

Choose All That Apply

- Update PED Information
- Update Supervisor Information
- Terminate PED

Presumptive Eligibility (PE) Determiner Update Form

Please complete the appropriate boxes below

I. LIST CHANGES IN THIS SECTION

PE Determiner Name <i>(Name Change if Applicable)</i>	PE Determiner Number	Previous Organization/Location Name
Current Organization/Location Name		
Physical Address - Number/Street or Road/P.O. Box Number <i>(Current Provider)</i>		
City	State	Zip Code
If different/ Mailing Address <i>(Current Provider)</i>		
City	State	Zip Code
Business Phone Number/Extension	FAX Number	E-Mail Address
Supervisor Name	Phone Number/Extension	E-Mail Address

II. REQUEST FOR TERMINATION FROM HSD PE DETERMINER PROGRAM

Attention: Supervisors/Managers of PE Determiners Please fill out this Section if a PE Determiner is no longer with your organization.		
Please remove the individual named below from the HSD PE Determiner program. Removal of the individual will result in a deactivation of the PE Determiner number.		
PE Determiner Name	PE Determiner Number	Organization/Location Name
Business Telephone Number/Extension	FAX Number	E-Mail Address
Name of Person Submitting Update (Print Name)	Signature	Date

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

MAD Use	<input type="checkbox"/> Information Has Been Sent to Fiscal Agent Signature: _____ Date: _____
Comments:	