<div align="center">

Medicaid Program
Acknowledgment of Receipt of Hysterectomy Information Instructions

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Beneficiary's Name:	Enter the beneficiary's name.
Beneficiary's ID:	Enter the beneficiary's 13-digit Medicaid subscriber ID.
Physician Name:	Enter the full first and last name of the physician obtaining the consent.
Provider NPI:	Enter the NPI belonging to the physician listed above who obtained the consent.
Signature of Beneficiary & Date:	The hysterectomy consent form must be signed and dated by the beneficiary on or before the date of the hysterectomy.
Signature of Representative, (if any) & Date: Situational	A representative signature is needed on the hysterectomy consent when the beneficiary meets one of the following criteria: • beneficiary is unable to sign her name and must indicate "x" on the signature line; or • There is a diagnosis on the claim that indicates mental incapacity.

BHSF Form 96-A
Revised 02/2020

Medicaid Program
Acknowledgment of Receipt of Hysterectomy Information

Beneficiary's Name: _____

Beneficiary's ID: _____

Physician Name: _____

Provider NPI: _____

Payment by Louisiana's **Medicaid Program cannot** be authorized for **any** hysterectomy performed **solely** for the purpose of rendering an individual permanently incapable of reproducing or where, if there is more than one purpose for the procedure, the hysterectomy **would not** be performed except for the purpose of rendering the individual permanently incapable of reproducing.

Medicaid payment for a medically indicated hysterectomy can be authorized **only** if:

(1) the individual and her representative*, if any, are informed orally and in writing that the hysterectomy will render her permanently incapable of reproducing; **and**,

(2) the individual and her representative* if any, have signed a written acknowledgment of receipt of that information. The written acknowledgment must be signed and dated prior to the operation and **must** be attached to the claim form when it is submitted for payment.

* A representative is that person who has the legal authority to act for an individual. For purposes of this acknowledgment, a representative shall be defined as either the curator of an interdicted woman or the tutor or parent of an unmarried minor. A minor emancipated by marriage is deemed capable of acting for herself in the matter.

I hereby acknowledge that I have been informed orally and in writing that a hysterectomy (surgical removal of the uterus) will render a woman permanently incapable of bearing children.

_____   _____
Signature of Beneficiary   Date

_____   _____
Signature of Representative, if any   Date