

Presbyterian Pregnancy Passport Postpartum Visit Form

Complete your visit [7-84 days] after delivery.

Member Information		
Name (Print):		Date of Birth:
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 Postpartum Visit:
Facility Representative Signature:		<i>By signing, I attest that the above-named patient has had a postpartum visit within <7-84 days> of giving birth.</i>
<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 90 days after your baby's birth. Please allow 4-8 weeks to receive your reward card[s].</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). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 505-923-5420, 1-855-592-7737 (TTY: 711). Díí baa akó nínízin: Díí saad bee yáńíłt'i'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí hódííłnih 505-923-5420, 1-855-592-7737 (TTY: 711).</p> <p>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</p>		