AADL—OXYGEN CLIENT DISCONTINUED LIST FOR (MONTH/YEAR): _____

PROVIDER: _____ LOCATION: _____

This form must be completed and faxed to Alberta Blue Cross AADL Provider Contact Centre at 1-855-598-3583 no later than the 15th of each month.

Client name (Last, First)	PHN	Authorization/ Reference #	OXYGEN Discontinued Date (YYYY-MM-DD)	Reason for discontinuation						
				Deceased	Refused therapy	No longer qualifying	Therapy not required	Moved to long-term care	Client in hospital	Provider change