Alternate Format Request Form

Member information

Member's Name _____
(Last, First, Middle initial)

Member's address _____

_____

Member's email address _____ Phone # _____

Member ID _____ Line of business/plan _____

Enrollment date _____

Material request

What material does the member need? (Check all that apply)

- ☐ Member handbook
- ☐ Formulary
- ☐ Provider directory
- ☐ Other_____

Alternate format

- ☐ English ☐ Spanish ☐ Other language: _____
- ☐ Audio (text is converted to an audio file) ☐ Email file ☐ Copy file to CD
- ☐ Braille ☐ Large print (18pt)

Comments: _____

_____

_____

Please email the completed form to **NMCommunications@MolinaHealthcare.com.**

You may also mail the completed form to:
Molina Healthcare of New Mexico
PO Box 3887
Albuquerque, NM 87190

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