

## PE DETERMINER UPDATE

Please print information in appropriate box

### I. LIST CHANGES IN THIS SECTION

Determiner Name	Determiner Number	Previous Provider
Current Provider Name		
STREET ADDRESS – Number/Street or Road/P.O. Box Number <i>(Current Provider)</i>		
City	State	Zip Code
MAILING ADDRESS – <i>(If different from the Street Address)</i> <i>(Current Provider)</i>		
City	State	Zip Code
Business Telephone Number/Extension	FAX Number	E-Mail Address

### II. REQUEST FOR REMOVAL FROM DETERMINER FILE

<b>ATTN: Supervisors, Managers of Determiners.</b> Please fill out this Section if a PE determiner is no longer with your organization.		
Please remove the individual named below from the PE Determiner file. Removal of the individual will result in a de-activation of the Determiner number.		
Determiner Name	Determiner Number	Provider
Business Telephone Number/Extension	FAX Number	E-Mail Address

### III. VERIFICATION OF INFORMATION

Determiner Name	Determiner Number	Provider
STREET ADDRESS – Number/Street or Road/P.O. Box Number		
City	State	Zip Code
MAILING ADDRESS – <i>(If different from the Street Address)</i>		
City	State	Zip Code
Business Telephone Number/Extension	FAX Number	E-Mail Address
Name of Person Submitting Update	Signature	Date

Email form to: **Presumptive Eligibility Program**  
**HSD Medical Assistance Division**  
**Communication and Education Bureau**  
[HSD.PEDeterminers@state.nm.us](mailto:HSD.PEDeterminers@state.nm.us)  
 Or Fax to 505-827-7200

<b>MAD USE</b>	<input type="checkbox"/> Information Has Been Sent to Fiscal Agent Signature: _____ Date: _____
<b>FISCAL AGENT</b>	<input type="checkbox"/> Information Has Been Updated or <input type="checkbox"/> Information Has Not Been Updated (See Comments Below): Signature: _____ Date: _____
COMMENTS: _____ _____ _____	