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AADL MANUAL WHEELCHAIR SPECIFICATION SHEET – Adult – **Effective October 1/17**

AADL BENEFIT CATALOGUE # **W 694**

Manufacturer: Invacare

Model: 9000 XTHemi

Authorization #:

Date:

Vendor Name:

Section 1: CLIENT INFORMATION (AADL Authorizer/Vendor use only)

Client Name: _____

Authorizer Name: _____

Address: _____

Authorizer Number: _____

City: _____

Authorizer Contact #: _____

PHN: _____

CLIENT WEIGHT: _____

Section 2: Basic standard frame wheelchair with no charge options (includes 8% AADL discount)

\$1278.00

Weight Capacity: 250lbs Category A – folding wheelchair

Section 3: REQUIRED SPECIFICATIONS

Please add highlighted W Benefit codes to 1251 if ordering. Prices listed include 8% AADL discount.

<p>1. SEAT WIDTH</p> <p><input type="checkbox"/> 14/15" N/C</p> <p><input type="checkbox"/> 16" N/C</p> <p><input type="checkbox"/> 17" N/C</p> <p><input type="checkbox"/> 18" N/C</p> <p><input type="checkbox"/> 19" N/C</p> <p><input type="checkbox"/> 20" N/C</p> <p><input type="checkbox"/> 22" (16D) \$190</p> <p><input type="checkbox"/> 22" (17/18D) \$304</p>	<p>2. SEAT DEPTH</p> <p><input type="checkbox"/> 16" N/C</p> <p><input type="checkbox"/> 17" N/C</p> <p><input type="checkbox"/> 18" N/C</p>	<p>3. FRAME TYPES</p> <p>Standard frame set at SH/ SL</p> <p><input type="checkbox"/> SL: Super Low (15.5") \$58</p> <p><input type="checkbox"/> SL: Super Low (14.5") N/C</p> <p><i>Use W693 Invacare 9000XT for STF heights 17.5 and higher.</i></p>	<p>4. ARMRESTS (HEIGHT ADJUSTABLE)</p> <p><input type="checkbox"/> FFB-Full length flipback \$330</p> <p><input type="checkbox"/> DFB-Desk length flipback \$330</p> <p><input type="checkbox"/> FW-Full length wrap around \$330</p> <p><input type="checkbox"/> DW-Desk Length Wrap around \$330</p>
<p>5. BACK TYPE - CANES</p> <p><input type="checkbox"/> ADJ-Adjustable (with 10° bend) (15-19") N/C</p> <p><input type="checkbox"/> ADJSTR-Adjustable with straight canes (14-18") N/C</p> <p><input type="checkbox"/> AABK – Angle adjustable back canes with 10° bend \$152</p> <p><input type="checkbox"/> AABKSTR Adjustable angle with straight canes \$152</p> <p><input type="checkbox"/> 4" Cane Extensions \$46</p>	<p>6. BACK HEIGHT:</p> <p><input type="checkbox"/> 14 N/C</p> <p><input type="checkbox"/> 15 N/C</p> <p><input type="checkbox"/> 16 N/C</p> <p><input type="checkbox"/> 17 N/C</p> <p><input type="checkbox"/> 18 N/C</p> <p><input type="checkbox"/> 19 N/C</p> <p><input type="checkbox"/> Omit Upholstery</p>	<p>7. BACK CANE SIZE:</p> <p><input type="checkbox"/> S N/C</p> <p><input type="checkbox"/> M N/C</p> <p><input type="checkbox"/> T N/C</p>	
<p>8. FOOT/LEGRESTS</p> <p><input type="checkbox"/> CLF60 Cam lock footrest 60° \$147</p> <p><input type="checkbox"/> CLF70-Cam lock footrest 70° \$147</p> <p><input type="checkbox"/> W106: ELCL – Elevating cam lock legrest \$285</p> <p><input type="checkbox"/> W106: AEL – Articulating elevating \$368</p> <p>Rationale for W106 must be written on 1251.</p>	<p>9. FOOTPLATES</p> <p><input type="checkbox"/> COM – Composite N/C</p> <p><input type="checkbox"/> AFP – Aluminum N/C</p> <p><input type="checkbox"/> XLF – X-large aluminum \$97</p> <p><input type="checkbox"/> W107: AAF – Angle Adjustable \$122</p> <p>Rationale for W107 must be written on 1251</p>		

Section 3: REQUIRED SPECIFICATIONS for W694 Invacare 9000 XT Hemi (cont'd)

Anterior and posterior STF heights required to determine wheel and caster sizes. Please consult with vendor.

