



INSTRUCTIONS FOR COMPLETING  
"CERTIFICATION OF MEDICAL NECESSITY FOR ABORTION"

1. Date of Service: The date the abortion was performed. This can be typed or handwritten.
2. Individual's Full Name: The name of the individual can be typed or handwritten.
3. Individual's Date of Birth: Individual's date of birth can be typed or handwritten.
4. Individual's Address: Individual's complete address including street, city, state, and zip code. This can be typed or handwritten.
5. Condition: Mark the block indicating the applicable reason for the abortion. This can be typed or handwritten.
6. Supporting Documentation: Mark the block that applies to the type of supporting documentation. This can be typed or handwritten.
7. Physician NPI# and Address: The physician's NPI# and complete address including street, city, state, and zip code. This can be typed or handwritten.
8. Physician Signature/Date: The physician must sign his/her name and date simultaneously in his/her own handwriting after the procedure.

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## TennCare, a Division of Health Care Finance and Administration

Rev. April 24, 2015

### CERTIFICATION OF MEDICAL NECESSITY FOR ABORTION

**DATE OF SERVICE:** \_\_\_\_\_ **1** \_\_\_\_\_

Based on my professional judgment, I certify that an abortion is medically necessary in the case of:

Individual's Full Name: \_\_\_\_\_ **2** \_\_\_\_\_

Individual's Date of Birth: \_\_\_\_\_ **3** \_\_\_\_\_

Individual's Address: \_\_\_\_\_ **4** \_\_\_\_\_  
Street Address City State Zip Code

for the following reason:

**(CHECK ONE)** \_\_\_\_\_ **5**

There is credible evidence to believe the pregnancy is the result of rape or incest.

The abortion is medically necessary as 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.

**SUPPORTING DOCUMENTATION:** \_\_\_\_\_ **6**

**(PLEASE CHECK THOSE THAT APPLY AND ATTACH DOCUMENTS)**

Documentation from a law enforcement agency indicating the patient has made a credible report as the victim of incest or rape.

Documentation from a public health agency, Department of Human Services or Counseling agency (such as a Rape Crisis Center) indicating the patient has made a credible report as the victim of incest or rape.

Medical records documenting the lifesaving nature of the abortion.

Other (Please Specify): \_\_\_\_\_

**PHYSICIAN PERFORMING ABORTION:**

Physician NPI#: \_\_\_\_\_ **7** \_\_\_\_\_

Physician Address: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ **8** \_\_\_\_\_ Date: \_\_\_\_\_

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