OKLAHOMA
Health Care Authority

Serving Oklahomans
through SoonerCare

CERTIFICATION FOR MEDICAID-FUNDED ABORTION

Date of Service:_____

Based upon my professional judgment, I certify that, in accordance with 63 Okla. Stat. §1-731.4 and Oklahoma Administrative Code Section 317:30-5-6, an abortion is medically necessary in the case of:

Individual's Name:_____

Individual's Date of Birth:_____

Address:_____

_____

SoonerCare Member's Identification Number:_____

for the following reason:

_____ An abortion is medically necessary for the above-listed mother due to a physical disorder, injury or illness including a life-endangering physical condition caused by or arising from the pregnancy itself that would place the mother in danger of death unless an abortion is performed; or

PHYSICIAN PERFORMING ABORTION:

Physician's Name: _____

SoonerCare Provider's Identification Number:_____

Address:_____

_____

Telephone:_____

_____ _____

Physician Signature Date

_____ _____

Patient Signature Date

ADDRESS
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

WEBSITES
oklahoma.gov/ohca
mysoonercare.org

PHONE
Admin: 405-522-7300
Helpline: 800-987-7767