



777 Woodward Avenue, Suite 600
Detroit, Michigan 48226
313-324-3700
Provider Services: 888-773-2647
Member Services: 888-437-0606
www.hpmich.com

Cervical Cancer Screening Exclusion Form

Member Name: _____

Date of Birth: _____

This member has had a total hysterectomy resulting in no residual cervix.

Date of Total or Radical Abdominal Hysterectomy with no residual cervix: _____

Documentation of a hysterectomy alone does not meet criteria for exclusion because it does not indicate that the cervix has been removed.

Provider Signature: _____