ALBERTA AIDS TO DAILY LIVING (AADL) PROGRAM
QUANTITY & FREQUENCY APPEAL TO AADL DIRECTOR

Phone: (780) 427-0731 PLEASE ENSURE THAT ALL PARTS OF FORM ARE FILLED OUT **QFR Faxline (780) 644-1521**

**** Note: Client must have previously submitted a Quantity and Frequency Review Request. ****

CAT. No.	BENEFIT ITEM BEING APPEALED	SUBMISSION DATE
		Year Month Day

CLIENT INFORMATION

Client's Name (Last) (First)	Date of Birth Year Month Day	Personal Health Number

Client's Address	City	Postal Code	Phone Number Area Code ( )

REASON FOR REQUEST

PROVIDE DETAILS: (Note: For faster processing, please ensure any documents are attached to the back of this form. Please ensure this form is completed in its entirety, as forms will be returned if any sections are left blank.)

CLIENT'S SIGNATURE:

Only complete the following section if this form is being filled out by an authorizer/specialty supplier:

AUTHORIZER/SPECIALTY SUPPLIER (SS) INFORMATION

Authorizer Name (Last) (First)	Phone Number Area Code ( )	Fax Number Area Code ( )	Auth. No.

Authorizer Facility / Address	City	Postal Code

AUTHORIZER/SPECIALTY SUPPLIER'S SIGNATURE:

THIS SECTION FOR AADL USE ONLY

LOGGED IN DATE: (YY/MM/DD)	AADL SIGNATURE:
☐ **APPROVED BY DIRECTOR**	☐ **DENIED BY DIRECTOR**
DATE APPROVED/DENIED: (YY/MM/DD)	CT AND AUTH/SS NOTIFIED ☐ DATE:
LOGGED ☐ DATE:	AADL SIGNATURE:
Rationale for Decision:	

Alberta SENIORS AND COMMUNITY SUPPORTS