Government of Alberta

RETURN FORM TO:
Health Related Supports
10th Floor, Milner Building
10040 – 104 Street
Edmonton, Alberta T5J 0Z2
Fax 780-422-0968

Alberta Aids to Daily Living (AADL) Change of Vendor Request Form

Please complete the following information and mail or fax to AADL:

I authorize AADL to change my vendor from

_____ to _____
Name of Current Vendor | Name of New Vendor

My Authorization Number is: _____ (check your copy of your authorization or check your current vendor or authorizer if unknown).

Your new vendor will need this number in order to provide your AADL benefits.

My new vendor number is _____
(Vendor will provide).

I am aware that this change of vendor will start on my next AADL two month benefit period.

AADL Client Information

_____ | | | | | | - | | | | |
Name (Please Print) | Personal Health Care Number

If AADL has any questions or concerns I can be reached at _____
Telephone number with area code

Consent

You or your legal representative (e.g. person with your power of attorney, a guardian/trustee) must sign and date this form.

_____ X_____ _____/_____/_____
Print Name (Yours or Legal Representative's) | Signature (Yours or Legal Representative's) | Date (YYYY/MM/DD)

The personal information provided on this form is collected under the authority of the *Alberta Aids to Daily Living and Extended Health Benefits Regulation* and the *Freedom of Information and Protection of Privacy (FOIP) Act* (RSA 2000) and will be managed in accordance with the *FOIP Act.* The information will be used for the purpose of administering the Alberta Aids to Daily Living Program. If you have any questions about the collection of this information, you can contact the Alberta Aids to Daily Living Program, Health Related Supports, Alberta Seniors and Community Supports, 10th Floor, Milner Building, 10040 – 104 Street, Edmonton, Alberta, T5J 0Z2. Telephone (toll-free in Alberta): 310-0000, then 780-427-0731 when prompted or 780-427-0731; Fax: 780-422-0968.