



## CERTIFICATION FOR MEDICAID-FUNDED ABORTION

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

Based upon my professional judgment, I certify that, in accordance with 63 Okla. Stat. §1-731.3, 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:

\_\_\_\_\_ 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

### PHYSICIAN PERFORMING ABORTION:

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

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

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

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



#### ADDRESS

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105



#### WEBSITES

oklahoma.gov/ohca  
mysoonercare.org



#### PHONE

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