UNM HEALTH
Insurance Plan

PROVIDER INTEREST FORM

If you are a healthcare provider and are interested in joining the UNM Health Insurance Plan provider network, please complete this form to start the process. The UNM Health Insurance Plan is a health plan exclusively for employees of the University of New Mexico Hospitals (UNMH) and their eligible family members. This plan is not available to the public.

Please submit your completed Provider Interest Form to:
Providers_UNMHealthInsPlan@salud.unm.edu

TYPE OF PRACTICE: _____ FEDERAL TAX ID: _____

CAQH NUMBER: _____ NPI: _____

PRACTICE OR FACILITY CONTACT NAME: _____

PRACTICE OR FACILITY CONTACT EMAIL: _____

PRACTICE OR FACILITY CONTACT PHONE: _____

PREFERRED METHOD OF CONTACT: _____

PRIMARY PRACTICE ADDRESS: _____ CITY: _____

STREET ADDRESS 1: _____ STATE: _____

STREET ADDRESS 2: _____ ZIP CODE: _____

Acceptance of the Provider Interest Form is not a guarantee of a formal agreement between UNM Health Insurance Plan and the interested provider. Providers should not represent themselves as in-network providers until the agreement is fully executed and all credentialing requirements are completed.