



## Acknowledgement/Certification Statement for a Hysterectomy

Complete Section I **or** Section II and attach to claim for processing.

### Section I. Member Information

**Do not complete this section if:**

- The member was already sterile at the time of the hysterectomy.
- The hysterectomy was performed because of a life-threatening emergency and prior acknowledgment by the member was not possible.

1. Member Health First Colorado ID: \_\_\_\_\_

2. Member Name: \_\_\_\_\_

3. Member Address: \_\_\_\_\_

Date of service: \_\_\_\_\_

I have asked for and received information about the hysterectomy from.

\_\_\_\_\_  
Name of Doctor or Clinic

I understand that a hysterectomy is being performed for medical reasons. I acknowledge that prior to surgery I was advised that a hysterectomy is a procedure that will render me permanently incapable of bearing children.

Member's or Representative's Signature  
\_\_\_\_\_

Date  
\_\_\_\_\_





**Section II. Physician Information**

**The physician performing the hysterectomy completes this section if:**

- The member was already sterile at the time of the hysterectomy.
- The hysterectomy was performed because of a life-threatening emergency and prior acknowledgment by the member was not possible.

Physician Name

Provider Health First Colorado ID

\_\_\_\_\_

\_\_\_\_\_

Member Name

Member Health First Colorado ID

\_\_\_\_\_

\_\_\_\_\_

**Check and complete the paragraph that applies to the member:**

I certify that the above-named member was already sterile at the time of the hysterectomy. The sterility was due to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above-named member required a hysterectomy under a life-threatening emergency situation. During the emergency, I determined that prior acknowledgment by the patient was not possible. A description of the nature of the emergency follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Revised December 2019

