

INSTRUCTIONS FOR FORM 1145

HYSTERECTOMY ACKNOWLEDGEMENT

A completed Hysterectomy Acknowledgement Form is required for all hysterectomies except those outlined in Part IV of this appendix. The form consists of patient information, provider certification that the required information was provided to the patient, and patient acknowledgement that the required information was received.

A. Patient Information (completed by attending physician or staff)

1. This area may be used to imprint patient information.
2. Enter the patient's Medicaid ID number exactly as shown on the Medicaid ID card. For HAWI recipients, enter the 10-digit recipient number. For non-HAWI recipients, enter the case number including the preceding alpha. Provide the FM code for non-HAWI recipients also.

Patient has applied for Medicaid coverage but has not yet been approved, a statement such as "Medicaid Pending" must be entered in place of the ID number.

3. Enter the patient's last name, first name and middle initial as shown on the Medicaid ID card. Nicknames should not be used.
4. Enter the patient's date of birth, especially if the patient's coverage under Medicaid is still pending DHS approval.

B. Provider Certification (completed by attending physician or staff)

1. Enter the patient's full name, as shown in #3 above.
2. Provide the last name and first name of the patient's representative if the patient was not able to acknowledge receipt of the required information and sign the form. A spouse, parent, or other close relative may act as a representative and receive information on her behalf. In the event of an emergency, such as a ruptured uterus, a friend or even a nurse or other responsible hospital employee may receive the information.

3. The person who warned the patient or her representative of the consequences of the procedure and her subsequent inability to reproduce, and who obtained the patient's authorization to perform the hysterectomy must sign here. This may be the physician, surgeon, nurse, or other responsible medical personnel with adequate medical knowledge to answer the patient's questions, if any.
4. Indicate the date signed by the person who obtained authorization.

C. Patient Acknowledgement (completed by patient)

1. Patient should sign the form to confirm that she receive the required information regarding the procedure before the service was rendered.
2. The patient must indicate the date signed. The form should be signed prior to the surgery. However, if the patient signs the form after the surgery date, the patient must still have received the required medical information before the surgery and the language of the form must be manually changed to include statements such as "Information given before the operation" and "before the operation" in the physician's and patient's portion of the form.
3. The representative must sign if a representative made acknowledgement of the information.
4. The representative must indicate the date signed. The form must be signed prior to the surgery no later than the day of surgery prior to pre-operative preparations.