

Classification: Protected A (when completed)

Alberta Aids to Daily Living (AADL) Program

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**Instructions to Client/Client Guardian/Legal Representative and Prosthetic Specialty Supplier**

Following review and discussion of this document:

1. The client is to sign and date this form in addition to the AADL Client Declaration Form before an AADL funding for a microprocessor knee benefit can be provided. Obtain a signed and completed copy of this form.
2. Prosthetic Specialty Supplier is to retain a signed and completed copy of this form.

**Important: DO NOT** sign this form until you have discussed **ANY/ALL** concerns regarding your AADL Program funded prosthetic/orthotic device(s). If you are unable to sign this form, contact Alberta Blue Cross.

- I understand that the *Microprocessor Knee Client Declaration* is individualized due to the unique nature of each microprocessor knee prosthetic benefit funding request.
- I agree that I have reviewed my prosthetic needs and eligibility for an AADL Program funded Microprocessor Knee with my Prosthetist (including functional level, warranty, and maintenance).
- I understand that AADL will make a grant payment towards the purchase of this microprocessor knee, payable to the vendor on the service date, and that I will own this microprocessor knee.
- 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, including the cost of replacement, modification and/or repairs for five (5) years.

**Client Section:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Legal Guardian/Trustee Section (if applicable):**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date