



# CERTIFICATION FOR MEDICAID FUNDED ABORTION

Date of Service: \_\_\_\_\_

Based upon my professional judgment, I certify that, in accordance with 63 Okla. Stat. §1-741.1 and Oklahoma Administrative Code Section 317:30-5-6, an abortion is medically necessary in the case of:

Individual's Name: \_\_\_\_\_

Individual's Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

SoonerCare Member's Identification Number: \_\_\_\_\_

for the following reason:

(Select One)

\_\_\_\_\_ 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; or

\_\_\_\_\_ The pregnancy resulted from an act of forcible rape, which was reported to the proper law enforcement authorities, or, in my professional opinion, the mother was unable, for physical or psychological reasons, to comply with the reporting requirement due to the following reason(s)

\_\_\_\_\_<sup>1</sup>; or

<sup>1</sup> Documentation of the reason(s) must be provided to the Oklahoma Health Care Authority.



**ADDRESS**

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105



**WEBSITES**

[oklahoma.gov/ohca](http://oklahoma.gov/ohca)  
[mysoonerca.org](http://mysoonerca.org)



**PHONE**

Admin: 405-522-7300  
Helpline: 800-987-7767



\_\_\_\_\_ The pregnancy resulted from an act of incest committed against a minor and the perpetrator has been reported to the proper law enforcement authorities, or, in my professional opinion, the mother was unable, for physical or psychological reasons, to comply with the reporting requirement due to the following reason(s)  
\_\_\_\_\_.<sup>2</sup>

**PHYSICIAN PERFORMING ABORTION:**

Physician's Name: \_\_\_\_\_

SoonerCare Provider's Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

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

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

**TO BE COMPLETED BY PATIENT:**

I certify by checking the appropriate basis below and by my signature below, that, in accordance with 63 Okla. Stat. §1-741.1 and Oklahoma Administrative Code Section 317:30-5-6:

\_\_\_\_\_ An abortion is requested because the pregnancy resulted from an act of forcible rape, which was reported to the proper law enforcement authorities on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_; or

\_\_\_\_\_ The pregnancy resulted from an act of incest committed against a minor and the perpetrator has been reported to the proper law enforcement authorities on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Patient Signature:

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

<sup>2</sup> Documentation of the reason(s) must be provided to the Oklahoma Health Care Authority.



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