



# ACKNOWLEDGEMENT OF RECEIPT OF HYSTERECTOMY INFORMATION

## PART I - (MUST BE COMPLETED)

Recipient Name \_\_\_\_\_

Recipient Identification No. \_\_\_\_\_ Provider No. \_\_\_\_\_

Physician Name \_\_\_\_\_ NPI No. \_\_\_\_\_

## PART II - ACKNOWLEDGEMENT

It has been explained to \_\_\_\_\_  
and the patient's representative, if any, orally and in writing that the hysterectomy to be performed on the patient will render the patient permanently incapable of reproducing.

\_\_\_\_\_  
Recipient or Representative Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
(If required, Interpreter Signature)

\_\_\_\_\_  
Date:

## PART III - PHYSICIAN STATEMENT

In my professional judgment, the hysterectomy is not being performed solely to accomplish sterilization; it is being performed for other medically necessary reasons.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date:

## PART IV - EXCEPTION REQUEST

- Exception 1 - I certify that the above named individual was already sterile at the time of the hysterectomy. The cause of the sterility was \_\_\_\_\_
- Exception 2 - I certify that the hysterectomy performed on the above named individual was performed under a life threatening emergency situation, i.e. \_\_\_\_\_  
in which I determined prior acknowledgment of receipt of hysterectomy information was not possible. I have attached a copy of the hospital operative record or other written explanation as to the nature of the emergency.
- Exception 3 - The above named individual had a hysterectomy performed during a period of retroactive Medicaid eligibility. Date of Surgery \_\_\_\_\_

I certify that the above named individual was informed prior to the operation that the hysterectomy would render the patient permanently incapable of reproducing; or that Exception 1  or that Exception 2  as certified above, made such explanation unnecessary or impossible.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date:

Completion mandatory, 305 ILCS 5/1-1 et seq., penalty non-payment.  
Form approved by the Forms Management Center.