



## Inpatient Medical Data Provider Partner Profile (E9)

ATTN: STATISTICS  
 PO BOX 27198  
 ALBUQUERQUE, NM 87125-7198

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PLEASE PRINT IN BLACK INK OR TYPE

<b>PARTNER TYPE:</b>				
<input type="checkbox"/> TPA	<input type="checkbox"/> Carrier	<input type="checkbox"/> Medical Bill Review Company		
<input type="checkbox"/> Employer	<input type="checkbox"/> Sender Administrator	<input type="checkbox"/> Other _____		
<b>DATA PROVIDER PARTNER: (SENDER)</b>				
<b>Name:</b>			<b>FEIN:</b>	
<b>Mail/Address:</b>				
<b>City:</b>		<b>State:</b>		
<b>Postal Code:</b>		<b>Phone:</b>		
<b>Contact Person:</b>		<b>Fax #:</b>		
<b>Email Address:</b>				
<b>FILE GENERATION:</b>				
Inpatient Data Submission System <input type="checkbox"/>			Sender <input type="checkbox"/>	
<b>FREQUENCY OF REPORTING:</b>			<b>DAY OF WEEK:</b>	
Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>			Mon. <input type="checkbox"/> 1 e. <input type="checkbox"/> Wed <input type="checkbox"/> Thur. <input type="checkbox"/>	
<b>ORGANIZATIONS REPORTING UNDER SENDER ADMINISTRATOR:</b>				
<b>Insurer Name</b>	<b>FEIN</b>	<b>Type</b>	<b>Postal Code</b>	<b>Phone Number</b>
<b>Agreement Person</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>	