

Doctor's Statement of Due Date

Date

INFORMATION NEEDED TO DETERMINE MEDICAID ELIGIBILITY

Dear _____:

We are currently reviewing your situation to see if you are still eligible for Medicaid. You have reported that you are pregnant. Please provide a statement from a doctor with the expected date of delivery. Mail the statement by_____. You may ask for help or get extra time to get the statement but you must contact your worker by this date.

Caseworker

Phone number