

## FORMS ORDER PRESUMPTIVE ELIGIBILITY (PE) FOR PREGNANT WOMEN PROGRAM

ORDER THE PE FOR PREGNANT WOMEN APPLICATION PACKAGE (MC 263) BY FAX OR EMAIL:

**Fax: (916) 364-6612 or EMAIL: [medpublicationorders@maximus.com](mailto:medpublicationorders@maximus.com)**

Provider Name	NPI Number			PE Provider Number
Office Name				
Shipping Address (Number, Street) (No P.O. Boxes)	City	State CA	County	Zip Code
Provider Telephone Number	Contact Person			

**NOTE:** Please remember, when indicating the number of MC 263 PE for Pregnant Women Application packages requested, that these packages are pre-numbered and **cannot** be photocopied.

	Quantity
<b>English</b>	
<b>Spanish</b>	

The following supplemental PE forms are available from the Medi-Cal or DHCS website:

MC 285	Forms Order – Presumptive Eligibility (PE)	MC 263–SR	Statement of Residency
MC 264	Patient Fact Sheet	MC 265	Directions for PE Application
MC 266	Directions for Medi-Cal Application	MC 267	Explanation of Ineligibility for PE
MC 283	Weekly PE Enrollment Summary	MC 286	Provider Fact Sheet for PE

Medi-Cal [www.medi-cal-ca.gov](http://www.medi-cal-ca.gov)

DHCS [www.dhcs.ca.gov](http://www.dhcs.ca.gov)

If you are unable to download the above forms from the websites, please call PE Support toll free at 1-800-824-0088, email at [PE@dhcs.ca.gov](mailto:PE@dhcs.ca.gov), or fax (916) 440-5666 or 1-800-409-1498 for assistance.