Blue Cross and Blue Shield of New Mexico

P.O. Box 27838
Albuquerque, New Mexico 87125
1-866-689-1523

BlueSalud[SM] Primary Care Provider Selection Form

❶ Last Name, First, Middle Initial **(PLEASE PRINT CLEARLY)**	Sex ❑ M ❑ F	Date of Birth (Month/Day/Year)	BCBSNM Subscriber # or Medicaid ID #
Mailing Address	City	State	Zip Code
Physical Address (if different)	City	State	Zip Code

Home Phone	Work Phone	E-mail Address	Marital Status ❑ Single ❑ Married ❑ Divorced

❷ Primary Language Spoken

❑ English ❑ Spanish ❑ Other ____

Would you like to receive future correspondence in Spanish?

❑ Yes ❑ No

❸ Primary Care Provider (PCP) Name (choose from the list)	PCP Phone Number	Current patient?	
		Yes	No
PCP Address			

Member Signature ____ Date ______________________

If you would rather call us, please do so toll-free at 1.866.689.1523. We can make your selection over the phone.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.