 of the New Mexico Occupational Disablement Law. If you are the injured worker, you must change to the health care provider named below within 10 days of the postmark or delivery date of this notice. You may object to the change by filing an "Health Care Provider Disagreement Form" with the Workers' Compensation Administration within 3 days of receipt of this notice. If you do not file the Objection within 3 days, the change will be binding. If you file the Objection after 3 days, the change will remain in effect unless it is changed by the court.

The party making the change is: _____
This notice was sent to: _____

Worker's Name: _____ Employer's Name: _____
Address: _____ Address: _____

Telephone No.: _____ Telephone No.: _____

Insurance Company: _____ Claims Representative: _____
Address: _____ Telephone No.: _____

Worker's Attorney, if any: _____ Employer's Attorney, if any: _____
Address: _____ Address: _____

Date of Accident: _____ County of Accident: _____
Type of Injury: _____

Current health care provider: _____
Address: _____ Telephone No.: _____

Proposed health care provider (must be licensed in New Mexico): _____
Address: _____ Telephone No.: _____

Signature of Person sending this Notice: _____ **Date:** _____

Your rights may be affected by your failure to respond to this notice: if you need assistance and are not represented by an attorney, contact an ombudsman of the WCA

Albuquerque: (505) 841-6000 or 1 (800) 255-7965 **Farmington:** (505) 599-9746 or 1 (800) 568-7310

Las Cruces: (575) 524-6246 or 1 (800) 870-6826 **Las Vegas:** (505) 454-9251 or 1 (800) 281-7889

Hobbs: (575) 397-3425 or 1(800) 934-2450 **Roswell:** (575) 623-3997 or 1 (866) 311-8587

Santa Fe: (505) 476-7381