

ALABAMA MEDICAID AGENCY

Certification and Documentation

For Abortion

I, _____, certify that the woman,
_____, suffers from 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 is performed.

<i>Name of Patient</i>		<i>Patient's Medicaid Number</i>	
<i>Patient's Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Printed Name of Physician</i>		<i>Physician's NPI #</i>	
<i>Signature of Physician</i>		<i>Date Physician Signed</i>	
<i>By entering my name above I agree to the contents of this document.</i>			

<i>Date of Surgery</i>			

INSTRUCTIONS: The physician **must** submit this form via ProviderWeb Portal upload or fax with the supporting medical records and claim to DXC.

Refer to Chapter 5, Filing Claims, for instructions on the digital submission of this form and supporting documentation.

NOTE: If submitting this form via fax, a barcode fax coversheet is required with each submission and should be included as page one of the fax transmission for the corresponding Record ID.

Fax form to Gainwell at: (334) 215-7416.