

# TRADITIONAL MEDICINE

## VALUE ADDED SERVICE

We know that Traditional Customs are a vital part of health and wellness to Native American people. We seek to honor and support your culture with the Traditional Medicine Value Added Service.

This Value Added Service can help you with **\$300 once per calendar year** (January 1 to December 31). This service is only available to Native American Centennial Care members.



### INSTRUCTIONS TO APPLY: (All information is required)

- Complete the back side of this form.
- **All sections MUST be filled in or the application will not be accepted.**
- Your PresID member card must show "Centennial Care Native American." See example below.
  - If it does not, you must call or visit your Income Support Division (ISD) office to correct your information.
- To find an ISD location near you, call 1-800-283-4465 or visit [https://www.hsd.state.nm.us/lookingforassistance/field\\_offices\\_1](https://www.hsd.state.nm.us/lookingforassistance/field_offices_1)

### All information below is required:

- Your full name:** First, last name
- Your date of birth**
- Your Presbyterian member ID number located on your Centennial Care Card** (Not Medicaid ID Number)
- Your address:** The address you used when you applied for Medicaid. (This is where the check will be mailed.)
  - **If your mailing address has changed,** please contact the ISD Office to make any address changes.
- Your phone number:** List the phone number where we can reach you if we have questions.

**PRESBYTERIAN Centennial Care**

Member Name:  
**PHP Member ID: 12345678911**  
Medicaid ID:  
Date of Birth:  
Effective Date:  
Group Number:  
Product:  
**Plan: Centennial Care Native American**  
Primary Care Provider:

Presbyterian Member ID

Native American Member

- Acknowledgement:** Print or sign your name and enter the date you signed the application.

# TRADITIONAL MEDICINE VALUE ADDED SERVICE – APPLICATION FORM

## For Native American Centennial Care Members Only

**Please mail or fax this form to:**

Presbyterian Centennial Care  
 Attn: Claims  
 P.O. Box 27489  
 Albuquerque, NM 87125-7489  
**Fax: (505) 355-7150**

**The Presbyterian Customer Service Center is here to help.**



(505) 923-5200 or 1-888-977-2333 (TTY 711)  
 Navajo/Diné: (505) 923-5157 or 1-888-806-8793 (TTY 711)



8 a.m. to 6 p.m., Monday to Friday  
 (except holidays)

**Member Information (All information is required)**

<b>Member name (first, last, middle):</b>	<b>Date of birth (MM/DD/YY):</b>		
	<b>Presbyterian member ID number:</b>		
<b>Mailing address:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Daytime phone:</b>	<b>Other phone:</b>		

- Checks will only be made payable to the eligible member on the application.
- Allow 5-6 weeks for processing.
- Call the Presbyterian Customer Service Center for application status.

**By signing and dating below I acknowledge that:**

- This value added service is to be used for traditional medicine or ceremonial purposes only.
- Use of this value added service for any other purpose can be considered fraud.
- This benefit allows \$300 once per calendar year (January 1 – December 31).

Member Name / Name of person receiving services (please print)

Today's Date

Signature or mark of person receiving services (or legal guardian if the member is a minor)

**Confidential Protected Health Information Enclosed.** Protected Health Information (PHI) is personal and sensitive information related to a person's healthcare. It is being delivered to you after appropriate authorization from the patient/member or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Unauthorized redisclosure without additional patient/member authorization is prohibited except as permitted by law. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

Presbyterian complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 505-923-5420, 1-855-592-7737 (TTY: 711). Dii baa akó nínizin: Dii saad bee yánilti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh, éi ná hóló, koji' hódíílnih 505-923-5420, 1-855-592-7737 (TTY: 711).

*Such services are funded in part with the State of New Mexico.*