PHYSICIAN CERTIFICATION FOR MEDICALLY NECESSARY HYSTERECTOMY AND MEMBER ACKNOWLEDGMENT OF STERILITY

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 614 (10-2019)

Clear Fields

Instructions on Page 2

SECTION A:

Name of Member	
I certify that the hysterectomy is medically necessary; is not being performed soley for the purpose of making the above named member sterile; and that prior to performing surgery I advised the above-named member, both orally and in writing, that the hysterectomy would render them permanently sterile and that they would be incapable of reproducing children after the hysterectomy was completed.	
Signature of Physician	Date

SECTION B:

I certify that prior to the surgery, I received both orally and in writing, information which explained that I would become permanently sterile and that I would be incapable of reproducing children after the hysterectomy was completed.	
Signature of Member	Date

SECTION C:

Name of Member	
Cause of Sterility	
I certify that the hysterectomy is medically necessary and the above-named member was already sterile at the time the hysterectomy was performed.	
Signature of Physician	Date

SECTION D:

Name of Member	
Nature of Emergency	
I certify that the hysterectomy performed on the above-named member was completed under a life threatening emergency situation in which prior acknowledgement was not possible.	
Signature of Physician	Date

SUBMIT TO: Medical Services Division
ND Department of Human Services
600 E Boulevard Ave - Dept 325
Bismarck ND 58505-0250

INSTRUCTIONS FOR COMPLETION OF FORM

SECTION A - This section must be completed by the physician who is performing the hysterectomy. It is necessary to complete this section if the member will become sterile as a result of the hysterectomy and no life threatening circumstances existed at the time the hysterectomy was performed. Enter the name of the member in the appropriate blank. The physician must sign and date the section. It is recommended, but not necessary, that this section be signed before the hysterectomy was completed. Section B must also be completed.

SECTION B - This section must be completed by the member, or their representative, who will become sterile and incapable of bearing children as a result of the hysterectomy. A signature in this section is not required if the member is already sterile or the hysterectomy was performed because of life threatening circumstances. It is recommended, but not necessary, that the member sign this section before the hysterectomy was performed. Section A must also be completed.

SECTION C - This section must be completed by the physician who performed the hysterectomy on a member who was already sterile at the timeof the hysterectomy. Enter the name of the member in the appropriate blank. It is also necessary to state the reason for the sterility (post menopause, previous sterilization, etc.). The physician must also sign and date this section. No other sections need to be completed.

SECTION D - This section must be completed by the physician who performed the hysterectomy when a life threatening circumstance prevented the physician from advising the member that the procedure would result in sterility. The use of this section is limited to those situations where the condition of the member and the need for immediate surgery prevents the physician from informing the member about the results of the surgery. This section cannot be used in situations where it could be anticipated that a procedure may be performed such as non-emergency exploratory abdominal surgery. Enter the name of the member. It is also necessary for the physician to state the nature of the emergency which prevented obtaining acknowledgement that the hysterectomy would render the member sterile. It is also required that the physician sign and date this section. No other sections need to be completed.