



Hospital Presumptive Eligibility (PE) Notice

Name: _____

Date of Birth: _____

Approved for temporary TennCare

We enrolled you in TennCare. Your coverage starts on _____.
You'll get a TennCare card in the mail soon. (insert date)

This is temporary. It only lasts for 62 days because we only had a little information about you. To keep TennCare, you must finish applying.

To finish, you must send in your full application. You can also call 1-800-318-2596 or apply at www.healthcare.gov. The hospital will help you with this.

You need to send in your full application by the end of next month. What if you don't? You will lose TennCare. Don't wait!

Denial

We denied you because:

- Your income is too high.
- You do not live in Tennessee.
- You are not a U.S. citizen or eligible immigrant.
- You are not eligible for a category that TennCare covers.
- You are not pregnant and have already had a Hospital PE period in the last two years.

You can apply again. You can also apply for other programs. Call 1-800-318-2596 or apply at www.healthcare.gov.

Employee Signature

Name of Hospital

Date

Employee Title