

# Certification for Medicaid-funded abortion

Date of service:

Based upon my professional judgment, I certify that, in accordance with 63 Okla. Stat. § 1-731.4 and Oklahoma Administrative Code Section 317:30-5-6, an abortion is medically necessary in the case of:

Members's name:

Member's date of birth:

Address:

SoonerSelect member's identification number:

For the following reason:

An abortion is medically necessary for the above-listed mother due to a physical disorder, injury or illness including a life-endangering physical condition caused by or arising from the pregnancy itself that would place the mother in danger of death unless an abortion is performed.

## **Physician performing abortion:**

Physician's name:

SoonerSelect provider's identification number:

Address:

Telephone:

Physician signature

Date

Patient signature

Date