

Presbyterian Pregnancy Passport Enrollment Form

Member Information		
Name (Print):		Date of Birth:
Member ID Number:		Phone Number:
Mailing Address:		
City:	State:	ZIP:
Baby's Date of Birth:		Is your pregnancy considered high-risk? Yes <input type="checkbox"/> No <input type="checkbox"/>
Provider Information		
Provider Name (Print):		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>We will accept submissions for up to [84 days] after your baby's birth.</p>		
<p>Presbyterian complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.</p> <p>ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 505-923-5420, 1-855-592-7737 (TTY: 711).</p> <p>Díí baa akó nínzín: Díí saad bee yáníłt'go Diné Bizaad, saad bee áká'ánída'áwo'dé'ę, t'áá jiik'eh éí ná hóó, kóji ' hódíłnih 505-923-5420, 1-855-592-7737 (TTY: 711).</p> <p>Such services are funded in part with the State of New Mexico</p> <p>Presbyterian exists to ensure all of the patients, members, and communities we serve can achieve their best health.</p> <p>www.phs.org/Medicaid</p>		