

# TRADITIONAL MEDICINE BENEFIT



We know that 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 benefit.

As a value-added benefit, we can help you with **\$300 per calendar year** (January 1 to December 31). This benefit is only available to Native American members.



## HOW DO I GET THIS BENEFIT?

Simply fill out the form on the backside of this paper. *The information on this form will only be used to ensure you receive this benefit.*

### You can only get this benefit if you are Native American

Be sure you checked "Native American member" when you applied for Medicaid.

- If you **did not** self-report as a Native American member, you must call or visit your local Income Support Division (ISD) office to correct your information. To find an ISD location near you, visit [www.hsd.state.nm.us/LookingForAssistance/Field\\_Offices\\_1.aspx](http://www.hsd.state.nm.us/LookingForAssistance/Field_Offices_1.aspx).
- If you **did** self-report as a Native American member, you will see this on your Presbyterian Centennial Care member ID card. See ID card example.

## WHEN FILLING OUT THE FORM, BE SURE TO INCLUDE:

- ✓ **Your full name:** First, last name
- ✓ **Your date of birth**
- ✓ **Your Presbyterian member ID number** (see ID card example)
- ✓ **Your address:**
  - List the address you used with ISD. This is where your benefit will be mailed.
  - **If your mailing address has changed**, you will need to contact ISD to correct it before you will be able to receive your benefit.
- ✓ **Your phone number:** List the phone number where we can reach you if we have questions
- ✓ **Amount:** \$300 for the calendar year (January 1 to December 31)
- ✓ **Benefit year:** Include the year that the services will be provided. You can only receive this benefit in the current calendar year (January 1 to December 31)

## **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

- ✓ **Acknowledge:** You must read and sign the acknowledgement at the bottom of the form.
- ✓ **Send your form to us:**

### Mail to:

Presbyterian Centennial Care  
Attn: Claims  
P.O. Box 27489  
Albuquerque, NM 87125-7489

**Or fax to:** (505) 923-5124

# TRADITIONAL MEDICINE BENEFIT FORM

## For Native American Members Only

**What if I have questions? Call us! The Presbyterian Customer Service Center is here to help.**

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

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

**Please mail or fax this form in the postage-paid envelope to:**

Presbyterian Centennial Care  
Attn: Claims  
P.O. Box 27489  
Albuquerque, NM 87125-7489  
Fax: (505) 923-5124

### Member Information (the person who received or will receive this benefit)

**Member name (first, last, middle):**

**Date of birth (MM/DD/YY):**

**Presbyterian member ID number:**

**Mailing address:**

**City:**

**State:**

**ZIP:**

**Daytime phone:**

**Other phone:**

**Amount to be received: \$300**

**Benefit year the service will be provided:**

### Acknowledgment – Please Read:

I know that if I use this benefit for any purpose other than for traditional medicine that it can be considered fraud. I know that I am allowed \$300 per calendar year for this benefit. A calendar year is January 1 through December 31.

\_\_\_\_\_  
Name of person receiving services (please print)

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

\_\_\_\_\_  
Today's date

**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.*