

**INSTRUCTION FOR
FORM 1146**

STERILIZATION REQUIRED CONSENT FORM 1146

- A. Patient Information (completed by physician or his staff prior to surgery)
1. Provide the identification numbers exactly as they appear on the ID card. If the patient applied to DHS for Medicaid coverage but has not yet been approved, a statement such as “Medicaid Pending” must be entered in place of the Medicaid ID number.
 2. Provide the patient’s last name, first name and middle initial; do not use nicknames.
 3. Indicate the patient’s sex.
 4. Indicate the patient’s date of birth. This is always required. The patient must be at least 21 years of age.
- B. Patient’s Consent to Sterilization (completed by physician, his staff or patient prior to surgery). For ease of completion, the person obtaining the consent may complete all information except the patient’s signature and date.
1. Indicate the full name of the physician or clinic from which the patient requested sterilization information.
 2. Identify the surgical procedure to be performed.
 3. Enter the patient’s date of birth (month/day/year) as previously entered in #4 above.
 4. Enter the patient’s full name as previously entered in #2 above. If the patient changed names, the current name may be entered; however, the former name must also be provided to verify that the patient is the same.
 5. Provide the full name of the surgeon.
 6. Indicate the method of sterilization to be performed.
 7. Patient’s signature is required.

8. Date signed by patient is required and must be 30 calendar days or more prior to the expected surgery date, but not more than 180 days. In cases of emergency abdominal surgery, this date must be at least 72 hours before the surgery date.

C. Interpreter's Statement (completed prior to surgery if applicable)

1. Indicate the language or dialect used to communicate to the patient the required information.
2. The interpreter must sign the form.
3. The date signed by the interpreter is required and must be at least 30 days but not more than 180 days before the surgery.

D. Statement of the Person Obtaining Consent (completed by the physician or his staff prior to surgery).

1. Enter the patient's full name.
2. Provide the method of sterilization as indicated in #6.
3. The person obtaining consent must sign the form.
4. Provide the date signed by the person obtaining consent.
5. Name of the facility must be provided if the person obtaining consent is a hospital or clinic employee.
6. Provide the address of the facility.

The Patient must be given a copy of the completed and signed form.

E. Physician's Statement.

The physician must complete this section AFTER the surgery to certify that shortly before performing the sterilization, the physician provided the individual with the Federally required information regarding the sterilization.

1. Enter the patient's full name.
2. Provide the sterilization date. This date must be 30 or more calendar days after the patient signed the consent form, but not more than 180 days. In cases of emergency abdominal surgery, this date must be at least 72 hours after the patient signed.

3. Provide the sterilization method. This should be the same as indicated in previous portions of the form.
4. If the 30-day waiting period was met, cross off paragraph #2. If the 30-day waiting period was not met, cross off paragraph #1 and complete paragraph #2.
5. Provide the original expected date of delivery if premature delivery resulted in sterilization within 30 days but more than 72 hours of the patient's consent.
6. Provide the circumstances if emergency abdominal surgery resulted in sterilization within 30 days but more than 72 hours of the patient's consent.
7. The provider who rendered the sterilization procedure must sign the form after the procedure was performed.
8. Indicate the date signed by the provider.

When completed, the original copy should be attached to the surgeon's claim, the second copy given to the patient as required by Federal regulations, and the third copy attached to the hospital claim for the hospital charges. The surgeon should make copies of the completed Form 1146 available to anesthesiologists, assistant surgeons and co-surgeons as all claims for sterilization services will be rejected unless there is evidence of a valid, signed Form 1146.