



# Shell Request Form

Use this form to request Palco Shell, send to Conduent via Fax: 866.302.6787  
or email to: [docprocessing@conduent.com](mailto:docprocessing@conduent.com)

**ALL FIELDS WITH \* (SECTIONS A, B) ARE REQUIRED TO BE COMPLETED IN ORDER TO PROCESS THIS REQUEST INCOMPLETE FORMS WILL BE RETURNED**

SECTION A: Member/Participant Information		
*Member/Participant First Name:	Middle Name:	*Last Name:
*Member/Participant Physical Address:		Member/Participant Mailing Address:

*Member/Participant SSN:		*Member/Participant Medicaid ID:
*Member/Participant Program (NM SDCB, NM MV, NM SW):	*Member/Participant Date of Birth:	*Member/Participant MCO (if applicable):
*Member/Participant Email:		

SECTION B: Requestor Information	
*Requestor Name:	*Date:
*Requestor Organization:	*Requestor Email:



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**INSTRUCTION PAGE ONLY**

## **SECTION A: Member/Participant Information – INSTRUCTIONS ONLY**

- \*Member/Participant First Name: *Enter First Name for Medicaid Recipient*  
Middle Name: *Optional*
- \*Last Name: *Enter Last Name for Medicaid Recipient*
- \*Member/Participant Physical Address: *Enter Physical Address*  
Member/Participant Mailing Address: *Enter Mailing Address if different from Physical Address*
- \*Member/Participant SSN: *Enter nine-digit Social Security Number (000-00-0000)*
- \*Member/Participant Medicaid ID: *Enter ten-digit Medicaid ID number (0000000000)*
- \*Member/Participant Program (NM SDCB, NM MV, NM SW):  
*Indicate program (New Mexico Self Directed Community Based, New Mexico Mi Via, New Mexico Supports Waiver)*
- \*Member/Participant Date of Birth: *Enter member\Participant Date of Birth (MM/DD/YYYY)*  
Member/Participant MCO (if applicable):
- \*Employer of Record Email: *Enter Employer of Records' email address*

## **SECTION B: Requestor Information – INSTRUCTIONS ONLY**

- \*Requestor Name: *Signature*
- \*Date: *Enter Submitted Date*
- \*Requestor Organization:
- \*Email: *Enter submitters email address*