

Beneficiary information

1

Full name _____

Beneficiary address _____

Address line 1 _____ Address line 2 _____
Street, P.O. Box, etc. Suite, Building, etc.

City _____ County _____ State _____ Postal code _____

Beneficiary's identification number _____

Gestational age _____

Reason for abortion

2

Based on my professional judgment, I certify that I performed an abortion on the above-named beneficiary for the following reason:

☐ The abortion was necessary due to a physical disorder, physical injury or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself that would place the woman in danger of death unless an abortion was performed.

☐ Based on all the information available to me, I concluded that this pregnancy was the result of an act of rape.

☐ Based on all the information available to me, I concluded that this pregnancy was the result of an act of incest.

Physician attestation

3

My signature on this statement is an attestation that the requirements were met and documentation is on file.

Physician's name (printed) _____

Physician's NPI

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Physician's signature _____ Date (mm/dd/yyyy) _____

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| x | | |
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