

Presbyterian Centennial Care Baby Bonuses Enrollment Form

Member Information (Please Print)		
Parent/Guardian Name and Member ID Number:	Baby's Name:	
Baby's Member ID Number:	Phone Number:	
Mailing Address:		
City:	State:	ZIP:
Baby's Date of Birth:		
Provider Information (Please Print)		
Provider Name:	Phone Number:	
<p>Please fill out this form and send it by:</p> <p>Mail: Presbyterian Health Plan, Inc. Attn.: Performance Improvement Dept. P.O. Box 27489 Albuquerque, NM 87125-7489</p> <p>Email: Performancelmp@phs.org</p> <p>Fax: (505) 843-3018</p>		
<p>Presbyterian complies with civil rights laws and does not discriminate on the basis of protected status including but not limited to race, color, national origin, age, disability, or sexual orientation or gender expression. If you need language assistance, services are available at no cost. Call (505) 923-5420, 1- 855-592-7737 (TTY: 711).</p> <p>ATENCIÓN: Si usted prefiere hablar en español, están a su disposición servicios gratuitos de ayuda lingüística. Llame al (505) 923-5420, 1-855-592-7737 (TTY: 711).</p> <p>Díí baa akó nínzín: Díí saad bee yáníłt'igo Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíłnih (505) 923-5420, 1-855-592-7737 (TTY: 711).</p> <p>For more information, visit https://www.phs.org/pages/nondiscrimination.aspx.</p> <p>Such services are funded in part with the State of New Mexico.</p>		