Prosthetic Benefits
Microprocessor Knee Client Declaration

Alberta Aids to Daily Living (AADL) Program

Instructions:

This declaration must be completed and signed in addition to the AADL Client Declaration Form before any microprocessor knee can be provided. A copy must be kept on file at the Specialty Supplier’s site.

If the client is unable to sign, please provide the name and phone number of the individual who is financially responsible for the client (legal guardian or trustee), and have that person sign the declaration.

I understand that this declaration is individualized due to the nature of the microprocessor knee request.

I agree that I have reviewed my prosthetic needs and eligibility with my prosthetist.

I agree that I have discussed my specific prosthetic needs with my prosthetist (including warranty, functional level and maintenance issues).

I understand that AADL will make a grant payment towards the purchase of this microprocessor knee, payable to the vendor on the service date.

I understand that I will own this microprocessor knee.

I understand that I am responsible for the care and maintenance of the microprocessor knee. AADL will not assist with the cost of repairs for five (5) years.

I understand that by choosing this type of prosthetic knee that I will not be eligible for funding from AADL for another prosthetic knee for the next five (5) years.

I understand that the information on this 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 to verify my eligibility for AADL Program benefit(s), to arrange for benefit(s) to be provided to me and to enable AADL to be billed for the benefit(s). If I have any questions about the collection of this information, I can contact the Alberta Aids to Daily Living Program at 10th Floor Milner Building, 10040 – 104 Street NW, Edmonton, Alberta T5J 0Z2; Telephone: 780-427-0731, Fax: 780-422-0968.

I consent to having information required for the above purpose sent by a health professional, authorized by AADL, to AADL and to a vendor of AADL benefit(s), for the provision and billing of the benefit(s). The information may be sent either by mail or electronically.

Client Name: ______________________________________________________________________________________

Signature: __________________________________________ Date: ______________________________

Legal Guardian/Trustee Name (if applicable): ______________________________________________________________

Address: ______________________________________________________________________________________

Phone Number: ____________________________________________________________________________________

Signature: __________________________________________ Date: ______________________________