BHSF Form 96A Revised 05/06

Medicaid Program Acknowledgment of Receipt of Hysterectomy Information

Recipient Name:	
MEDS Person No.:	
Physician Name:	
Provider No.:	
performed solely for the purpose of rendering ar or where, if there is more than one purpose fo	cannot be authorized for any hysterectomy individual permanently incapable of reproducing in the procedure, the hysterectomy would not be being the individual permanently incapable of
Medicaid payment for a medically indicated hys	terectomy can be authorized only if:
 the individual and her representative*, in hysterectomy will render her permanent 	f any, are informed orally and in writing that the ly incapable of reproducing; and,
receipt of that information. The written ac	f any, have signed a written acknowledgment of cknowledgment must be signed and dated prior to ne claim form when it is submitted for payment.
* A representative is that person who has the purposes of this acknowledgment, a represental interdicted woman or the tutor or parent of a marriage is deemed capable of acting for hersel	n unmarried minor. A minor emancipated by
	nformed orally and in writing that a hysterectomy er a woman permanently incapable of bearing
Signature of Recipient	Date
Signature of Representative, if any	Date