

# Instructions for Completing the Informed Consent to Sterilization (MA-38)

- Do not use this form for hysterectomies; see the Hysterectomy Acknowledgment form.
- No fields on this form may be left blank, except the Interpreter's Statement.
- This form must be legible and accurate.
- If revisions are made, they must be made with a single line through the incorrect information and initialed by the party making the change. Patient Information may only be changed by the patient and must be initialed by the patient. Documentation must be included explaining why revisions were made.

## Consent to Sterilization

**Complete at least 30 days prior to procedure.**

1. Enter the doctor's name or clinic name.
2. Enter the name of the sterilization procedure (e.g., tubal ligation, vasectomy).
3. Enter the member's date of birth in mm/dd/yy format. The member must be at least 21 years old at the time of consent.
4. Enter the member's full name. Do not use nicknames. The name should match the member's name on the Medicaid eligibility information.
5. Enter the name of the physician who will perform the procedure.
6. Enter the name of the specific procedure (method) to be used.
7. Have the member sign and date the form. This date must be at least 30 days before the sterilization procedure is to be performed.

## Interpreter's Statement

Complete this section only if the member requires an interpreter because of blindness, deafness, or inability to speak the language. In these cases interpreter services must be used to assure that the member clearly understands the concepts of the informed consent.

1. Identify the manner the interpreter used to provide the explanation (e.g., Spanish, sign language).
2. Have the interpreter sign and date the form. This date should be the same as the date the member signs the form.

## Statement of Person Obtaining Consent

1. Enter the member's name.
2. Enter the name of the sterilization procedure.
3. Enter the signature and date of the person who explained the sterilization procedure to the member and obtained the consent.
4. Enter the name of the facility where consent was obtained, such as clinic name.
5. Enter the address of the facility where the consent was obtained.

## Physician's Statement

This section must be completed by the attending physician on or after the date the procedure was performed.

1. Enter the name of the member.
2. Enter the date the procedure was performed. This date and the date of service on the claim must match.
3. Enter the name of the procedure.
4. Use the space under Instructions for use of alternative final paragraphs to explain unusual situations, or attach a letter to explain the circumstances. In cases of premature delivery, this must include the member's expected date of delivery. In cases of emergency abdominal surgery, include an explanation of the nature of the emergency.
5. The physician who performed the sterilization signs and dates on or after the date of the procedure.

If the physician signs and dates this section prior to the sterilization procedure, the claims will be denied. If the form was filled out after the sterilization but was dated incorrectly, the physician must attach a written explanation of the error. This written explanation must be signed by the physician.

Copies of the letter will need to be supplied to all other providers involved with this care before their claims will be paid. The attending physician must complete the second alternative final paragraphs of the Physician's Statement portion of the consent form in cases of premature deliver or emergency abdominal surgery. In cases of premature delivery, the expected delivery date must be completed in this field as well.