State of New Mexico Medicaid Program
Electronic Data Interchange (EDI) Update Form

Trading Partner ID: _____

Submitter or Provider Name: _____

Demographic/ Contact information:

Legal Name: _____

Mail to Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

Contact Information:

__ Update existing contact information   __ Change Primary contact   __ Change both contacts

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Primacy Contact Information:

Contact Individual Name: _____

Title: _____

Business Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

Secondary Contact Information:

Contact Individual Name: _____

Title: _____

Business Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

If any of the above entered information is updated, your information in the MMIS will not be updated automatically. To update your provider information in the MMIS, please contact the Provider Enrollment Department at (800) 299-7304.

Please return the completed EDI Demographic and Contact Update Form to the following e-mail address:

E-Mail: HIPAA.DeskNM@hsd.nm.gov