



State of New Mexico

Workers' Compensation Administration

Michelle Lujan Grisham
Governor

Heather Jordan
Director

NOTIFICATION OF INPATIENT ADMISSION

As required by NMAC 11.4.7.12(B)(1)

The following workers' compensation claimant has been or will be admitted as an in-patient.

Patient Name:		SSN:	DOB:
Date of Injury:	Physician:	Contact Name:	
		Phone Number:	

HAS THIS INPATIENT ADMISSION BEEN AUTHORIZED BY THE INSURANCE CARRIER/TPA?

☐ Yes ☐ No

If this admission has **not been authorized** by the Insurance carrier/TPA, please forward medical records for further assistance to

WCA Medical Cost Containment Bureau:

Catherine Sanchez, Bureau Chief

Email: wca-mcc@wca.nm.gov

Phone: (505) 649-3378 Fax: (505) 841-6078

Admitting Diagnosis:		
Planned Treatment and Procedures:		
Patient Employer:		
Employer Insurance Co./TPA:	Adjuster Name:	
	Phone Number:	
Facility:	Date of Admission:	Proposed Length of Stay:

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