# F-01160_Ack of Receipt of Hysterectomy Info.jpegDEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN

Division of Medicaid Services DHS 107.06(3)(c), Wis. Admin. Code

F-01160 (06/2013)

**FORWARDHEALTH**

**ACKNOWLEDGMENT OF RECEIPT OF HYSTERECTOMY INFORMATION**

**Instructions:** Print or type clearly. Before completing this form, refer to the Acknowledgement of Receipt of Hysterectomy Information Completion Instructions, F-01160A.

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| --- | --- |
| Name — Member      | Member Identification Number      |
| Address — Member      |
| Name — Physician      | National Provider Identifier      |
| It has been explained to |       | (me) that the hysterectomy to be |
|  | (Name — Member) |  |
| performed on her (me) will render her (me) permanently incapable of reproducing. |
| SIGNATURES — Member, Representative, and Interpreter |
| Member | Date Signed      |
| Representative  | Date Signed      |
| Interpreter | Date Signed      |