

Instructions for Completing the MA-39

Complete only one section (A, B, or C) of this form.

The member does not need to sign this form when sections B or C are used. This form may be used as a substitute for the Informed Consent to Sterilization form for sterilization procedures where the member is already sterile, and for sterilization procedures (e.g., salpingo-oophorectomy, orchiectomy) done only for medical reasons. In these cases, replace the word “hysterectomy” with the appropriate procedure name.

A. Recipient Acknowledgment Statement

This section is used to document that the member received information about the hysterectomy (or other sterilization-causing procedure such as salpingo-oophorectomy or orchiectomy) before it was performed. The member and the physician must complete this portion of the form together (with an interpreter if applicable) prior to the procedure.

Do not use this section for cases of prior sterility or life-threatening emergency.

1. The member or representative must sign and date the form prior to the procedure.
2. Enter the member’s name.
3. The physician must sign and date the form prior to the procedure.
4. If interpreter services are used, the interpreter must sign and date the form prior to the procedure.

B. Statement of Prior Sterility

Complete this section if the member was already sterile at the time of the hysterectomy or other sterilization causing procedure (e.g., salpingo-oophorectomy or orchiectomy).

1. Enter the member’s name.
2. Explain the cause of the member’s sterility (e.g., post-menopausal, post hysterectomy).
3. The physician must sign and date this portion of the form.

C. Statement of Life Threatening Emergency

Complete this section in cases where the Medicaid Hysterectomy Acknowledgment could not be completed prior to the surgery because of a life threatening emergency.

1. Enter the member’s name.
2. Explain the nature of the life-threatening emergency.
3. The physician must sign and date this portion of the form.