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

AADL BENEFIT CATALOGUE # W 153

Manufacturer: Power Plus Mobility Inc.

Model: Voyageur Plus

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 5% AADL discount \$1378.00

Weight Capacity: 250lbs or 350 lbs with HD1 package Category A - folding

Section 3: REQUIRED SPECIFICATIONS

Please add highlighted W Benefit codes to 1251 if ordering. Prices listed include 5% 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"/> 21" N/C <input type="checkbox"/> 22" N/C <input type="checkbox"/> 23" N/C <input type="checkbox"/> 24" N/C		2. SEAT DEPTH <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"/> 18" N/C <input type="checkbox"/> 19" N/C <input type="checkbox"/> 20"* \$333 <input type="checkbox"/> 21"* \$333 <input type="checkbox"/> 22"* \$333 <input type="checkbox"/> *N/C with HD1		3. FRAME TYPES <input type="checkbox"/> Standard (S) N/C <input type="checkbox"/> Super Low (SLH) \$92 Heavy Duty Packages: <input type="checkbox"/> W101: HD1 (350 lb) \$694 HD1 must be ordered with 21 to 24" widths. Includes double cross braces, HD upholstery and casters. HD 2 & 3 not funded by AADL		4. ARMRESTS (Height Adjustable) <input type="checkbox"/> FST -Full length single post(T) \$228 <input type="checkbox"/> DST -Desk length single post (T) \$228 <input type="checkbox"/> FFB -Full length flipback \$228 <input type="checkbox"/> DFB -Desk length flipback \$228	
5. BACK TYPE <input type="checkbox"/> ADJ -Adjustable with 8 degrees bend in cane (15-20") N/C <input type="checkbox"/> F -Fixed N/C <input type="checkbox"/> AABK - Angle adjustable back N/C				6. BACK HEIGHT: <input type="checkbox"/> 14 N/C <input type="checkbox"/> 18 N/C <input type="checkbox"/> 15 N/C <input type="checkbox"/> 19 N/C <input type="checkbox"/> 16 N/C <input type="checkbox"/> 20 N/C <input type="checkbox"/> 17 N/C <input type="checkbox"/> 21 \$114 <input type="checkbox"/> Omit Upholstery -N/C		7. BACK CANE SIZE: N/A	
8. FOOT/LEGRESTS (All PG plug) <input type="checkbox"/> CLF60 -Cam lock footrest 60° with ext. 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"/> W106: EL – Articulating elevating legrest \$384 <input type="checkbox"/> W106: AEL – Articulating elevating legrest \$428 Extensions: Consult vendor <input type="checkbox"/> S N/C <input type="checkbox"/> M N/C <input type="checkbox"/> L N/C				9. FOOTPLATES <input type="checkbox"/> COM – Composite N/C <input type="checkbox"/> XLF - Extra Large \$143 <input type="checkbox"/> W107: AAF – Angle Adjustable \$143 W106 Rationale must be written on 1251 W107 Justification must be written on 1251			

Section 3: REQUIRED SPECIFICATIONS for W153 Voyageur Plus (cont'd)

