

Beneficiary Full Name: _____ Sponsor's SSN: _____ - _____ - _____

Date of Birth: _____ Beneficiary State of Residence: _____

Dear Provider,

Please complete the letter of attestation below and return as indicated on the additional information request letter.

By law (10 USC 1093 and 32 CFR 199.4(e)(2)), elective abortions are not covered by TRICARE except in very limited circumstances. Coverage of abortion is limited to:

1. pregnancy resulting from an act of rape or incest, or
2. situations in which the life of the mother would be endangered if the fetus was carried to term.

Abortions performed for suspected or confirmed fetal abnormality (for example, anencephaly) or for mental health reasons (for example, threatened suicide) do not fall within the exceptions permitted within the language of the statute and are not authorized for payment under TRICARE. Payment is not allowed for any services involving preparation for, or normal follow-up to, a non-covered abortion.

In order for abortion to be covered, the provider must attest one of the following statements is true:

- Based on the information available to me, and as documented in the beneficiary's medical record, I have concluded the pregnancy is the result of an act of rape or incest.
- The life of the mother would be endangered if the fetus was carried to term.

I attest the information provided is true and accurate to the best of my knowledge. I understand Health Net Federal Services, LLC or designee may perform a routine audit and request the medical documentation to verify the accuracy of the information reported on this form.

Additional information: _____

Physician's printed name and title: _____

TIN: _____

Signature: _____

Date: _____

This document may contain information covered under the Privacy Act (5 USC §552a) and/or the Health Insurance Portability and Accountability Act (P.L.104-191) and its various implementing regulations and must be protected in accordance with those provisions. If you have received this correspondence in error, please notify 1-844-866-West (9378) at once and destroy the documents and any copies you have made.

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