Vendor Application

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 for the purpose of the determination eligibility to become an authorized vendor. If you have any questions about the collection of this information, you can contact Alberta Aids to Daily Living Program, Telus House, 13th Floor, 10020 100 Street NW, Edmonton, AB T5J 0N3; Telephone: 780-427-0731 Fax: 780-422-0968.

Please complete sections 1-4. Incomplete applications will result in a delay with processing.

1. Please identify the type of vendor application you are applying for:

☐ New Vendor
☐ Vendor Adding Benefits If selected, provide Vendor Number: ______________________
☐ Vendor Adding a Location If selected, provide Vendor Number: ______________________
☐ Change of Ownership If selected, provide Vendor Number: ______________________
☐ 100% Share Purchase If selected, provide Vendor Number: ______________________

2. Please provide the following information (PRINT CLEARLY):

Legal Name: Operating

Name: _____________________________________________________________

Address: __________________________________________________________

Telephone Number: _________________________________________________

Facsimile Number: _________________________________________________

Toll Free Number: _________________________________________________

Contact Name: _____________________________________________________

Contact Telephone Number: __________________________________________

Contact Cell Number: _______________________________________________

Contact Facsimile Number: ___________________________________________

Contact E-mail Address: ____________________________________________

3. Please indicate the benefit(s) you are applying for:

Medical/Surgical (Benchmarked Benefits)

☐ Incontinence Supplies ☐ Custom Made Compression Garments
☐ Catheter Supplies ☐ Burn Scar Garments
☐ Ostomy/Ileostomy/Urostomy Supplies ☐ Musculoskeletal Supports
☐ Ready Made Compression Garments
Mobility Equipment (Benchmarked Benefits)

- Bathing and Toileting Aids (Small)
- Walking Aids and Accessories
  - Stationary Commodes (Optional)
- Bathing and Toileting Aids (Large)

Hearing, Augmentative Speech and Communication Aids

- Adult
- Child

Prosthetics

- Breast Prostheses
- Limb Prosthetics
- Ocular Prostheses

Orthotics

- Orthotic Braces (Not foot orthotics.)

Footwear

- Custom Made Footwear
- Shoes Elevations
- Shoes (Therapeutic)
- Shoes (Total Contact Inserts)
- Shoes (Custom Modifications)

Seating and Wheelchair Accessories (Benchmarked Benefits)

- Seating and Wheelchair Accessories (Level A – Basic)
  - Type: Commercial ONLY
- Seating and Wheelchair Accessories (Level B – Specialized)
  - Type: Commercial
  - Custom-Made by Adaptive Seating Technician
- Seating and Wheelchair Accessories (Level C – Complex)
  - Type: Commercial
  - Custom-Made by Adaptive Seating Technician

Respiratory

- Oxygen and Other Respiratory Benefits
- BPAP and BPAP Supplies

4. **Please read, check, and sign the following declaration:**
   - I have read and understood the criteria associated with each benefit area applied for as outlined in the General Policy and Procedure Manual, Program Manual and Approved Product List.
   - I confirm this storefront meets the criteria as outlined in the General Policy and Procedure Manual (e.g., signage, wheelchair accessible, etc.).


__________________________________________
Signature

__________________________________________
Date

Fax completed documentation to 780-422-0968.

You will be contacted within seven to ten business days from receipt of your application. Depending on the benefit groups you are applying for, you may receive one or more checklists to complete in order to establish your eligibility regarding compliance criteria, inventory, equipment, and training certification. Once all required information has been received by AADL, please allow at least six weeks for the processing of your vendor application. Alberta Aids to Daily Living (AADL) reserves the right to approve or reject any vendor application.