

# Client Application View

Client Name: John martin  
Applicaton Id : 3

**Email :** john@equipment.com  
**Gneder :** Male  
**Phone :** 5445465  
**Address :** Test address

## Step First Information

<b>Diagnosis :</b>	1007
<b>Confirmed Diagnosis :</b>	NO
<b>Registered Diagnosis :</b>	NO
<b>Government Fund Program :</b>	YES
<b>Private Insurance Fund :</b>	YES

## Step Second Information

<b>Social Assistance Recipient :</b>	YES
<b>Muscular Dystrophy Member :</b>	YES
<b>Private Insurance :</b>	YES
<b>Equipment Help :</b>	YES
<b>Equipment Family Help :</b>	NO
<b>Provider Letter Doc :</b>	

## Step Third Information

<b>Full Name :</b>	Clear
<b>Email :</b>	Clear@gmail.com
<b>Phone Number :</b>	5645126310
<b>Address :</b>	This is my demo address
<b>Fax Number :</b>	546512
<b>Organization :</b>	Role one
<b>city :</b>	Indore
<b>Postal Code :</b>	745854

## Step Fourth Information

AVD / AVQprogram :	NO
AVD / AVQprogram wait time :	-
RAMQ Program :	YES
RAMQ Wait Time :	85
Vehicle Program :	YES
Vehicle Program Wait Time :	78
Other Request :	YES
Other Request Specification :	uygukefhdf hsfuio fdsufu dsfuou
Request Item First Note :	ygf dusyhfs ufjifusd fupo ;l
Request Item Second Note:	ygf dusyhfs ufjifusd fupo ;l
Equipment Type :	1
Equipment Sub-type :	11
Note First :	fdu odso
Note First :	fdu odso
Note Second :	o opi fdispop
Equipment Rational :	YES
Prescription :	./assets/uploads/application/equipment/prescription/thumb/9b01dde3685f17f367332e07822a9f5c.jpg
Information :	./assets/uploads/application/equipment/information/thumb/96bc988f749c63b85b7340a5f66ccedc.jpg

## Step Fifth Information

<b>Funder Name First :</b>	ddsadsad
<b>Funder Firstamount :</b>	120
<b>Is Approved First :</b>	a:1:{i:0;s
<b>Funder Name Second :</b>	dsad
<b>Funder Secondamount :</b>	120
<b>Is Approved Second :</b>	a:1:{i:0;s
<b>Funder Name Third :</b>	dsadasd
<b>Funder Thirdamount :</b>	120
<b>Is Approved Third :</b>	a:1:{i:0;s
<b>Funder Name Fourth :</b>	dasd
<b>Funder Fourthamount:</b>	120
<b>Is Approved Fourth :</b>	a:1:{i:0;s
<b>Client Portion:</b>	dsa
<b>Client Portion Amount :</b>	120
<b>Client Fee Contribution:</b>	dsdsaasdsdsa
<b>Client Fee Contribution Amount :</b>	NO
<b>Is Approved Client Fee:</b>	a:1:{i:0;s:6:"waited";}
<b>Total Funding Amount:</b>	451
<b>Total Equipment Cost:</b>	451
<b>Difference:</b>	784
<b>Vendor Name:</b>	ritesh
<b>Quote One:</b>	vfv
<b>Quote Two:</b>	fdsfdsfdsfds
<b>Quote One Doc:</b>	NO
<b>Quote Two Doc :</b>	NO

## Step Sixth Information

Care Of Equipment :	NO
---------------------	----

## Step Seventh Information

Care Of Equipment Quebec :	agreed
----------------------------	--------

## Step Eighth Information

Liability Waiver :	NO
--------------------	----

## Step Ninth Information

Registered Client :	NO
---------------------	----

Funding Exhausted :	NO
---------------------	----

Application Complete :	yes
------------------------	-----

Quote From Two Vender :	yes
-------------------------	-----

Signed By Hcp :	NO
-----------------	----

Approved Denial Letter :	NO
--------------------------	----

Not Why Note :	sudh fuf udfousd9of sdjfhdfofui s
----------------	-----------------------------------

Signed Liability waiver :	yes
---------------------------	-----

Age :	yes
-------	-----

Location :	yes
------------	-----

Incomegreaterthen x :	NO
-----------------------	----

Incomegreaterthen x :	NO
-----------------------	----

Copyright © 2017 MDC Services. All rights reserved.