| Sample Pre Closing Revi | ew Notice for MPW Eligible for EWHS |
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| Effective Pregnant Women will end | your sixty (60) day postpartum coverage under MC+ for d. |
| coverage in another categ of your eligibility for MC will be completed. If you | yed to determine whether you qualify for continued MC+ gory of assistance. Based on information on file, a determination the for Custodial Parents and Medical Assistance for Families are under the age of 19, eligibility will be determined under the m. You will be notified if your MC+ coverage changes. |
| Eligibility may also exist of the following apply: | for MC+ healthcare or other medical assistance programs if any |
| at least 12 months;You are pregnant;You are blind;A change in circumstant | or mental disability which is expected to prevent employment for ances has occurred, such as a change in income; or rent, you are current in paying child support. |
| | E BIRTH OF YOUR CHILD, IF YOU HAVE NOT ALREADY E/SHE MAY ALSO RECEIVE MC+ COVERAGE. THIS YOUR ELIGIBILITY. |
| <u> </u> | or local Family Services Office by if we may evaluate eligibility for other MC+ healthcare or age. |
| 4 5 6 7 | Sincerely, |
| 8 9 10 11 | MC+ Service Representative |
| 12 13 14 15 | |