

# ABORTION CONSENT FORM

The following Benefits and Limitations provide an overview of covered Kansas Medical Assistance Program services that can be utilized in the total treatment of the consumer. The following information is intended to be general in nature and not inclusive of every benefit and limitation.

## Abortions:

Abortions are covered only under the following conditions:

- In the case where a 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.
- If the pregnancy is the result of an act of rape or incest.

The physician must complete the form below to certify that the woman's physical health is in danger, or that this pregnancy is a result of rape or incest. The form may be photocopied for your use. All blanks **must** be completed, including the patient's complete address. All pertinent information must be retained with the medical record.

KANSAS HEALTH INSURANCE PROGRAM ABORTION NECESSITY FORM	
I, _____ (Please print name of physician), certify that on the basis of my professional judgment, the pregnancy of _____ (Name of patient) of _____ (address),	
_____ 1. Is endangering the life of the mother.	
_____ 2. Is a result of rape.	
_____ 3. Is a result of incest.	
_____ (Signature of Physician)	_____ (Date)
_____ (Physician's Address)	