

**Superior HealthPlan Medical Ride Program
Parent Authorized Attendant Form**



Child Name (First/Last):	
Medicaid Number:	Date of Birth (MM/DD/YYYY):

My name is _____. I am the parent or legal guardian of the child named above. I have asked Superior's Medical Ride Program provided by SafeRide to set up rides to get my child to and from health-care services covered by Medicaid.

Relationship to Child:	First Name, Last Name:
<input type="checkbox"/> Parent <input type="checkbox"/> Guardian	Address:
	Phone Number:
	Email Address:
	<input type="checkbox"/> I wish to receive emails and text messages about my child's ride.*

I have chosen the adults below as "attendants." These adults are authorized to go with my child to and from Medicaid covered health-care visits.

Authorized Attendant	First Name, Last Name:
	Address:
	Phone Number:
Authorized Attendant	First Name, Last Name:
	Address:
	Phone Number:

It is my choice to authorize these people to be attendants. By signing this form, I'm showing that I know the risks that go with allowing another person to travel with my child on health-care trips set up through Superior's Medical Ride Program. I know this agreement will stay in effect until I change or replace it.

By signing below I swear that, to the best of my knowledge, the authorized person(s) named above are not Medicaid service providers or employed by or affiliated with a Medicaid service provider.

Signature of Parent or Guardian

Date

<p>Two things must happen before the authorized attendants listed above can ride with the child to and from the covered health-care services:</p> <ol style="list-style-type: none"> 1. This form must be on file with SafeRide or be given to the driver when the driver picks up the child for the health-care visit. 2. The authorized attendant also must show the driver a photo ID.

Fill out and send this form to:

SafeRide Health Alternate Transportation | Mail: 18302 Talavera Ridge, Suite 300, San Antonio, TX 78257

Email: SHP_Authorizations@saferridehealth.com | Fax: 1-888-534-9598

**By confirming you wish to receive electronic communication, you are agreeing to receive information, including protected health information and marketing materials, to your email address/phone number. Electronic communication is not as secure as communicating via our secure member portal or over the phone. Electing to receive information electronically is always optional. You can receive the same information securely, non-electronically upon request. You can opt-out any time by letting us know you want to stop receiving electronic communication.*