



Justification of Abortion Covered by Medicaid

Based on the Hyde Amendment, there are certain requirements for Federally funded abortions. One of the Federal requirements for Medicaid reimbursement of an abortion is that a physician must certify that a woman suffers from a physical disorder, physical injury or physical illness, including a life-endangering physical condition caused or arising from the pregnancy itself, which places the woman in danger of death unless an abortion is performed.

NOTE: Prior to the latest Hyde Amendment requirements, a physician was required to certify only that, in the physician's professional judgment, the life of the woman would be endangered if the fetus were carried to term.

The physician must complete this form by certifying one or more of the options below, as applicable, and faxing this form to Delaware First Health at 833-967-0502:

Member Name:

Member ID#:

Member Address:

Primary Diagnosis for Abortion:

Other Diagnosis:

I, _____ (attending physician,) having discussed this matter with the patient, certify that on the basis of my professional judgment, this pregnancy termination is necessary in light of a physical disorder, physical injury or physical illness that places my patient in danger of death unless an abortion is performed.

I, _____ (attending physician,) having discussed this matter with the patient, certify that on the basis of my professional judgment, this pregnancy termination was medically necessary due to a pregnancy resulting from rape.

I, _____ (attending physician,), having discussed this matter with the patient, certify that on the basis of my professional judgment, this pregnancy termination was medically necessary due to a pregnancy resulting from incest.

Physician Signature:

NPI:

Date: