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Alberta Aids to Daily Living (AADL) Program

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Please print clearly and ensure all fields are filled out.

Palliative

Only one benefit per QFR.

AADL Catalogue No.	Benefit Name	Assessment Date YYYY-MM-DD
Current Benefit		
Requested Benefit		

Client Information

Client's Last Name Client's First Name Diagnosis Date of Birth yyyy-mm-dd Personal Health Number

Name of Individual Legally Responsible for Client (if client unable to sign) Individual's Relationship to Client

Mailing Address of Client / Individual Responsible for Client (to receive decision notice) City Postal Code

Client Residence Type: Home Long Term Care Group Home / Lodge SL3 SL4

Authorizer / Specialty Assessor (Auth / SA) Information

Auth / SA Last Name Auth / SA First Name Phone Fax Authorizer Number

Reason for Request

Provide clinical rationale for your request. Attach required forms and documentation, as defined in the AADL Program Manual for the appropriate benefit area. Please refer to the QFR Checklist to ensure that the request meets basic eligibility criteria.

Date YYYY-MM-DD

Signature of Client / Individual Responsible for Client

Date YYYY-MM-DD

Signature of Authorizer / Specialty Assessor

Decision Information - This Section is for AADL Use Only

QFR Reference Number Received Date
 Program Manager Decision Withdrawn Approved Denied Decision Date
 Program Manager Name Notice Date

Rationale for Decision/Instructions to Authorizer or Specialty Assessor:

Notice: If this request is denied, the authorizer / specialty assessor may submit it for reconsideration by the QFR Appeals Committee. To request an appeal, mark below and resubmit this form to the Alberta Blue Cross Online Health Portal. Additional information may be attached for review.

Submit this request to the QFR Appeals Committee Appeal Request Date YYYY-MM-DD Auth / SA Signature for Appeal