

Phone: (780) 427-0731 PLEASE ENSURE THAT ALL PARTS OF FORM ARE FILLED OUT **QFR Faxline (780) 644-1521**
Protected A (when completed) ALBERTA AIDS TO DAILY LIVING PROGRAM

The information on the Quantity and Frequency Appeal to AADL Director form is being collected and used by Alberta Health pursuant to sections 20, 21 and 22 of the *Health Information Act*, sections 33 and 34 of the *Freedom of Information and Protection of Privacy Act* (FOIP) and the Alberta Aids to Daily Living and Extended Health Benefits Regulations for the purpose of obtaining an AADL benefit. If you have any questions about the collection of this information, you can contact the Alberta Aids to Daily Living Program at Telus House, 13th Floor, 10020 100 Street NW, Edmonton, AB T5J 0N3; Telephone: 780-427-0731

**** Note: Client must have previously submitted a Quantity and Frequency Review Request. ****

CAT. No.	BENEFIT NAME	QFR Reference No.
Current Benefit:		
Requested Benefit:		

CLIENT INFORMATION			
Client's Name (Last)	(First)	Date of Birth Year Month Day	Personal Health Number
Client's Address	City	Postal Code	Phone Number Area Code ()

REASON FOR REQUEST
PROVIDE DETAILS: (Note: For faster processing, please ensure any documents are attached to the back of this form. Please ensure this form is completed in its entirety, as forms will be returned if any sections are left blank.)

CLIENT'S SIGNATURE:	DATE (YYYY-MM-DD):
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Only complete the following section if this form is being filled out by an authorizer/specialty supplier:

AUTHORIZER/SPECIALTY SUPPLIER INFORMATION			
Authorizer Name (Last)	(First)	Phone Number Area Code ()	Fax Number Area Code ()
Auth. No.		Authorizer Facility / Address	City
		Postal Code	

AUTHORIZER/SPECIALTY SUPPLIER'S SIGNATURE:
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THIS SECTION FOR AADL USE ONLY	
LOGGED IN DATE: (YY/MM/DD)	AADL SIGNATURE:
<input type="checkbox"/> APPROVED BY DIRECTOR	<input type="checkbox"/> DENIED BY DIRECTOR
DATE APPROVED/DENIED: (YY/MM/DD)	CT AND AUTH/SS NOTIFIED <input type="checkbox"/> DATE (YYYY-MM-DD):
LOGGED <input type="checkbox"/> DATE (YYYY-MM-DD):	AADL SIGNATURE:
Rationale for Decision:	