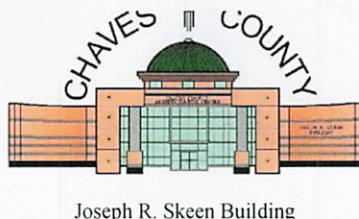


**CHAVES COUNTY HEALTHCARE SERVICES**  
P.O. Box 1597  
Roswell, NM 88202-1597  
Phone 575-624-6547, 575-624-6545 OR  
575-624-6535  
Fax 575-627-7554  
**Health Care Director**  
Jeff Ortega



**COMMISSIONERS**  
Dara Dana · District 1  
Cliff Waide · District 2  
Herbert Corn · District 3  
Richard Taylor · District 4  
Michael Perry · District 5  
**County Manager**  
Bill Williams

## *Healthcare Services – Basic Information*

1. **Where do I apply for Healthcare Assistance?** An application can be picked up at the contracted Medical Provider's business office or at The Chaves County Healthcare Office at #1 St. Mary's Place Suite 160, Roswell, NM 88203. You may also call (575) 624-6535 or (575) 624-6545 and an application will be mailed to you.
2. **Do I have to be a Chaves County Resident? What about my income?**  
All applicants must be a Chaves County for at least ninety (90) days prior to the date your services were rendered. The household gross income must be consistent with the established annual Income Schedule found on the back of this page. Household income is needed on everyone living within your household. Example: Two families living in the same house. Anyone receiving income, food stamps etc. must submit that information.
3. **What is required when I return my application?**
  - A signed copy of all household members Income Tax returns. (If an adult member is not required by law to file a State or Federal Income Tax then that member must fill out a Tax Waiver.)
  - Proof of residency for all members who reside within the household: A Tax Return, Utility bill, rent receipt, Drivers License, Identification card, anything that has a date stamped on it, or a Proof of Residency form can be filled out if none of the above is available.
  - Verification of Income: One month worth of consecutive pay stubs, if applicable awards letters from the following: Social Security, V.A., Pensions, Retirement, Child Support, General Assistance (TANF), Food Stamps, a letter of support from the individual who is supporting you but not living within the household. (Monetary amount of support must be included on the letter.) If property investments, stocks or bonds are owned, please provide proof of what it/they are worth.
  - Copies of Social Security Cards
  - Photo ID's are required on all applications
  - Copies of all medical insurance cards (if applicable)
4. **Where do I return my application?**  
Your application should be returned to the local Medical Provider you received services from. If the provider is located out of Chaves County, your application should be returned to the Chaves County Healthcare Office. Office hours are Monday – Friday 8:00am – 5:00 pm unless there is a holiday.
5. **Can I apply if I don't have a bill?**  
No, you must have a bill current bill not more than ninety (90) days old from one of our contracted providers in order to apply. You may ask the provider if they are contracted with Chaves County as an Indigent healthcare provider or call our office to find out if the provider you had services with is contracted with us.
6. **Is there a time limit for applying?**  
Yes, the provider will have ninety (90) days from the date services were rendered to submit your application. The sooner you complete your application and have all the necessary documentation attached with it to the provider, the sooner they can submit your application to us for payment.
7. **Must I complete a different application if a different household member has a medical bill?**  
No, the original application is for all household members, but the patient will be required to sign a supplemental form for the release of information if that person is over the age of eighteen (18). If that person is new to the household and was not included on the original application, you will be required to fill out an addendum at the provider's office adding the individual to your application. They will be required to provide their Income Tax Forms and proof of income which means it will change your level of income and your household could chance becoming over income and lose eligibility.
8. **Will my medical bills be paid in full? Does it cover Medicare and Insurance balances?**  
No, your medical bill for out-patient services will be covered at 50% of the eligible charges and in-patient bills will be covered at the Medicaid fee-for-service rate. La Casa Health Care is paid at 65% of the eligible charges. Provider is required to write off the balance after payment is received from Chaves County. Services received fifty (50) miles outside the Chaves County area limit can be paid up to 60%. (This is for services that can be rendered from Chaves County Providers but for some reason are provided elsewhere.) Note: There are individual limits per type of service. The balance after Medicare is also covered at the 50% rate.
9. **What is my responsibility?**  
Participants are responsible for notifying each eligible provider whenever medical treatment has been provided. Please remember *THIS MUST BE DONE WITHIN 90 DAYS FROM THE DATE OF TREATMENT*. We will not be able to assist you with bills that are over the 90 day limit; therefore it is your responsibility to make payment arrangements for these services.
10. **What type of Providers participates with this assistance?** See information on the reverse side of this form.

Revised 9/10/2026