

**Presbyterian Pregnancy Passport Early Prenatal Visit Form (Step 1)**

<b>Member Information</b>		
Name (Print):		Date of Birth:
Member ID Number:		Phone Number:
Mailing Address:		
City:	State:	ZIP:
Baby's Date of Birth:		
<b>Provider Information</b>		
Provider Name (Print):		Phone Number:
Facility Representative Name (Print):		Date of Prenatal Visit:
Facility Representative Signature:		<i>By signing, I attest that the above-named patient has had a prenatal office visit within the first &lt;14 weeks&gt; of pregnancy or &lt;42 days&gt; of enrollment.</i>
Please fill out this form and send it by:  <b>Mail:</b> Presbyterian Health Plan, Inc. Attn: Performance Improvement Dept. P.O. Box 27489 Albuquerque, NM 87125-7489 <b>Email:</b> <a href="mailto:Performancelmp@phs.org">Performancelmp@phs.org</a> <b>Fax:</b> <(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 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).  Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dé é', t'áá jiiik'eh, éí ná hóló, kojí' hódííłnih 505-923-5420, 1-855-592-7737 (TTY: 711).  Such services are funded in part with the State of New Mexico. Presbyterian exists to improve the health of the patients, members, and communities we serve. <b><a href="http://www.phs.org/centennialcare">www.phs.org/centennialcare</a></b>		