



Nurse Case Management Request

State of New Mexico Workers' Compensation Administration
Medical Cost Containment Bureau

Submit completed form to: WCA-MCC@wca.nm.gov

Questions: (505) 841-6000

Requestor Name/Business: _____

Date: _____

Your email and phone number: _____

WCA #: _____

PAYOR INFORMATION

Insurer: _____

Attorney: _____

Adjuster: _____

Firm: _____

Phone Number: _____

Phone Number: _____

Email: _____

Email: _____

Employer: _____

INJURED WORKER

Check the option that describes the nature of your dispute. Include attachments listed below.

Name: _____

Attorney: _____

Email: _____

Firm: _____

Phone Number: _____

Phone Number: _____

DOB: _____ SS: _____

Email: _____

Date of Injury: _____ Working: Yes No

Occupation: _____

Please answer the following questions:

- Body Part(s) Involved: _____
- Meets Eligibility Criteria as indicated in NMAC § 11.4.7.12 (C-2-a)
- Primary language spoken: _____
- Injured worker's city residence: _____
- Previous nurse case management (name): _____
- Previous NCM was not successful due to: _____
- Include at least 12-18 months of medical records – in chronological order - with this request (required)
- Attorneys on both sides have been alerted prior to this request

I attest that all attached documents (including, but not limited to, medical records, billing forms, and certificates of mailing) are the exact reproductions of the document previously submitted to the workers' compensation payer for reimbursement.

Signature: _____ Date: _____