Payment for Certain Limited Abortion Services Provider Certification
Utah Administrative Code R414-1B

Date _____

Name of Medicaid Provider _____

Medicaid Provider Number _____

I hereby certify that funds received from the Department are not used to pay or otherwise reimburse, either directly or indirectly, any person, agency, or facility for the performance of any induced abortion services unless:

(a) In the professional judgment of the pregnant woman's attending physician, the abortion is necessary to save the pregnant woman's life or
(b) The pregnancy is the result of rape or incest reported to law enforcement agencies, unless the woman was unable to report the crime for physical reasons or fear of retaliation.

I further certify that records to support the certification will be retained and made available to the Department on request consistent with participation as a Medicaid provider.

This certification shall be ongoing and apply to all future claims unless the provider notifies the Department in writing of a change in its certification status.

Printed Name _____

Signature _____

Title _____