

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 <i>Medicalis</i>	ADP Vendor Registration Number <i>440107</i>
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Vendor Representative's Last Name <i>Craig</i>	Vendor Representative's First Name <i>Caleb</i>
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Position Title <i>Claims Examiner</i>	Business Telephone Number <i>437-305-2308</i>	ext. <i>819</i>
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Vendor Location <i>462 Sunflower Court</i>

Vendor Representative's Signature	Date (yyyy/mm/dd) <i>2012-05-10</i>
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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.