

For Superior employees and/or DME agency:

Member Name			Medicaid Number	D.O.B.
Year	Make	Model	Odometer	VIN



Superior HealthPlan STAR+PLUS Vehicle Modification Request Packet

Required Documentation

This packet is not a requirement, but all of the information in the packet is required for the approval of a vehicle modification.

Copies of all documentation listed below must be sent to Superior.

- Actual cost of the written evaluation as part of the invoice cost
- Medical Doctor (MD) orders for the specific requested vehicle modification(s)
- Signed/Dated written consent by vehicle owner for vehicle modification(s)
- Proof of ownership of the vehicle (registration or new buyer's receipt)
- Determination that the vehicle is the member's primary vehicle
- Current state inspection and registration for the vehicle
- Any required state insurance for the vehicle
- Itemized list of parts and accessories, including prices
- Itemized list of required labor, including labor charges
- Warranty coverage on work to be performed
- Mechanic certification form (attached)*
- Mileage of the vehicle
- Documented experience of the mechanic doing the evaluation
- Written evaluation by an experienced mechanic to ensure the sound mechanical condition of all major components of the vehicle

*Required if cost is \$1,000 or more and the vehicle has over 75,000 miles **or** is over four (4) years old.

Select vehicle modification(s) requested:

Removal or placement of seats to accommodate a wheelchair

Medically necessary air conditioning unit prescribed by a physician for individuals with respiratory or cardiac problems or people who can't regulate temperature

Raising the roof, lowering the floor or modifying the suspension of the vehicle to accommodate an individual in a wheelchair

Installation of hitches for trailers for transporting wheelchairs or scooters

Van/Vehicle lift

Installation, adjustments or placements of mirrors to better see around a wheelchair in the vehicle

Installation of frames, carriers and lifts for transporting mobility aids

Seat belt covers

Automatic door openers

Driving controls (please select all that apply from the list below):

Steering spinners

Hand extensions

Left-foot gas pedal

Wrist supports

Right turn levers

Horn buttons

Gear shift levers

Dimmer relays/switches

Brake/Accelerator hand controls

Other (please explain):

For Superior employees and/or DME agency:

Member Name			Medicaid Number	D.O.B.
Year	Make	Model	Odometer	VIN



superior
healthplan™

Owner of Vehicle Consent Form

Superior HealthPlan requires a written consent from the vehicle owner before any modifications can be completed. The owner of the vehicle **must** sign and date the consent.

I, _____, the owner of the vehicle, consent to the

Printed Name

proposed modification(s) listed below.

Proposed Modification(s):

1. _____

2. _____

3. _____

4. _____

This vehicle is used as the member's primary vehicle.

I Agree with the proposed modification.

I Do Not Agree with the proposed modification.

Vehicle Owner

Date

SuperiorHealthPlan.com

SHP_20207226B

For Superior employees and/or DME agency:

Member Name			Medicaid Number	D.O.B.
Year	Make	Model	Odometer	VIN



Agency Vehicle Modification Form

The agency providing the vehicle modification should complete this form.

Vehicle Information

Year: Make: Model: Odometer:

VIN:

Registration due: **(include copy)**:

Inspection due: **(include copy)**:

Insurance policy name and number: **(include copy)**:

Attach warranty specifications on work to be performed.

I attest that I have verified the vehicle information entered on this form.

Signature of Provider

Printed Name of Provider

Date

For Superior employees and/or DME agency

Member Name			Medicaid Number	D.O.B.
Year	Make	Model	Odometer	VIN



Agency Vehicle Modification Itemization Form

The agency providing the vehicle modification should complete this form. The provider **must** verify written consent from vehicle's owner before making any modifications.

Superior HealthPlan requires an itemized list of parts and accessories. This includes prices and an itemized list of required labor, including all labor charges.

Itemized List of Parts and Accessories

Parts and Accessories	Price

Itemized List of Required Labor and Labor Charges

Required Labor and Labor Charges	Price

Actual Cost of Written Evaluation:

Dollar Amount

Provider Name

Date

For Superior employees and/or DME agency:

Member Name			Medicaid Number	D.O.B.
Year	Make	Model	Odometer	VIN



Mechanic Certification Form

This form must be completed if a vehicle modification costs \$1,000 or more and the vehicle has been driven more than 75,000 miles or is over four (4) years old.

Registration due date:

Inspection due date:

Mileage on the vehicle:

Year/Make/Model of vehicle:

VIN:

Mechanic employed by:

Mechanic license number for the State of Texas:

Business name:

Mechanic years of experience:

Business address:

A mechanic evaluation is required to ensure that all major components of the vehicle is in sound mechanical condition.

At the time of inspection, is vehicle mechanically sound of all major components? (select one):

Yes

No

Please attach any pertinent mechanic evaluation reports.

I attest that I have verified the vehicle information entered on this form.

Signature of Mechanic

Printed Name of Mechanic

Date

SuperiorHealthPlan.com

SHP_20207226E