

*New Mexico Horsemen's Association  
State Office  
P.O. Box 8695 Albuquerque, New Mexico 87198  
(505) 266-7056 FAX (505) 266-0643  
Nmhastate1@aol.com*

## 2024 Medical Benefit Claim Form

*Please fill out and return with a copy of your NMRC license*

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

NMRC License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

(Circle one) **OWNER** **TRAINER** **ASST TRAINER** **GROOM** **PONY PERSON** **EXERCISE PERSON**

**Please fill out section A, B, or C**

A) ILLNESS \_\_\_\_\_

a. Symptoms \_\_\_\_\_

B) ACCIDENT \_\_\_\_\_

a. Where did accident occur? \_\_\_\_\_

b. What happened? \_\_\_\_\_

C) PRESCRIPTIONS \_\_\_\_\_

a. Please get a prescription history printout from you Pharmacist.

Do you have insurance or Medicare? (circle one) **YES** **NO**

If you answered **YES** then you must file with that company first, then submit your EOB to the NMHA office.

NAME OF HORSE \_\_\_\_\_ DATE LAST RAN \_\_\_\_\_ TRACK \_\_\_\_\_

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NAME OF HORSE \_\_\_\_\_ DATE LAST RAN \_\_\_\_\_ TRACK \_\_\_\_\_

**ILLNESS ELIGIBILITY AMOUNTS PER YEAR**

Trainer & Immediate Family	\$1250 per family
Owner & Immediate Family	\$1250 per family
Asst. Trainer	0
Groom	0
Exercise Rider	0
Pony Person	0

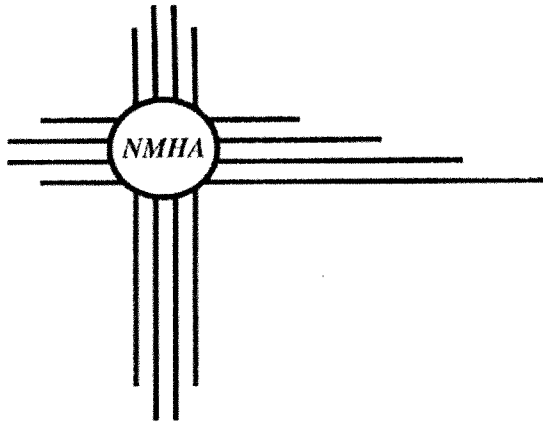
**ACCIDENT ELIGIBILITY AMOUNTS (HORSE RELATED) PAY PER ACCIDENT**

Must be horse related and occur on a NMRC licensed racetrack grounds.

Trainer	\$1500
Owner	\$1500
Asst. Trainer	\$1500
Groom	\$1500
Pony Person	\$1500
Exercise Rider (in barn area ONLY)	\$1500

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Trainer (if applicable)



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### **Eligibility Requirements for Medical Assistance from NMHA**

All members requesting medical assistance must be actively engaged in horse racing in the state of New Mexico.

#### **OWNERS**

- Must be currently licensed and in good standing with the NMRC.
- Show proof of ownership of a racehorse that has started at least three (3) times in the current calendar year at a licensed NMRC racetrack.
- One of those starts must be within sixty (60) days immediately prior to the claim.

#### **PARNERSHIPS, LLC'S, CORP'S, etc.**

- Will be treated as one entity receiving one accident or illness award per year.
  - Not each individual of said partnership, LLC, Corp's, etc.

#### **TRAINERS**

- Must be currently licensed and in good standing with the NMRC.
- Show proof of having started a horse(s) three (3) times the current calendar year at a licensed NMRC racetrack.
- One of said starts must be within sixty (60) days immediately prior to the claim.

#### **ASSISTANT TRAINERS & GROOMS (accident only)**

- Must be currently licensed and in good standing with the NMRC for the job they are performing.
- Must be employed full-time and performing the majority of their duties at a NMRC licensed racetrack.
- Must be listed on an eligible trainer's stable roster.
- Must show proof of employment to an eligible trainer for 30 days immediately prior to filing a claim.

#### **EXERCISE RIDERS & PONY PEOPLE (accident only)**

- Must be currently licensed and in good standing with the NMRC for the job they are performing.
- Must work full-time in this category and receive most of their income at a NMRC licensed racetrack.

**UNINSURED**  
**ACCIDENT ELIGIBILITY AMOUNTS PER YEAR**  
**(HORSE RELATED) PAY PER ACCIDENT**  
Must be horse related and occur on a NMRC licensed racetrack grounds.

Trainer	\$1500
Owner	\$1500
Asst. Trainer	\$1500
Groom	\$1500
Pony Person	\$1500
Exercise Rider (in barn area ONLY)	\$1500

**ILLNESS ELIGIBILITY AMOUNTS PER YEAR**

Trainer & Immediate Family	\$1250 per family
Owner & Immediate Family	\$1250 per family
Asst. Trainer Only	0
Groom	0
Pony Person	0
Exercise Rider	0

The NMHA does not pay for maternity cases, illness related to pregnancy, sterilization procedures, illness or injury related to drug addiction or alcoholism, or cosmetic surgery.

The NMHA does not pay for orthodontics, dental, or optical bills unless covered by insurance and then copay / deductibles are covered.

**INSURANCE POLICY HOLDERS AMOUNTS PER YEAR**

The following licenses meeting the previously stated eligibility requirements and showing proof of current major medical insurance coverage are eligible for \$1250 to cover copays, deductibles, and co-insurance.

All eligible licensed owners and trainers age 65 or older who are on Medicare, are eligible for \$1600 per year.

Trainer & Immediate Family	\$1250 per family
Owner & Immediate Family	\$1250 per family
Asst. Trainer Only	0
Groom Only	0
Pony Person Only	0
Exercise Rider Only	0

**Only original itemized receipts for drug costs will be accepted. Your pharmacy will print you out a history.**

Applicants must submit a completed and signed claim form to the NMHA along with pertinent information: copy of NMRC license, horse names and starts, employment, etc.

All claims, including prescription drug reimbursement, must be filed on a timely basis. Only itemized bills or standard insurance EOB's will be accepted as medical claims. Statements showing a "balance forward" will NOT be accepted. Only bills and claims from doctors and healthcare facilities in the United States will be accepted. We cannot accept computer generated general ledger statements.