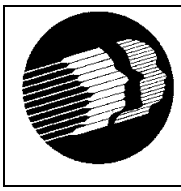

Abortion Justification Form

28.0 Appendix M - Abortion Justification Form

Federal law has enacted new Hyde Amendment requirements for Federally funded abortions. One of those requirements is that, in order for Medicaid to reimburse for an abortion, a physician must certify that a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused or arising from the pregnancy itself, that would place the woman in danger of death unless an abortion is performed. Previously, a physician was required to certify only that, in the physician's professional judgment, the life of the woman would be endangered if the fetus were carried to term.

The physician must complete this form and attach it to the claim being submitted for payment.

Client's Name:_____
Address:_____
_____
Phone #:_____Medicaid ID#:_____
Primary Diagnosis for Abortion:_____
Other Diagnoses:_____

STATEMENT OF JUSTIFICATION: The physician must detail the medical justification for the abortion and attach any pertinent information including laboratory tests, radiological evaluations, consultations, etc. If more space is needed additional pages may be attached.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

I, _____, certify the above statement to be true and accurate.
(Physician's Live Signature)

Printed Name of Physician:_____
Physician's Address:_____