

## WEEKLY PRESUMPTIVE ELIGIBILITY (PE) FOR PREGNANT WOMEN ENROLLMENT SUMMARY

Provider Name				Week Ending
Provider Address	City	State	Zip Code	PE Provider Number
Provider Telephone Number (     )	Contact Person			Provider NPI Number

**INSTRUCTIONS:** Patient enrollment into the PE for Pregnant Women program must be reported no later than five working days from the enrollment date of the first patient listed on the summary. Do not use this form to report multiple weeks or months of enrollments. For each patient enrolled in the PE for Pregnant Women program, complete the information below. The completed form must be sent to, the Department of Health Care Services, PE for Pregnant Women Support Unit by mail: MS 4607, P.O. Box 997417, Sacramento, CA 95899-7417, by fax: 1-916-440-5666 or 1-800-409-1498, or email: PE@dhcs.ca.gov. Do **not send other PE for Pregnant Women forms.** Please print legibly in black or blue ink only.

	PE Enrollment Date	Proof of Eligibility PE (ID #*)	Patient's Name		Date of Birth	Social Security Number (Optional)	Test Results (EDC or NEG)
			Last	First			
	01/01/12	34-7G-ZA00101-2-50	Smith	Jane	01/01/76	123-45-6789	07/01/12
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The MC 283 may be downloaded at <http://www.dhcs.ca.gov/formsandpubs/forms/Pages/MCEBbyNumber.aspx>  
 Visit the PE for Pregnant Women website at <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/PE.aspx>