

LICENSURE & REGULATION FIND A FACILITY ABOUT US MEDICAID REPORT FRAUD HOME

### MONTHLY REPORT OF INDUCED TERMINATIONS OF PREGNANCY Data Submission Logon

A valid user code and password must be entered to Logon. Please enter your user code and password and select facility type and press the Login button. To change your password, enter your current user code and password and then click the Change Password button. If a user code has not been issued by AHCA, please complete form found at( Form Link ) or contact your assigned analyst.

Select Facility type:	Select V
Enter User Code:	
Enter Password:	
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FORGOT PASSWORD	CHANGE PASSWORD

You must have your Web browser set to accept javascript and cookies for this application to function properly.

Section 390.0112(4), Florida Statutes, requires that the director of any medical facility in which any pregnancy is terminated, or any physician performing the procedure shall submit a monthly report within 30 days following the preceding month. Any person required to file this report who willfully fails to file such report may be subject to a \$200 fine for each violation.

Monthly Report of Induced Terminations of Pregnancy, AHCA Form 3130-1010 OL, February 2016 59A-9.034, Florida Administrative Code





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#### MONTHLY REPORT OF INDUCED TERMINATIONS OF PREGNANCY

#### Disclaimer

Files that have been uploaded will be checked for completeness and accuracy. Completeness is the determination that all file fields have been completed and accuracy determines that the datatype is consistent with the required input's data type.

If a file contains an error it will be processed so an error report may be given, however the file will not be accepted into the system.

Any file that has been verified for completeness and accuracy will be accepted into the system for internal processing. Internal processing will be data verification and may also detect errors that need to be fixed by the submitting authority. Any errors resulting from internal processing will create its own notification procedures. For any questions contact the analyst assigned to your facility.

O Accept	O Reject
CONTINUE >>	

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#### MONTHLY REPORT OF INDUCED TERMINATIONS OF PREGNANCY

#### Select the Month and the Year

Month	~	Year	~
<ul><li>Initial</li></ul>	O Resut	omission	
CONT	NUE	CANC	EL

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**ABOUT US LICENSURE & REGULATION** FIND A FACILITY REPORT FRAUD HOME MEDICAID Log Out Logged in as: MONTHLY REPORT OF INDUCED TERMINATIONS OF PREGNANCY Print THIS REPORT IS FOR THE MONTH AND YEAR OF: FACILITY NAME FACILITY ADDRESS (Street Address): CITY OF FACILITY COUNTY ZIP CODE TELEPHONE NUMBER DIRECTOR, PHYSICIAN OR AUTHORIZED REPRESENTATIVE : TITLE If the information displayed is not correct, please contact the Hospital And Outpatient Services Unit at (850) 412-4549. WEEKS OF GESTATION Please Enter Numbers Only **REASON FOR** PREGNANCY **UP TO 12 WEEKS** 13 TO 24 WEEKS 25 WEEKS AND OVER TOTAL **TERMINATION** Abortion Performed due 0 0 0 × to Rape Abortion Performed due 0 0 0 to Incest Abortion Performed due to Serious Fetal Genetic 0 0 0 Defect, Deformity, or Abnormality Abortion Performed due 0 0 to a Life Endangering 0 0 Physical Condition Abortion Performed due to Physical Health of 0 0 0 0 Mother that is not Life Endangering Abortion Performed due 0 0 0 Emotional/Psychological Health of the Mother Abortion Performed due 0 0 0 to Social or Economic 0 Reasons 0 0 0 Elective Abortion GRAND TOTAL: 0 Number of infants born alive during or immediately after an attempted abortion SUBMIT CANCEL

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FIND A FACILITY

REPORT FRAUD

#### MONTHLY REPORT OF INDUCED TERMINATIONS OF PREGNANCY

Thanks! The submission of data for the facility, for the month of January 2016, by the User on February 05, 2016 has been received successfully.

An email was successfully sent to the Hospital and Outpatient Services Unit to notify them about the submission of your facility's monthly report.

#### BACK TO HOME PAGE

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