



# MONTANA HEALTHCARE PROGRAMS NOTICE

May 21, 2021

**Physicians, Mid-Levels, Outpatient Hospitals, CAH, Public Health Clinics, and Ambulatory Surgical Center Providers**

**Effective Immediately**

## **Sterilization Consent Form MA-38 to be Discontinued**

*Effective immediately, providers are to discontinue use of the Consent for Sterilization Form MA-38.*

Montana Healthcare Programs will stop accepting MA-38 forms signed on or after November 20, 2021 and will only accept the **Consent for Sterilization HHS 687**.

[This form is on the Forms page, section P-Z, of the Provider website at https://medicaidprovider.mt.gov/forms.](https://medicaidprovider.mt.gov/forms)

## **Contact Information**

Physician Program Officer, telephone (406) 444-3995

For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email [Montana Provider Relations Helpdesk](#).

[Visit the Montana Healthcare Programs Provider Information website at https://medicaidprovider.mt.gov.](https://medicaidprovider.mt.gov)