Provider Services – Medical Review
West Virginia Medicaid Project

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DXC.technology

West Virginia Medicaid

Physician Certification

For Pregnancy Termination Form

The Physician Certification for Pregnancy Termination Form must be completed and maintained on file at the practice location and available for review upon request by BMS and its designee.

Please print or type.

_____ _____ _____

Member's Name | Member's Medicaid Number | Member's Date of Birth

_____

Member's Address

I. Certification of Specific Medical Necessity (only if applicable.)

I, _____(attending physician), certify that on the basis of my professional judgment, this pregnancy termination was medically necessary due to one or more of the following factors. (Check all that apply):

☐ Pregnancy resulting from rape

☐ Endangerment of mother's life if the fetus were carried to full term

☐ Pregnancy resulting from incest

☐ Fetus has a severe congenital defect or terminal disease or is not expected to be delivered

_____

Physician's Signature

_____

NPI

_____

Date