

New Mexico Nicotine Addiction Treatment Services Provider Referral Portal Instructions



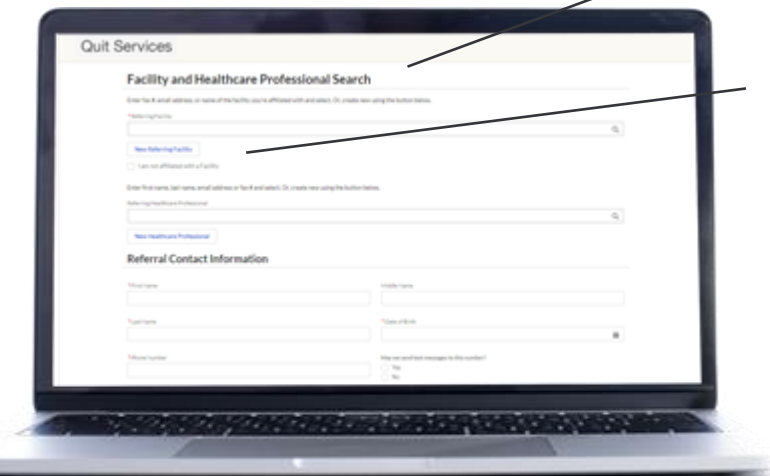
A referral portal has been set up to make it easy for busy clinicians to make referrals to New Mexico Nicotine Addiction Treatment Services.

- No implementation cost.
- Requires completing and submitting an online form for the referral.

Access the Provider Referral Portal at <https://q4l.force.com/referral/s/> or use this QR Code.



First, choose the state where the patient lives.



Next, you will enter your facility and patient's information.

Your facility may already be in the system. You can look it up by fax number, email address or name. If your facility is not yet in the system, you can add it here.

FREE HELP QUITTING NICOTINE

1-800-QUIT-NOW

(1-800-784-8669)

QUITNOWNM.COM

Enter first name, last name, email address or fax # and select. Or, create new using the button below.

Referring Healthcare Professional

[New Healthcare Professional](#)

Referral Contact Information

*First Name Middle Name

*Last Name *Date of Birth

*Phone Number May we send text messages to this number?
 Yes No

Primary Language State

Zip Code

*Would you like an Outcomes Report on whether the patient enrolled, declined, or was unreachable? Please select your preferred method.
 Select Outcomes Report type

Best Contact Times

When are good weekday times to call?
 Mornings (8am - 12pm)
 Afternoons (12pm - 4pm)
 Evenings (4pm - 8pm)

When are good weekend times to call?
 Mornings (8am - 12pm)
 Afternoons (12pm - 4pm)
 Evenings (4pm - 8pm)

If your patient has any health conditions, use this section to pre-authorize NRT

*Note: as patients have different benefits, using this form does not guarantee they will get free quit medications.

Fill out the patient's information here.

If you would like an outcomes report, with helpful information like whether the patient enrolled, their quit date, and whether they will receive medication, you may choose to receive it via fax or email if your facility is HIPAA governed.

Please select your preferred method.
 Select Outcomes Report type

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Full the Authorization
 No Yes

Confirmation

*By submitting this referral, you confirm that you obtained the patient's consent to be contacted by QUIT for LA at the phone number provided.

I'm not a robot 

Please indicate the best windows for the quitline to reach your patient during week days and weekends.

You may also indicate whether quit medications are appropriate for the individual.

To complete the referral, click the Confirmation, the Captcha, and click Submit. New Mexico Tobacco Addiction Treatment Services will contact your patient within 48 hours.