

AHCCCS MEMBER INFORMATION

MEMBER NAME:

	LAST	FIRST	MIDDLE	DATE OF BIRTH
ADDRESS	CONTRACTOR NAME		MEMBER AHCCCS ID#	
PLACE OF PROCEDURE	DATE OF SERVICE		PROCEDURE CODE(S)	

JUSTIFICATION FOR PREGNANCY TERMINATION
(CHECK ONLY ONE OF THE NUMERATED OPTIONS BELOW)

1. **LIFE OF BIRTHING MOTHER ENDANGERED**

2. **INCEST**

Reported to authorities, pursuant to A.R.S. §§ 13-3620 or 46-454

YES	NO
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Police Report Attached

	REPORT #:	DATE FILED
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I certify that in my professional opinion, the woman was unable, for physical or psychological reasons, to comply with the requirements to report the rape and/or incest to the authorities.

3. **RAPE**

Reported to authorities, pursuant to A.R.S. §§ 13-3620 or 46-454

YES	NO
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Police Report Attached

	REPORT #	DATE FILED
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I certify that in my professional opinion, the woman was unable, for physical or psychological reasons, to comply with the requirements to report the rape and/or incest to the authorities.

