

**Tip Sheet for Completing the Medicaid *Consent for Sterilization* Form**

***Thank you for completing the Consent for Sterilization carefully and accurately. UNC is working on the same initiative for the UNC OBGYN clinics and setting a higher expectation of accuracy of form completion for patients’ sterilizations.***

*Note: Please make sure you using the consent form that is current for the month in which you consent the patient. The expiration date is found in the top right corner of the form.* ***It is then valid******for the normal 180 day period.***

1. DO NOT use initials. This INCLUDESALLsignatures and printed names.
2. DO NOT put patient stickers on the Medicaid consent form.
3. DO NOT use abbreviations on the Medicaid consent form.
4. DO NOT stamp the Medicaid consent form.
5. Legibly printthe matching name beneath EACH signature on the Medicaid consent form (this includes the patient, interpreter, person obtaining consent, surgeon).
6. The patient’s signature and printed name MUST match their Medicaid ID unless a **legal** name change has occurred (e.g. marriage or divorce). If so, use the updated legal name and complete a name change statement. The statement must be scanned sent to UNC with the Consent for Sterilization.
	1. Name change statement **(on your clinic letterhead)** - “To Whom It May Concern: Jane Doe has changed her name to Jane Smith.”
	2. The *consenting provider* is to sign and print their name on the name change statement OR the signature and printed name of a representative at the provider’s office.
7. Write patient’s Medicaid ID number in top right corner of Medicaid consent form.
8. Write the UNC Facility NPI in top center of Medicaid consent form – UNC Facility NPI 1932208576
9. *Interpreter Statement:* If the Spanish version of the Medicaid consent or an interpreter is used with the English version, the *Interpreter’s Statement* must be completed. If the provider obtaining consent is credentialed as an interpreter, they must sign this statement. If the consenting provider is not credentialed for interpreting, the patient MUST have an interpreter.
10. Under *Consent to Sterilization,* the first blank Doctor or Clinic (**left column/top**) refers to the **consenting** doctor or clinic**.**  For this blank, enter the name of your local clinic (example: Chatham County Health Department).
11. The 5th blank, Doctor or Clinic (**left column/middle**) refers to the doctor or clinic (or hospital) that will **perform the sterilization.** For patients intending to receive this service at UNC, enter **University of North Carolina Obstetrics and Gynecology Clinic.** Do not use initials. This can be typed in before printing the form**.**
12. Second column: Under *Statement of Person Obtaining Consent,* the Facility and Address refer to the **consenting provider’s facility and address.** This will be your clinic’s name and address.
13. DO NOT fill in the *Physician’s Statement* (bottom right). This section is completed at the facility completing the tubal by the surgeon at the time of surgery.
14. **The Medicaid consent must be completed at least 30 days prior to and not greater than 180 days prior to the procedure.**
	1. If NOT, then form MUST be completed at least 72 hours before the procedure **AND i OR ii -**
		1. Premature delivery: The delivery was premature (<37 weeks) and consent was signed at least 30 days **prior to EDC** (in addition to the 72 hours).

or

* + 1. Emergency abdominal surgery: Non-obstetric or Cesarean, if Cesarean, surgeon must document that the life of mother or fetus (at discretion of surgeon) was at risk and the Cesarean was unplanned but life-saving.
1. **Provide a copy of completed Consent for Sterilization to patient.** Educate her as to the importance of keeping this form with her for presentation at UNC when she delivers.
2. **Send a copy of consent form to UNC upon completion.** If the patient is being referred to the UNC OBGYN/MFM clinics, consent form can be faxed to the clinic where it will be labelled and uploaded into the patient’s chart. If the patient is *not* referred to UNC prior to delivery, fax the consent to L&D at 984-974-8837 and label as Medicaid BTL Consent.

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