

# Laparoscopic or Open Removal of Fallopian Tubes and/or

# Ovaries for Elective Sterilization or

# Opportunistic Salpingectomy Attestation

I attest, in support of the request for Laparoscopic or Open removal of fallopian tubes and/or ovaries for Elective Sterilization or Opportunistic Salpingectomy, one of the following applies:

* Has a close family member or members (such as mother, sister, aunt, or grandmother) on either mother’s or father’s side who have had ovarian and/or breast cancer as defined by:
* Several relatives with either breast or ovarian cancer -- 2 or more with ovarian cancer and 3 or more with breast cancer on the same side of the family.
* A relative with primary cancers of both breasts.
* A relative who had both breast and ovarian cancer.
* Have a genetic mutation (abnormality) called BRCA1 or BRCA2, or one associated with Lynch syndrome.
* A relative with a known BRCA mutation.
* Member has had breast, uterine, or colorectal (colon) cancer.
* Member is of an Eastern European or Ashkenazi Jewish background.

# Member Name:

**Member DOB:**

**Member ID:**

Physician Name (Print)

Physician Signature Date

*4525 Ayers St.*

*Corpus Christi, Texas 78415*

*Toll-free Phone Number: 1-877-455-1053*

*Toll-free Fax Number: 1-866-741-5650*

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