

Presbyterian Pregnancy Passport Early Prenatal Visit Form (Step 1)

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 Prenatal Visit:
Facility Representative Signature:		<i>By signing, I attest that the above-named patient has had a prenatal office visit within the first <14 weeks> of pregnancy or <42 days> of enrollment.</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 one year after your baby's birth. Please allow 4-8 weeks to receive your gift card[s].</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 nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dé é', t'áá jiik'eh, éí ná hóló, koji' hódíílnih 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 improve the health of the patients, members, and communities we serve. www.phs.org/centennialcare</p>		