

# Instructions for Completing the MA-37

## Physician Certification for Abortion Services

Claims will not be paid unless this form is completed in full and a copy is attached to the Medicaid claim form.

### Physician Certification

**Section 1, 2, or 3 must be completed, and the physician completing the procedure must sign and date the form.**

1. If the abortion is necessary to save the member's life, the appropriate box must be selected by the physician:

In my professional opinion, member suffers from a physical disorder, physical injury, or physical illness, which may include a life endangering physical condition caused by or arising from the pregnancy itself that would place the member in danger of death unless an abortion is performed. The physician must sign the form. (Attach additional documents as needed.)

2. If the pregnancy resulted from rape or incest, the appropriate boxes must be selected by the physician: The physician must sign the form.

The member has stated to me that she has reported the rape or incest to a law enforcement or protective services agency having jurisdiction in the matter or, if the patient is a child enrolled in a school, to a school counselor; **or**

Based upon my professional judgment, the member was and is unable, for physical or psychological reasons, to report the act of rape or incest to the appropriate agency.

3. If the abortion is medically necessary but the member's life is not in danger, the appropriate box must be selected by the physician:

In my professional opinion, an abortion is medically necessary for the following reasons. The physician must sign the form. (Attach additional documents as needed.)

### Signature

The physician's signature and date signed must be included here.

The information contain is this form is confidential. This information is used for purposes related to administration of Montana Healthcare Programs and will not be released for any other purpose without consent of the member.