HEALTH CARE AUTHORITY

EMERGENCY MEDICAL SERVICES FOR NON-CITIZENS (EMSNC)
REFERRAL FOR ELIGIBILITY DETERMINATION

Instructions for the Person Completing this Form: The emergency services provider must complete this form and provide a copy of it to the applicant. Submit this form, together with an HCA 100 application, directly to ISD at: CASA, PO Box 830, Bernalillo, NM 87004. Applications can also be sent to ISD by fax at 1-855-804-8960. If you have questions about completing this form, please contact the Consolidated Customer Service Center at 1-800-283-4465.

Name of Person who Received Emergency Services		Date of Birth
Name of Person's Parent or Guardian (if applicable)		
Address – Number & Street / Apt. #/ P.O. Box / R.Rt.		
City	State	Zip Code

The person named above received emergency medical care from this facility:

From:		
Name of Facility Where Emergency Care was Provided	Date(s) Services Were Provided From: Through:	
Facility Address		
City	State	Zip Code

By:			
Person Completing Referral Form	Job Title	Telephone Number	Date

IMPORTANT INFORMATION FOR THE PERSON APPLYING

EMSNC may help pay your emergency bills. You have to apply for EMSNC every time you get emergency care. You can apply for EMSNC by filling out a Medicaid Application (HCA 100). You can also apply on the YESNM website at www.yes.state.nm.us. This form will need to be submitted along with the application. YESNM allows this form to be attached to the application. Please submit an application along with this form as soon as possible. The Health Care Authority (HCA) will tell you if EMSNC can pay your medical bills. HCA will look at your income. HCA will also ask if you plan to keep living in New Mexico. HCA will look at records about your emergency.

If you do not apply for EMSNC, then you may have to pay for your medical care. HCA will make sure that your care was for an emergency. If it was not for an emergency, you may have to pay the hospital. **See your Notice of Rights on the next page.**

NOTICE OF RIGHTS FOR THE PERSON APPLYING

Your Civil Rights /Nondiscrimination Statement

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion and political beliefs. To file a complaint of discrimination regarding a program receiving federal financial assistance through the US Department of Health & Human Services (HHS), write to: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Ave., SW, Washington, DC 20201 or call (202) 619-0403 (voice) or 1-800-537-7697 (ITY). HHS is an equal opportunity provider and employer. (Revised 9/10/15)



Special Needs Information

If you are a person with a disability and you require this information in an alternative format, or if you require a special accommodation to participate in any public hearing, program or services, please contact the Health Care Authority, American Disabilities Act (ADA) coordinator at (505) 827-6201, through the New Mexico Relay System TDD at 1-800-659-8331, or by dialing 711. The Health Care Authority requests at least 10 days advance notice to provide requested alternative formats and special accommodations. (Revised 09/10/15)

AVISO DE DERECHOS

Sus derechos civiles/ Declaración de no discriminación

En esta institución, está prohibido discriminar en función de raza, color, nacionalidad de origen, discapacidad, edad, género y, en algunos casos, religión y creencias políticas. Para presentar una queja por discriminación en relación con un programa que recibe asistencia financiera federal a través del Departamento de Salud y Servicios Humanos de los EE. UU. (HHS), escriba a: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Ave., SW, Washington, DC 20201 o llame al (202) 619-0403 (voz) o bien al 1-800-537-7697 (ITY). El HHS es un proveedor y empleador que ofrece igualdad de oportunidades. (Revisado el 09/10/15)



.Información de necesidades especiales

Si tiene alguna discapacidad y necesita esta información en un formato alternativo o requiere adaptaciones especiales para participar en alguna audiencia pública, programa o servicio, comuníquese con el coordinador de la Ley de Estadounidenses con Discapacidades (ADA) del HCA al (505) 827-6201, a través del dispositivo de telecomunicación para sordos de Nuevo México al 1-800-659-8331, o marcando 711. El HCA exige contar con una notificación de al menos 10 días de anticipación para proporcionar los formatos alternativos y las adaptaciones especiales solicitadas. (Revisado el 09/10/15)