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

AADL BENEFIT CATALOGUE # W 693

Manufacturer: Invacare

Model: 9000 XT

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.

| | | | |
|--|--|--|--|
| 1. SEAT WIDTH <input type="checkbox"/> 14/15 N/C <input type="checkbox"/> 16" N/C <input type="checkbox"/> 17" N/C <input type="checkbox"/> 18" N/C <input type="checkbox"/> 19" N/C <input type="checkbox"/> 20" N/C <input type="checkbox"/> 22"(16D) \$190 <input type="checkbox"/> 22"(17/18D) \$304 | 2. SEAT DEPTH <input type="checkbox"/> 16" N/C <input type="checkbox"/> 17" N/C <input type="checkbox"/> 18" N/C | 3. FRAME TYPES <input type="checkbox"/> S-Standard N/C <input type="checkbox"/> H-Hemi (17.5 " STF) N/C Use W694 Invacare 9000XT Hemi for STF heights lower than 17.5" | 4. ARMRESTS (HEIGHT ADJUSTABLE) <input type="checkbox"/> FFB -Full length flipback \$330 <input type="checkbox"/> DFB -Desk length flipback \$330 <input type="checkbox"/> FW -Full length wrap around \$330 <input type="checkbox"/> DW -Desk Length Wrap around \$330 |
| 5. BACK TYPE - CANES <input type="checkbox"/> ADJ -Adjustable (with 10° bend) (15-19") N/C <input type="checkbox"/> ADJSTR -Adjustable with straight canes (14-18") N/C <input type="checkbox"/> AABK – Angle adjustable back canes with 10° bend \$152 <input type="checkbox"/> AABKSTR Adjustable angle with straight canes \$152 <input type="checkbox"/> 4" Cane Extensions \$46 | | 6. BACK HEIGHT: <input type="checkbox"/> 14" N/C <input type="checkbox"/> 15" N/C <input type="checkbox"/> 16" N/C <input type="checkbox"/> 17" N/C | 7. BACK CANE SIZE: <input type="checkbox"/> S N/C <input type="checkbox"/> M N/C <input type="checkbox"/> T N/C <input type="checkbox"/> Omit Upholstery |
| 8. FOOT/LEGRESTS <input type="checkbox"/> CLF60 Cam lock footrest 60° \$146 <input type="checkbox"/> CLF70 -Cam lock footrest 70° \$146 <input type="checkbox"/> W106: ELCL – Elevating cam lock legrest \$278 <input type="checkbox"/> W106: AEL – Articulating elevating \$368 <input type="checkbox"/> AMP - Amp attachment \$121 | | 9. FOOTPLATES <input type="checkbox"/> COM – Composite N/C <input type="checkbox"/> AFP – Aluminum N/C <input type="checkbox"/> XLF – Xlarge aluminum.....\$97 <input type="checkbox"/> W107: AAF – Angle Adjustable \$122 | |
| <p>Rationale for W106 must be written on 1251.</p> | | <p>Rationale for W107 must be written on 1251.</p> | |

| Section 3: REQUIRED SPECIFICATIONS for W693 Invacare 9000XT(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"/> VPHR - Vertical Projection \$283 <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"x 1" 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"> <thead> <tr> <th>Front</th> <th>Rear</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 17.5</td> <td><input type="checkbox"/> 17.5</td> </tr> <tr> <td><input type="checkbox"/> 18.5</td> <td><input type="checkbox"/> 18.5</td> </tr> <tr> <td><input type="checkbox"/> 19</td> <td><input type="checkbox"/> 19</td> </tr> <tr> <td><input type="checkbox"/> 19.5</td> <td><input type="checkbox"/> 19.5</td> </tr> </tbody> </table> See W694 9000XT hemi for heights lower than 17.5 | Front | Rear | <input type="checkbox"/> 17.5 | <input type="checkbox"/> 17.5 | <input type="checkbox"/> 18.5 | <input type="checkbox"/> 18.5 | <input type="checkbox"/> 19 | <input type="checkbox"/> 19 | <input type="checkbox"/> 19.5 | <input type="checkbox"/> 19.5 | 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"/> GRD -Grade Aid \$138 <input type="checkbox"/> W104 OAD L / R \$619 |
| Front | Rear | | | | | | | | | | | |
| <input type="checkbox"/> 17.5 | <input type="checkbox"/> 17.5 | | | | | | | | | | | |
| <input type="checkbox"/> 18.5 | <input type="checkbox"/> 18.5 | | | | | | | | | | | |
| <input type="checkbox"/> 19 | <input type="checkbox"/> 19 | | | | | | | | | | | |
| <input type="checkbox"/> 19.5 | <input type="checkbox"/> 19.5 | | | | | | | | | | | |

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.

N/A to orders assessed prior to October 1/17.

| 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 | W693 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 Plus add OAD upcharge(\$514.00) if OAD ordered | = |
| 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 _____