# 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.

|  |  |  |  |
| --- | --- | --- | --- |
| 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 | |