10. WHEEL RIMS <input type="checkbox"/> MAG N/C	12. TIRE SIZE <input type="checkbox"/> 20" STF:15.5-17.5" N/C <input type="checkbox"/> 22" STF:16.5-18.5" N/C <input type="checkbox"/> 24" STF:17.5-19.5" N/C	11. TIRES TYPE&PROFILE <input type="checkbox"/> P - pneumatic \$205 <input type="checkbox"/> U - Urethane N/C	13. HANDRIMS <input type="checkbox"/> PCHR -Plastic Coated \$105 <input type="checkbox"/> PHR - Projection (V or O) \$285 <input type="checkbox"/> ALHR Aluminum N/C										
14. CASTERS <input type="checkbox"/> CS - Solid 8 x 1" N/C <input type="checkbox"/> CP -Pneumatic 8"x1.25".....N/C <input type="checkbox"/> SP Semi pneumatic 8"x1.75" 138 <input type="checkbox"/> CU -Urethane 6"x1" N/C <input type="checkbox"/> CU Urethane 8"x 1.25 N/C Caster notes: Front seat to floor heights by caster size and fork position. 6": STF 15.5-17.5" 8"-STF 17.5-19.5"	15. STF Height: Discuss wheel/caster sizes with vendor to achieve STF heights <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%; text-align:center;">Front</th> <th style="width:50%; text-align:center;">Rear</th> </tr> </thead> <tbody> <tr> <td style="text-align:center;"><input type="checkbox"/> 13.5</td> <td style="text-align:center;"><input type="checkbox"/> 13.5</td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/> 14.5</td> <td style="text-align:center;"><input type="checkbox"/> 14.5</td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/> 15.5</td> <td style="text-align:center;"><input type="checkbox"/> 15.5</td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/> 17.5</td> <td style="text-align:center;"><input type="checkbox"/> 17.5</td> </tr> </tbody> </table> Refer to W693 9000XT for heights above 17.5		Front	Rear	<input type="checkbox"/> 13.5	<input type="checkbox"/> 13.5	<input type="checkbox"/> 14.5	<input type="checkbox"/> 14.5	<input type="checkbox"/> 15.5	<input type="checkbox"/> 15.5	<input type="checkbox"/> 17.5	<input type="checkbox"/> 17.5	16. BRAKES <input type="checkbox"/> PUL – Pull N/C <input type="checkbox"/> PSH – Push N/C check off all that apply <input type="checkbox"/> Frame color –black *** N/C <input type="checkbox"/> Frame color – blue*** N/C <input type="checkbox"/> ATR – Anti-tippers \$101 <input type="checkbox"/> QRA – Quick Release Axles \$131 <input type="checkbox"/> BRX – Brake Extensions \$58 <input type="checkbox"/> HL -Heel loops \$58 <input type="checkbox"/> CFST Calf straps \$57 <input type="checkbox"/> O2H -O2 Holder (generic) \$130 <input type="checkbox"/> TBU –Adj Tension Back \$131 <input type="checkbox"/> ASB - Auto Seat Belt(generic) \$22 <input type="checkbox"/> W104 OAD L / R \$619 <input type="checkbox"/> GRD -Grade Aid \$138
Front	Rear												
<input type="checkbox"/> 13.5	<input type="checkbox"/> 13.5												
<input type="checkbox"/> 14.5	<input type="checkbox"/> 14.5												
<input type="checkbox"/> 15.5	<input type="checkbox"/> 15.5												
<input type="checkbox"/> 17.5	<input type="checkbox"/> 17.5												

AADL generic pricing is used when manufacturer pricing is higher than generic. *** Color choice not guaranteed.

AUTHORIZERS: PLEASE COMPLETE THE COST WORKSHEET BELOW AND SIGN THE BOTTOM.

Wheelchair Cost Worksheet: Use this section to determine amount of funding requested from AADL, the client's costs, and the total cost of the wheelchair (The 8% AADL Vendor discount is included in the prices listed)		
1	W694 Basic cost of wheelchair with no charge items	\$1278.00
2	Add total cost of options that cost (options with prices next to them) excluding W coded items- these have separate codes and funds attached)	+
3	Total Cost of basic wheelchair with options: Add rows 1 and 2	=
4	Minus \$2500.00 from line 3 if amount is over \$2500.00- this amount is considered an upgrade. If less than \$2500.00 enter \$0	=
5	Enter line 3 or \$2500.00 whichever is less	=
6	Total Costs for all W CODES ordered (Add W codes to 1251 under section 5)	=
7	Add lines 5 and 6	=
8	If Client is cost share- calculate: 25% of line 7 up to the maximum \$500.00	=
9	CLIENT COSTS: Add lines 4 (upgrade if any) and 8 (cost share amount if any)	=
10	AADL COSTS: For AADL use only	

Authorizer Signature and date indicating agreement with spec sheets _____