



BlueCross BlueShield
of New Mexico

New Mexico Medicaid Gross Receipts Tax Economic Nexus Attestation

_____ acknowledges that the information described below affects the calculation of
Name of Provider
payments from the New Mexico Health Care Authority to Blue Cross and Blue Shield of New Mexico in connection with
BCBSNM's New Mexico Medicaid health plan pursuant to BCBSNM's contract with HCA. _____
Name of Provider

acknowledges that misrepresentations to BCBSNM and/or HCA about the accuracy of such information may result in
federal and/or state civil action against, and/or criminal prosecution of, _____ .
Name of Provider

_____ has independently reviewed applicable New Mexico law regarding New Mexico Gross
Name of Provider
Receipts Tax and represents, warrants and attests that _____ is required by law to remit and
Name of Provider
will remit GRT to the New Mexico Taxation and Revenue Department on all taxable receipts from BCBSNM during

_____ for the provision of covered health care services to BCBSNM's Medicaid members that
Enter Current Calendar Year
are subject to GRT.

Title

on behalf of

Name of Provider

Date