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

<p>10. WHEEL RIMS</p> <p><input type="checkbox"/> MAG N/C</p>	<p>12. TIRE SIZE</p> <p><input type="checkbox"/> 20" STF:12.5-15.25" N/C</p> <p><input type="checkbox"/> 22" STF:14.5-17.5" N/C</p> <p><input type="checkbox"/> 24" STF:17.5-19" N/C</p>	<p>11. TIRES TYPE&PROFILE</p> <p><input type="checkbox"/> P - pneumatic N/C</p> <p><input type="checkbox"/> U - Urethane N/C</p> <p><input type="checkbox"/> LP - Low Profile \$76</p> <p><input type="checkbox"/> HP - High Profile N/C</p>	<p>13. HANDRIMS</p> <p><input type="checkbox"/> PCHR-Plastic Coated N/C</p>																					
<p>14. CASTERS</p> <p><input type="checkbox"/> CP-Pneumatic 5" x1.25 \$76</p> <p><input type="checkbox"/> CP-Pneumatic 6"x1.25" \$76</p> <p><input type="checkbox"/> CP-Pneumatic 8"x1.25" \$76</p> <p><input type="checkbox"/> CU-Urethane 5"x1.25" N/C</p> <p><input type="checkbox"/> CU-Urethane 6"x1.25" N/C</p> <p><input type="checkbox"/> CU-Urethane 8" x 1.25" N/C</p> <p><input type="checkbox"/> CU-Urethane 5" x 1.75" \$76</p> <p><input type="checkbox"/> CU-Urethane 6" x 1.75" \$76</p> <p><input type="checkbox"/> CU-Urethane 8" x 1.75" \$76</p> <p>Front seat to floor heights by caster size (Consult vendor)</p> <p>5": STF 12.25-15.25"</p> <p>6": STF 14.5-17.5"</p> <p>8"-STF 17.5-19"</p> <p>FS: Fork Size: Circle</p> <p>XL Short / Short / ShtLong / Long</p>	<p>15. STF Height: Discuss wheel/caster sizes with vendor to achieve STF heights</p> <table border="1"> <thead> <tr> <th>Front</th> <th>Rear</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 12.25</td><td><input type="checkbox"/> 14.5</td></tr> <tr><td><input type="checkbox"/> 13</td><td><input type="checkbox"/> 15</td></tr> <tr><td><input type="checkbox"/> 13.75</td><td><input type="checkbox"/> 15.5</td></tr> <tr><td><input type="checkbox"/> 14.5</td><td><input type="checkbox"/> 16</td></tr> <tr><td><input type="checkbox"/> 15.25</td><td><input type="checkbox"/> 16.5</td></tr> <tr><td><input type="checkbox"/> 16</td><td><input type="checkbox"/> 17</td></tr> <tr><td><input type="checkbox"/> 16.75</td><td><input type="checkbox"/> 17.5</td></tr> <tr><td><input type="checkbox"/> 17.5</td><td><input type="checkbox"/> 18</td></tr> <tr><td><input type="checkbox"/> 18.25</td><td><input type="checkbox"/> 18.5</td></tr> <tr><td><input type="checkbox"/> 19</td><td><input type="checkbox"/> 19</td></tr> </tbody> </table> <p>Check with vendor for specific STF configuration.</p>	Front	Rear	<input type="checkbox"/> 12.25	<input type="checkbox"/> 14.5	<input type="checkbox"/> 13	<input type="checkbox"/> 15	<input type="checkbox"/> 13.75	<input type="checkbox"/> 15.5	<input type="checkbox"/> 14.5	<input type="checkbox"/> 16	<input type="checkbox"/> 15.25	<input type="checkbox"/> 16.5	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 16.75	<input type="checkbox"/> 17.5	<input type="checkbox"/> 17.5	<input type="checkbox"/> 18	<input type="checkbox"/> 18.25	<input type="checkbox"/> 18.5	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<p>16. BRAKES</p> <p><input type="checkbox"/> PUL – Pull N/C</p> <p><input type="checkbox"/> PSH – Push N/C</p> <p><input type="checkbox"/> AFB Attendant foot brake N/C</p> <p>17. OTHER options check off all that apply</p> <p><input type="checkbox"/> Frame color – black N/C</p> <p><input type="checkbox"/> TBU Adjustable Tension Back \$171</p> <p><input type="checkbox"/> ATR – Anti-tippers N/C</p> <p><input type="checkbox"/> QRA – Quick Release Axles N/C</p> <p><input type="checkbox"/> BRX – Brake Extensions (6") N/C</p> <p><input type="checkbox"/> BRX-Brake Extensions (9") \$57</p> <p><input checked="" type="checkbox"/> W110: O2H - O2 Holder* \$130</p> <p><input type="checkbox"/> ASB- Auto Seat Belt/generic \$22</p> <p><input type="checkbox"/> HL – Heel Loops* N/C</p> <p><input type="checkbox"/> FTB-Footboard \$76</p> <p><input type="checkbox"/> CFST – Calf Straps \$48</p>
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<input type="checkbox"/> 19	<input type="checkbox"/> 19																							

* AADL generic pricing is used when manufacturer pricing is higher than generic.

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

<p>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 (8% Vendor discount included in the prices listed on this spec sheet)</p>		
1	W153 Basic cost of wheelchair with no charge items	\$1378.00
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 _____