



Physician Certification

For Pregnancy Termination Form

The Physician Certification for Pregnancy Termination Form must be completed and maintained on file at the practice location and available for review upon request by BMS and its designee.

Please print or type.

Member's Name

Member's Medicaid Number

Member's Date of Birth

Member's Address

I. Certification of Specific Medical Necessity (only if applicable.)

I, _____ (attending physician), certify that on the basis of my professional judgment, this pregnancy termination was medically necessary due to one or more of the following factors. (Check all that apply):

Pregnancy resulting from rape

Endangerment of mother's life if the fetus were carried to full term

Pregnancy resulting from incest

Fetus has a severe congenital defect or terminal disease or is not expected to be delivered

Physician's Signature

NPI

Date