

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) 673-4500 or EMAIL: 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
English	
Spanish	

The following supplemental PE forms are available from the [Medi-Cal website](#).

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

Medi-Cal: www.medi-cal.ca.gov

DHCS: 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, or fax (916) 440-5666 or 1-800-409-1498 for assistance.