

Abortion Certification

I hereby certify that in my professional judgment an abortion is necessary for the following patient: _____ whose address is _____
Beneficiary's Name

Because:

- The pregnancy is the result of an act of rape or incest.
- 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, which would place the woman in danger of death unless the abortion is performed.

Signature of Physician: _____ Date: _____

TO THE PHYSICIAN, HOSPITAL, CLINIC, ETC.: A copy of this certification form, duly executed, must be attached to any claim submitted for payment from Vermont Medicaid for services related to an abortion.