

NHIC

National Heritage Insurance Company

12545 Riata Vista Crossing

Austin, Texas 78727

Phone 1-800-925-8957 Fax 512-514-4209

Date _____ PCN _____ Client Name _____
 Provider Name _____ Provider Medicaid # _____
 Provider Phone # _____ Provider Fax # _____

PORTABLE RAMP

REMARKS: Urgent For your review Reply ASAP Please comment

PLEASE SUPPLY THE FOLLOWING INFORMATION FOR PORTABLE RAMP REQUEST
***** (INCOMPLETE REQUESTS WILL BE RETURNED) *****

Document the brand, model number, serial number, and age of the wheelchair present in the home.

1. Type of ramp needed, must be portable with full description of ramp needed, and manufacture's pricing information.
2. Type of dwelling (family home, mobile home, apartment) with full description of outside entrance, Number of steps into the home, description of most accessible entrance. Can only cover one ramp system for one entrance.
3. Type of Driveway _____ Type of surface _____
 Walkway surface _____ Width _____ Front entry width _____
 Threshold height _____ Steps _____ Number _____ Degree of Incline _____
5. On separate piece of paper, provide a diagram of property boundaries, include permanent obstacles obstructing the most direct access from entry to driveway.
6. We cannot cover a permanent ramp, construction or labor to assemble a ramp or shipping charges. These items are not a benefit of Title XIX Home Health Services.