

CONTRACT FOR TUBECTOMIES

I, _____, agree to perform tubectomies for women who have the
(Name of Person)

consent of their husbands and who do not want anymore children. The Ministry of Health will pay me _____ per tubectomy performed. The patient will not be charged for the operation and return visits if there are any complications. Complete record forms will be submitted to the Ministry of Health at the end of each month. After receipt forms are signed, I will be paid at the end of each month. This contract can be terminated at any time by the Ministry of Health if I do not conform to the following regulations:

- a) The patient is not to be charged for the operation, her stay in the hospital or return visits.
- b) The patient must be at least 30 years old and have three living children.
- c) The husband must consent to the operation.
- d) The patient must be told the operation is irreversible. Any doctor making a false claim for payment will be dropped from the program.
- e) The patient must be given full information on the operation and no coercion is to be used to gain acceptance.

Doctor's Signature

Address

Date

Project Director's Signature

Date