

Presbyterian Baby Benefits Enrollment Form

Member Information		
Name (Print):	Date of Birth:	
Member ID Number:	Phone Number:	
Mailing Address:		
City:	State:	ZIP:
Baby's Date of Birth:	Is your pregnancy considered high-risk? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Provider Information		
Provider Name (Print):	Phone Number:	
<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: performanceimp@phs.org</p> <p>Fax: <(505) 843-3018></p> <p>We will accept submissions for up to one year after your baby's birth.</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 nínizin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dé'é', t'áá jiik'eh éí ná hóló, koji' 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 improve the health of the patients, members, and communities we serve. www.phs.org/centennialcare</p>		