



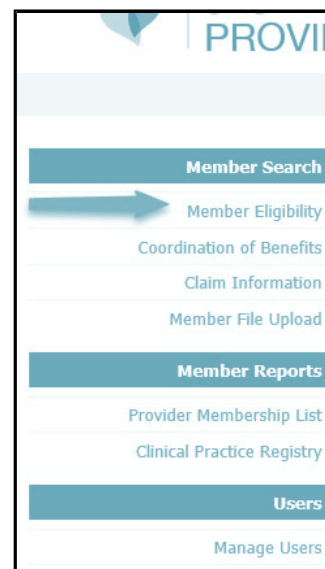
## How to Submit Abortion, Hysterectomy, and Sterilization (AHS) Consent Forms

You can submit abortion, hysterectomy and sterilization (AHS) consent forms through the [provider portal](#). You can also attach other documents supporting the consent.

This process requires you to verify member eligibility and then upload the consent form with any other supporting documents. After uploading the document(s), you can verify the upload was successful. The portal maintains the last 100 consent forms you've uploaded.

### VERIFY MEMBER ELIGIBILITY

1. In the provider portal, access the **Member Eligibility** option in the left navigation.



2. Complete an eligibility check for the member on the date of service.

Member Eligibility

TrueCare Id Medicaid Id Member Info Case Number Multiple TrueCare Ids Multiple Medicaid Ids

Medicaid Id: [Text Box]  
Date of Service: [Text Box] [Calendar Icon]  
Search

Member is eligible for service on the specified date

Member Information

Member Name: [Text Box] Address: [Text Box]  
TrueCare Id: [Text Box] City, State, Zip: Cleveland, OH, 44109  
Medicaid Id: [Text Box] County: Cuyahoga  
Medicare Id: [Text Box]  
Case Number: [Text Box] Phone: [Text Box]  
Gender: Female Date of Birth: [Text Box]  
Member Profile: Not Available for this Member Relationship to Subscriber: Subscriber/Insured  
Program Details: If Member is <18 years of age - SSI. If the Member is 18 years of age and older - SSDI.  
Program: Ohio - MyCare



## UPLOAD CONSENT FORM

1. Following the date of service and member validation step, select **Upload Consent Form** at the bottom of the **Member Information** page.

Member Information

Member Name: [Redacted] Address: [Redacted]  
TrueCare Id: [Redacted] City, State, Zip: Cleveland, OH, 44109  
Medicaid Id: [Redacted] County: Cuyahoga  
Medicare Id: [Redacted] Phone: [Redacted]  
Case Number: [Redacted] Date of Birth: [Redacted]  
Gender: Female Relationship to Subscriber: Subscriber/Insured  
Member Profile: Not Available for this Member  
[Member Profile Report Definitions](#)  
Program Details: If Member is < 18 years of age - SSDI. If the Member is 18 years of age and older - SSDI.  
Program: Ohio - MyCare

Primary Care Provider (PCP): [Redacted] Phone: [Redacted]  
NPI #: [Redacted]  
Case Manager: [Redacted] Case Manager Phone Number: [Redacted]

- Subscriber Information
- Member Covered Benefits Summary
- Member Dental & Vision Services History
- EPSDT Alerts
- Upload Consent Form**
- Clinical Alerts
- Assessments Taken
- Care Treatment Plan
- Triage Summaries
- Admissions & Discharges

2. In the **Upload Consent Form** area, click the **Choose File** button, navigate to the location where you stored the consent form and upload the document. Repeat this step for any additional documents that support the consent. The file size cannot exceed 12MB.

**NOTE:** A lack of signatures on consent forms may result in denied claims.

**Upload Consent Form**

Please use the form below to upload documents associated with this member.  
**File sizes must be limited to 12 MB.**

Only files of types: bmp, png, tiff, jpeg, txt, pdf, xls, xlsx, doc and docx may be uploaded.

After uploading, please select a subject and add any additional notes before clicking "Submit Documents".

**Choose File** No file chosen

Files Uploaded:

-



3. After uploading the consent form and any additional supporting documents, you must access the **Procedure Type** drop-down menu and make a selection:
  - Abortion
  - Hysterectomy
  - Sterilization
4. Enter the associated **Claim Number**, if available, and click the **Submit Documents** button.

Lack of signatures on consent forms may result in denied claims.

AHS Consent Form

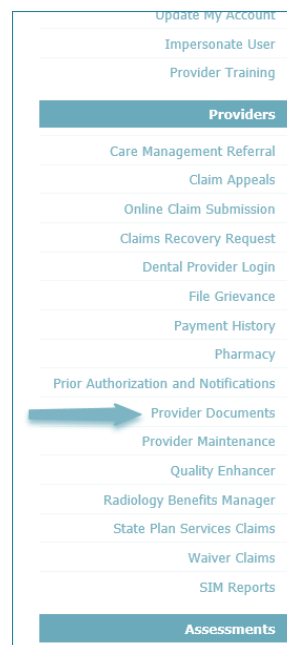
Service Date	5/10/2019	?
Procedure Type:	Select Type ▼	* Required
Claim Number:		

CancelSubmit Documents



## VERIFY UPLOAD

1. In the Provider portal, access the **Provider Documents** option in the left navigation.



2. If the consent form you uploaded is listed, your upload was successful. Click the download link to view the document.

Provider Documents				
Details	Document Name	Provider ID	Document Type	Document Date
<a href="#">Download</a>	CL - Member Consents - 7/3/2019	999999999999	CL - Member Consents	7/3/2019 12:25:16 PM
<a href="#">Download</a>	CL - Member Consents - 6/27/2019	999999999999	CL - Member Consents	6/27/2019 9:24:48 AM
<a href="#">Download</a>	CL - Member Consents - 5/31/2019	999999999999	CL - Member Consents	5/31/2019 8:00:22 AM

**NOTE:** The portal maintains the last 100 consent forms you've uploaded.

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