

PRESUMPTIVE ELIGIBILITY TRANSMITTAL FORM

SECTION I: TO BE COMPLETED BY PROVIDER

PROVIDER NAME AND NUMBER _____

PATIENT NAME: _____

DATE: _____

You have been found temporarily eligible for Medicaid. You must go to the _____ County Department of Social Services or other designated outpost to apply for Medicaid no later than _____. If you do not apply for Medicaid by this day, your eligibility will stop on the last day of that month. Temporary Medicaid will cover all outpatient services related to your pregnancy, including prescriptions. Delivery costs will not be covered unless you apply for Medicaid and are determined eligible by the department of social services.

If you do apply for Medicaid for pregnant women you may be eligible to receive Medicaid coverage for all pregnancy related services (including delivery) up to and for 60 days after the end of your pregnancy. Please apply for Medicaid as soon as possible so that you do not lose potential benefits and you can receive Medicaid throughout your pregnancy.

Information that will be needed by Social Services for establishing your eligibility is listed on the back. If you do not have all the information, take what you have.

SECTION II: TO BE COMPLETED BY COUNTY DSS

COUNTY _____ MID _____

____ 1. Did not apply by _____. Presumptive eligibility authorized from _____ through _____.

____ 2. Did apply by _____. Date of application is _____.

____ 3. Medicaid application is:

_____ Approved; Medicaid eligibility authorized effective _____.

_____ Denied/Withdrawn due to _____.
Presumptive eligibility is authorized from _____ through _____.

DATE

INCOME MAINTENANCE CASEWORKER

Information You Should Take With You to Social Services

1. Birth Certificates or other proof of citizenship and identity when applying for Medicaid for yourself.
2. Proof of residency in North Carolina, such as a driver's license, motor vehicle registration or rent receipt.
3. Wage stubs for the previous calendar month for you and your husband.
4. Social Security Card or Number for yourself.

Note: Anyone who wants to receive Medicaid or Health Choice benefits must give us his social security number. If you do not have a social security number, you must apply for one to receive benefits. **Persons applying for Emergency Medicaid services only are not required to provide a social security number, documentation of citizenship or immigration status.**

Instructions for Completion of Presumptive Eligibility Transmittal Form

1. Complete 4 copies: original and 1 copy – County DSS
cc: Provider
cc: Patient
2. Complete the patient's name, provider name and ID number, and the date the form is completed.
3. Enter the appropriate county dss. This must be the county in which the patient resides.
4. Enter the date, which is the last workday of the month following the month the Presumptive Eligibility Determination Form is signed.
5. Give a copy to the patient.
6. Send the original and one copy to the county dss within 5 workdays from the date the Presumptive Eligibility Determination Form was signed.
7. Retain one copy for your records.