



**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**



**Notice to Pregnant Women Regarding  
Presumptive Eligibility (PE)  
for SoonerCare (Medicaid)**

**Section I – Determination.**

I certify that:

Patient's last name	M.I.	First	Social Security number
---------------------	------	-------	------------------------

is pregnant and is  **is not**  presumptively eligible for pregnancy-related services.

\_\_\_\_\_  
Signature of qualified provider

\_\_\_\_\_  
PE determination date

**Section II – Information**

1. Proper medical care during pregnancy could make a big difference in your health and the health of your baby. If you are unable to pay for this care, SoonerCare (Medicaid) may pay for you.
2. Your application for SoonerCare (Medicaid) will be sent to your local OKDHS office.
3. If the information in Section I above states you **are not** presumptively eligible, you may be eligible for SoonerCare (Medicaid) benefits. You should contact your local OKDHS office and your eligibility will be determined.
4. If the information in Section I above states you **are** presumptively eligible, you should receive a SoonerCare (Medicaid) card in a few days. OKDHS will notify you if you are approved for this card. The card will be only **TEMPORARY** and will **NOT** pay for hospitalization or delivery. It will cover outpatient medical expenses such as doctor visits and prescription drugs.
5. Within a few days you should hear from your local OKDHS office to find out if you are eligible for a SoonerCare (Medicaid) card that will pay for your hospitalization, delivery, and other medical benefits for your prenatal and postpartum care. You may be asked to provide additional information in order to be eligible for these benefits. If you do not receive a letter or notice within the next three weeks, please contact your local OKDHS office.
6. You may be eligible to participate in the Women, Infants and Children (WIC) program. Your local OKDHS office can help you with a referral to that program.

Purpose of form

This form is provided to the patient by the qualified provider when presumptive eligibility for pregnancy-related services has been determined by that qualified provider. It informs the patient of the presumptive eligibility decision.

Instructions

The form is prepared in original only.

**Section I - Determination.** Completed by the qualified provider. Entries required are self-explanatory.

**Section II - Information.** Gives information to the patient regarding presumptive eligibility coverage.

Routing

The original is given to the patient. The qualified provider may retain a copy for his/her file, if desired.