



Presumptive Eligibility for Pregnant Women Rights and Responsibilities

I, _____, understand that I may only apply for Presumptive Eligibility for Pregnant Women (PEPW) once per pregnancy and that my PEPW coverage is only temporary while I submit and have a Medicaid application pending. I must respond promptly to all requests from the State of Indiana during my Medicaid enrollment process. Failure to complete the Medicaid enrollment process means that I will be denied Medicaid and I will lose my PEPW. If I am denied for Medicaid and lose my PEPW coverage for any reason, I understand that I may reapply for Medicaid only.

I also understand that **IF** I have a Medicaid application pending due to initiating the Medicaid enrollment process prior to today's appointment, following through with the Medicaid enrollment process is **MY** responsibility.

Signature: _____ Date: _____

Please answer the following questions about your pregnancy:

➤ What trimester are you currently in?

1st (*Weeks 1-12*)

2nd (*Weeks 13-27*)

3rd (*Weeks 28-42*)

➤ Have you been to an OB/GYN prior to this appointment? Yes No

If yes, in what trimester did you first see your OBGyn?

1st (*Weeks 1-12*)

2nd (*Weeks 13-27*)

3rd (*Weeks 28-42*)

If no, have you scheduled your first appointment already? Yes No