

# Guidance for Completing the Medicaid Sterilization Consent Form

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The North Carolina Division of Health Benefits (DHB) is requiring the use of an updated sterilization consent form, for all forms signed by the beneficiary on or after August 1, 2017. DHB began accepting the updated form on June 1, 2017. The updated form is a “fillable” PDF, available in [English](#) and [Spanish](#) on the U.S. Department of Health and Human Services website. The Consent for Sterilization is a federal form whose format cannot be altered locally.

### Key Points

- The form can now be filled out electronically, then printed for patient, provider, and interpreter signatures. This will reduce the number of forms rejected for legibility issues.
  - The form may be printed and filled out by hand, using very clear handwriting and ensuring that all fields are legible.
- NC DMA requires the surgeon’s NPI to be written in at the top LEFT corner of the form and the patient’s Medicaid ID to be written in at the top RIGHT corner of the form.
- All fields are required, except race and the interpreter’s statement, if an interpreter was not used.
- In Field 5, “Doctor or Clinic” who will perform the procedure, use the full name the physician or the full name of the clinic whom you anticipate will perform the procedure.
  - **The provider’s name in Field 5, on the left side of the form, is not required to match the physician’s signature on the right side of the form**
  - DMA will not accept a generic “doctor on call” or an abbreviated name of a clinic or group in this field
  - The actual physician who performed the procedure should sign in the appropriate space on the right side of the form, making sure the signature is legible or printing the physician’s name beneath the signature
- Signatures:
  - **If the signature of the patient, provider, or interpreter is not legible, print the name above or below the signature line**
  - **Initials may not be used in any names or signatures;** all names must be written out. This includes providers who use a first initial and middle name; the first name of the physician must be written out as part of the full name (the way the physician signature is written on the form should reflect the way the physician is listed in NC Tracks)
  - Middle names are not required
  - A signature stamp may not be used
  - Date the consent form was signed
    - The date of the beneficiary’s signature must be at least 30 days and no more than 180 days prior to the date of the sterilization. The count begins the day following the beneficiary’s signature date.
- Mail completed forms to: CSRA, PO Box 30968, Raleigh, NC 27622

For additional details on completing the sterilization consent form, refer to Attachment B of NC DHB Clinical Coverage Policy 1E-3, Sterilization Procedures, available here: <https://dma.ncdhhs.gov/obstetrics-and-gynecology-clinical-coverage-policies>.