PHYSICIAN'S CERTIFICATION STATEMENT
FOR
EXCEPTION TO ACKNOWLEDGEMENT REQUIREMENT

Section 1:

I, _____, _____, certify that
Print Physician's Name Provider Number

the condition(s) marked below existed at the time that a hysterectomy was performed for

_____, _____.
Print NH Title XIX Recipient's Name NH Title XIX Recipient's ID Number

_____ A. The recipient was already sterile at the time of the hysterectomy.

Specify cause of the sterility:

_____ Post menopausal

_____ Congenital disorder: Specify _____

_____

_____ Previously surgically sterilized: Specify method _____

_____

_____ B. The recipient requires an emergency hysterectomy because of a life threatening situation. (The emergency situation must render the recipient incapable of understanding or responding to the information pertaining to the acknowledgement agreement because of the emergency nature of the admission.) Please describe the nature of the emergency: _____

_____

_____

_____

_____

_____

Section II.

Physician Statement of Certification

For the above reason(s), I am requesting an exception to the acknowledgement requirement for the hysterectomy services indicated on the attached claim form (CMS 1500 or UB 04).

_____ _____
Physician's Signature Date