

Your Baby's Well-Child Check Visit

Member Information		
Name (Print):	Baby's Name:	
Baby's Member ID Number:	Phone Number:	
Mailing Address:		
City:	State:	ZIP:
Baby's Date of Birth:		
Provider Information		
Provider Name (Print):	Phone Number:	
Facility Representative Name (Print):	Date of Visit:	
Facility Representative Signature:	<i>By signing, I attest that the above-named patient has brought their child in for an office visit.</i>	
Please fill out this form and send it by:		
Mail: Presbyterian Health Plan, Inc. Attn: Performance Improvement Dept. P.O. Box 27489 Albuquerque, NM 87125-7489 Email: Performancelmp@phs.org Fax: [(505) 843-3018]		
We will accept submissions for up to one year after your baby's birth. Please allow 4-8 weeks to receive your gift card(s).		
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). 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). Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiił'eh, éí ná hóló, kóji' hódíłnih (505) 923-5420, 1-855-592-7737 (TTY: 711). For more information, visit https://www.phs.org/nondiscrimination . Such services are funded in part with the State of New Mexico. Presbyterian exists to ensure all of the patients, members and communities we serve can achieve their best health. www.phs.org/Medicaid		