NEW MEXICO HEALTH CARE AUTHORITY
Child Support Services Division

HEALTH CARE AUTHORITY

For the period from

EMPLOYER IDENTIFICATION NUMBER:

Case ID	Employee Name	Employee SSN	Payroll Date	Payment Amount	Employee Termination Date

RETURN THIS FORM WITH PAYMENT TO:

CSSD/CASH PROCESSING
PO BOX 200796
DALLAS, TX 75320-0796

VISIT OUR WEB SITE FOR EMPLOYERS AT https://yes.nm.gov/ TO PROVIDE INFORMATION OR TO GET INFORMATION.