

Abortion Statement

1. Beneficiary's Name: _____
2. Beneficiary's Address: _____

3. Beneficiary's Identification Number: _____
4. Gestational Age: _____

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

5. ____ 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.
6. ____ Based on all the information available to me, I concluded that this pregnancy was the result of an act of rape.
7. ____ Based on all the information available to me, I concluded that this pregnancy was the result of an act of incest.

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

8. _____ 9. _____
Physician's Name (Printed) **Physician's Signature**

10. _____ 11. _____
Physician's NPI **Physician's Signature Date**