



AHCCCS MEDICAL POLICY MANUAL
CHAPTER 800, EXHIBIT 820-1,
AHCCCS HYSTERECTOMY CONSENT AND
ACKNOWLEDGEMENT FORM

A hysterectomy is the removal of the whole uterus (womb). A hysterectomy cannot be reversed and it will permanently prevent you from having children. A hysterectomy should only be performed when there is a disease of the woman's uterus or some other problem that can only be treated by removing the uterus. It is a serious operation and there are discomforts and a chance of serious health problems.

AHCCCS does not cover hysterectomy procedures when performed only for the purpose of rendering an individual sterile.

By signing below, I hereby consent of my own free will to undergo a hysterectomy, which will render me permanently incapable of reproducing. My signature also acknowledges that I have read and understood the above information.

MEMBER SIGNATURE

DATE

MEMBER AHCCCS IDENTIFICATION NUMBER

MEMBER SOCIAL SECURITY NUMBER

In accordance with Federal Regulation 42 C.F.R. §441.255, the signature and date below are required in order for reimbursement to be made.

*PERSON WHO OBTAINED THE MEMBER'S CONSENT TO
THE HYSTERECTOMY*

DATE