MISSOURI DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION

MO HEALTHNET

CERTIFICATION OF MEDICAL NECESSITY FOR ABORTION

A claim for a medically necessary abortion may be considered reimbursable by the Department of Social Services, MO HealthNet Division, when the performing physician has found and certified, using this form, that on the basis of his/her professional judgment the pregnancy is:

(1) the result of an act of rape or incest; or

(2) 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, as certified by the performing physician, place the woman in danger of death unless an abortion is performed (P.L. 105-78 (1997).

PARTICIPANT'S FULL NAME	PARTICIPANT'S MO HEALTHNET NUMBER

PARTICIPANT'S COMPLETE ADDRESS

DATE OF SERVICE	CHECK ONE
	☐ Rape ☐ Incest ☐ Life endangering condition

I hereby certify that in my professional judgment this service meets the above criteria based on full consideration of all factors described in the attached medical records, e.g., physician's office medical records, emergency room report, history and physical, ultrasound interpretation report, physician's progress notes, consultant reports, laboratory reports, operative report, pathology report.

SIGNATURE OF PERFORMING PHYSICIAN	DATE OF SIGNATURE

TYPE OR PRINT PERFORMING PHYSICIAN'S NAME

NOTE: This certification form must be personally signed and dated by the participant's performing physician. A facsimile signature or signature of the physician's authorized representative is not acceptable. Each provider submitting a claim for abortion services (e.g., physician, inpatient hospital, outpatient hospital, clinic) must attach a completed certification form bearing an original signature (not a facsimile signature) of the participant's performing physician.