

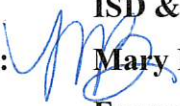


HUMAN SERVICES
DEPARTMENT

Susana Martinez, Governor
Brent Earnest, Secretary
Mary Brogdon, Director

Manual Revision Memorandum

ISD-MR 18-20

TO: ISD & New Mexico Works Providers (NMW)
FROM:  Mary Brogdon, Division Director, Income Support Division
RE: Forms Manual Revision - Provider's Statement and Medical Release Form
(GAP 003)
DATE: November 26, 2018

The Provider's Statement and Medical Release Form (GAP 003) has been updated for ease of use. This form is used to gather information for the General Assistance (GA) packet from medical providers for the one form is to be used per provider.

Please see changes that include adding the fax number for ASPEN Central Scanning Area, a space for the provider to include a fax number and a section to indicate how the condition impacts the client/patient.

This form will be available on the Forms Drive, as it is not in ASPEN.

Instruction:

All previous versions of the form listed in this MR must be removed from any current stock and replace with this current version.

Delete – Provider's Statement/Medical Release GAP 003 Revised 02/20/2017

Replace Provider's Statement/Medical Release GAP 003 Revised 11/26/2018

If you have questions regarding this MR, please contact Suzanne Duran-Vigil at (505) 827-7289 or via e-mail at SuzanneP.Duran-Vigi@state.nm.us.

Attachment

GAP 003- New Mexico Department of Human Services Income Support Providers
Statement/Medical Release



**New Mexico Department of Human Services
Income Support Division
Provider's Statement/Medical Release**

Section I -- To be completed by ISD staff			
Name of Patient	ASPEN Case No.	Patient's Date of Birth	Date of GA Application
Patient Address	ISD Office address/attn. caseworker Central ASPEN Scanning Area (CASA) Income Support Division PO Box 830 Bernalillo, NM 87004 Fax Number: 1-855-804-8960		
Section II -- To be completed by Provider			
Your patient has applied for General Assistance (GA), a state program that provides cash assistance to individuals who are unable to work due to a disabling impairment. The medical or behavioral health information you provide below will be part of the documentation we use to determine eligibility. If you have any questions please contact ISD Customer Service Center at 1-800-283-4465.			
Does your patient have any impairment(s) that prevent him/her from working? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If Yes, please complete the rest of this form. If No, please sign and date below.			
Diagnosis	Date Patient Became Unable to Work	Anticipated Duration of Inability to Work	
1.			
2.			
Is condition: Severe / Moderate / Mild / Chronic / Recurrent		(Attach copies of medical records)	
Provider's Comments:		Limitations Placed on Patient:	
_____ Provider's Name /Title <i>Please Print</i>		_____ Provider's Authorized -Signature	
_____ Provider's Office Address (Street or P.O. Box, City, State, Zip)		_____ Date	
		_____ Provider's Telephone No. (Include Area Code)	
		_____ Provider's Fax No. (Include Area Code)	
Section III -- To be completed by Patient			
Authorization To Release Medical Information I authorize and request any physician, hospital, or institution that has medical records pertaining to the patient named above, to disclose information to the New Mexico Human Services Department in connection with the application for General Assistance.		Autorización Para Divulgar La Información Médica. Autorizo y solicito a cualquier doctor, hospital, o institución sobre quien tengan expedientes médicos el pertenecer al paciente nombrado anteriormente, a divulgar la información al Departamento de Servicios Humano de Nuevo México en la conexión a la la solicitud para la ayuda general.	
_____ Signature-Patient or Signature-Representative -- Firma-Paciente o Firma-Representante		_____ Date/Fecha	