

Presbyterian Pregnancy Passport Prenatal Visits Form (Step 2)

Complete at least 10 visits (or 80% of your required visits) to earn rewards!

Member Information		
Name (Print):		Date of Birth:
Member ID Number:		Phone Number:
Mailing Address:		
City:	State:	ZIP:
Baby's Date of Birth:		
Date of Visit/Signature*		
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<i>*By signing, I attest that the above-named patient has attended each office visit listed above for prenatal care.</i>		
Please fill out this form and send it by: Mail: Presbyterian Health Plan, Inc. Attn: Performance Improvement Dept. P.O. Box 27489 Albuquerque, NM 87125-7489 Email: Performancelmp@phs.org Fax: <(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].		
<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 yánílti'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>		