



## Deluxe Item Upgrade Form\*

**\*Please note:** Members enrolled in Medicaid Managed Care (i.e., MyHealth<sup>SM</sup> and MyHealth Plus<sup>SM</sup>) are prohibited from paying out-of-pocket for non-covered upgrades. **Clarification for Vision Providers:** This **does not** impact eyewear purchases for Medicaid Managed Care members. Eyewear is covered under their **vision** benefit and is, therefore, not considered DME.

I, \_\_\_\_\_, understand that my health benefit plan makes payment  
*(print name)* based upon its allowance for covered standard items meeting  
medical needs.

At an additional cost to me, I may choose to upgrade from a covered standard item to a deluxe item, which may include additional features not covered under my current member benefits.

**Please place your initials next to each line before signing.**

\_\_\_\_\_ I have been shown the standard item.

\_\_\_\_\_ Instead of the available standard item, I choose to upgrade to a deluxe item.

\_\_\_\_\_ In choosing to upgrade to a deluxe item, I understand that I am responsible for the difference in cost between the retail price of the deluxe item and the retail price of the standard item, plus any applicable deductible and/or copayment and/or coinsurance.

*(This area is to be completed by the provider before member signs)*

Name of item \_\_\_\_\_ HCPCS code \_\_\_\_\_

Retail price of deluxe item \$ \_\_\_\_\_

Retail price of standard item \$ \_\_\_\_\_

Patient responsibility for upgrade \$ \_\_\_\_\_

*(Plus any applicable deductible and/or copayment and/or coinsurance as indicated on your Explanation of Benefits)*

\_\_\_\_\_ Before I signed this document, the durable medical equipment provider completed the information in the box above and has discussed with me all additional costs for choosing to upgrade to a deluxe item. The provider also explained that he/she will provide me with a copy of this completed form for my records.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member Identification Number