

PRESUMPTIVE ELIGIBILITY TRANSMITTAL FORM

SECTION I: TO BE COMPLETED BY PROVIDER

PROVIDER NAME AND NPI 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\_\_\_\_\_ Denied/Withdrawn due to \_\_\_\_\_.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. Proof of residency in North Carolina, such as a driver's license, motor vehicle registration or rent receipt.
2. Proof of any income for you and your spouse.
3. 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 NPI number, and the date the form is completed.
3. Enter the appropriate county DSS. This should 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.