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

AADL BENEFIT CATALOGUE # W 274

Manufacturer: Maple Leaf Wheelchair

Model: NRG+

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) \$1275.00

Weight Capacity: 250lbs Category A – Steel frame 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" \$322 <input type="checkbox"/> 20"* \$322 * order BCR	2. SEAT DEPTH <input type="checkbox"/> 16" N/C <input type="checkbox"/> 17" N/C <input type="checkbox"/> 18" N/C <input type="checkbox"/> 19" \$322 <input type="checkbox"/> 20" \$322	3. FRAME TYPEs <input type="checkbox"/> S: Standard N/C <input type="checkbox"/> H: Hemi N/C S=16.75-20" STF H=12-16.75" STF	4. ARMRESTS (HEIGHT ADJUSTABLE) <input type="checkbox"/> FW-Full length Wrap around (A3) \$221 <input type="checkbox"/> DW-Desk Length Wrap around (A4) \$221 <input type="checkbox"/> F-full length conventional (C3*) \$313 <input type="checkbox"/> D- Desk length conventional (C4*) \$313 <i>*required with AABK.</i>
5. BACK TYPE - CANES <input type="checkbox"/> ADJ-Adjustable (8 degree bend) N/C <input type="checkbox"/> ADJSTR-Adjustable with straight canes N/C <input type="checkbox"/> C-Custom (18.25-24" back heights) \$111 <input type="checkbox"/> AABK – Angle adjustable back \$221 <input type="checkbox"/> BCR- Back cane rigidizer for 18.25" and higher back hts. \$111 Angle preferred for AABK: _____ degrees.		6. BACK HEIGHT: Upholstery <input type="checkbox"/> 14 N/C <input type="checkbox"/> 15 N/C <input type="checkbox"/> 16 N/C <input type="checkbox"/> 17 N/C <input type="checkbox"/> Omit upholstery	7. BACK CANE SIZE: <input type="checkbox"/> 18 Range: 13-17.50" <input type="checkbox"/> 19 Range: 18.25-24" <input type="checkbox"/> 20 <input type="checkbox"/> 21
8. FOOT/LEGRESTS <input type="checkbox"/> CLF60 Cam lock footrest 60° N/C <input type="checkbox"/> CLF70-Cam lock footrest 70° N/C <input type="checkbox"/> CLF80-Cam lock footrest 80° N/C <input type="checkbox"/> CLF90-Cam lock footrest 90° \$166 <input type="checkbox"/> W106: ELCL – Elevating cam lock legrest \$258 <input type="checkbox"/> W106: AEL – Articulating elevating \$350		9. FOOTPLATES <input type="checkbox"/> COM – Composite N/C <input type="checkbox"/> AFP – Aluminum N/C <input type="checkbox"/> XLF-Extra large \$111 <input type="checkbox"/> AMP: Amputee support \$88 <input type="checkbox"/> W107: AAF – Angle Adjustable \$221	
W106 rationale required to be written on 1251		W107 rationale required to be written on 1251	

Section 3: REQUIRED SPECIFICATIONS for W274 NRG+ (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:14.5-15.25 N/C <input type="checkbox"/> 22" STF:15.25-17.5" N/C <input type="checkbox"/> 24" STF:17.5-21" N/C	11. TIRES TYPE&PROFILE <input type="checkbox"/> P - pneumatic \$81 <input type="checkbox"/> U - Urethane N/C <input type="checkbox"/> HP High Profile.....N/C	13. HANDRIMS <input type="checkbox"/> PCHR -Plastic Coated \$111 <input type="checkbox"/> VPHR - Vertical Projections \$111 <input type="checkbox"/> CHHR —Chrome N/C															
14. CASTERS <input type="checkbox"/> CP -Pneumatic 6"x1.25" \$56 <input type="checkbox"/> CP -Pneumatic 8"x1.25" \$74 <input type="checkbox"/> CP -Pneumatic 8"x2" \$74 <input type="checkbox"/> CS -Solid 5" x 1.25" N/C <input type="checkbox"/> CS -Solid 6"x 1.25" N/C <input type="checkbox"/> CS -Solid 8" x 1.25" N/C <input type="checkbox"/> CS -Solid 5"x1.75" \$56 <input type="checkbox"/> CS -Solid 6 x 1.75" \$56 <input type="checkbox"/> CS -Solid 8 x 1.75" \$74 <input type="checkbox"/> CS -Solid 8 x 2" \$74 Caster notes: Front seat to floor heights by caster size and fork position. 5": STF 14.5-15.25" 6": STF 15.25-18.5" 8"-STF 17.5-21"	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><input type="checkbox"/> 14.5</td><td><input type="checkbox"/> 13.75</td></tr> <tr><td><input type="checkbox"/> 15.25</td><td><input type="checkbox"/> 14.5</td></tr> <tr><td><input type="checkbox"/> 16.5</td><td><input type="checkbox"/> 15.75</td></tr> <tr><td><input type="checkbox"/> 17.5</td><td><input type="checkbox"/> 16.75</td></tr> <tr><td><input type="checkbox"/> 18.5</td><td><input type="checkbox"/> 17.75</td></tr> <tr><td><input type="checkbox"/> 19.5</td><td><input type="checkbox"/> 18.75</td></tr> <tr><td><input type="checkbox"/> 21</td><td><input type="checkbox"/> 20.25</td></tr> </tbody> </table>	Front	Rear	<input type="checkbox"/> 14.5	<input type="checkbox"/> 13.75	<input type="checkbox"/> 15.25	<input type="checkbox"/> 14.5	<input type="checkbox"/> 16.5	<input type="checkbox"/> 15.75	<input type="checkbox"/> 17.5	<input type="checkbox"/> 16.75	<input type="checkbox"/> 18.5	<input type="checkbox"/> 17.75	<input type="checkbox"/> 19.5	<input type="checkbox"/> 18.75	<input type="checkbox"/> 21	<input type="checkbox"/> 20.25	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 – chrome*** N/C <input type="checkbox"/> ATR – Anti-tippers \$88 <input type="checkbox"/> QRA – Quick Release Axles \$111 <input type="checkbox"/> BRX – Brake Extensions 6" \$37 <input type="checkbox"/> BRX -Brake Extensions 9" \$56 <input type="checkbox"/> HL -Heel loops N/C <input type="checkbox"/> FTB -Footboard \$88 <input type="checkbox"/> O2H -O2 Holder (generic) \$130 <input type="checkbox"/> CFST -Calf Straps \$56 <input type="checkbox"/> ASR - Amputee Support \$88 <input type="checkbox"/> TBU –Adj Tension Back \$175 <input type="checkbox"/> TBU -Oversize TBU \$220 <input type="checkbox"/> ASB - Auto Seat Belt(generic) *\$22
Front	Rear																	
<input type="checkbox"/> 14.5	<input type="checkbox"/> 13.75																	
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<input type="checkbox"/> 19.5	<input type="checkbox"/> 18.75																	
<input type="checkbox"/> 21	<input type="checkbox"/> 20.25																	

*AADL generic pricing option used as 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	W274 Basic cost of wheelchair with no charge items	\$1275.00
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	=
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 _____