



Attestation of Compliance with Oklahoma Executive Order 2025-16

For purposes of this attestation, abortion is defined by 63 O.S. § 1-730, which states:

“Abortion’ means the use or prescription of any instrument, medicine, drug, or any other substance or device intentionally to terminate the pregnancy of a female known to be pregnant with an intention other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, to remove an ectopic pregnancy, or to remove a dead unborn child who died as the result of a spontaneous miscarriage, accidental trauma, or a criminal assault on the pregnant female or her unborn child.”

I attest that the provider(s) or entity(ies) attached to this contract:

_____ DO NOT perform, refer for, or are affiliated with the performance of abortions, as defined by 63 O.S. § 1-730, NOR are under common ownership or control with an entity engaged in abortion-related activities inconsistent with Oklahoma law.

_____ DO perform, refer for, or are affiliated with the performance of abortions, as defined by 63 O.S. § 1-730, OR are under common ownership or control with an entity engaged in abortion-related activities inconsistent with Oklahoma law.

If "do perform, refer for, or are affiliated with" was selected, list any performance, referral, or affiliation with the performance of abortions:



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

oklahoma.gov/ohca
mysooner care.org



PHONE

Admin: 405-522-7300
Helpline: 800-987-7767



OKLAHOMA

Health Care Authority

If "do perform, refer for, or are affiliated with" was selected, list any common ownership or control with any entities with activities inconsistent with Oklahoma law:

_____ ARE NOT directly affiliated with a physician, medical practice, or other organization providing abortion services or facilitating the procurement of abortion services.

_____ ARE directly affiliated with a physician, medical practice, or other organization providing abortion services or facilitating the procurement of abortion services.

If "are directly affiliated" was selected, list any such affiliations:

Signature (*wet or secure digital*)

Date

Signature Authority Name

SoonerCare Provider ID
or Application Tracking
Number

Provider or Entity Name



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