

Applicant's Last Name	First Name	Health Number (10 digits)	Version
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Vendor Information

I hereby certify that the applicant has received or will receive the item(s) as authorized and the information provided is true and accurate.

Vendor Business Name	ADP Vendor Registration Number
Epic Systems	523070

Vendor Representative's Last Name	Vendor Representative's First Name
Marshall	Isabella

Position Title	Business Telephone Number	ext.
Claims Examiner	519-770-5390	720

Vendor Location
254 Amber Court

Vendor Representative's Signature	Date (yyyy/mm/dd)
	2020/11/30

Note: Attachments will not be considered by the Assistive Devices Program

It is an offence punishable by fine and/or imprisonment to knowingly provide false information to obtain funding.