










Request For Quote- Accessibility Solutions

Ramps	Wheelchair Lifts	Stair Lifts
<input type="checkbox"/> Portable Ramp <input type="checkbox"/> Threshold Ramp  	<input type="checkbox"/> Platform Lift 	<input type="checkbox"/> Straight Stair Lift 
<input type="checkbox"/> Modular Ramp 	<input type="checkbox"/> Incline Lift 	<input type="checkbox"/> Curved Stair Lift 

Other Requests: _____

Member Information:

Member Name: _____ DOB: _____
 Phone #(primary): _____ Phone #(secondary): _____
 Address of Residence: _____
 City: _____ State: _____ Zip: _____

Insurance Information:

Insurance Payer: _____ Member ID#: _____
 Case Manager Name: _____ CM Phone#: _____

Please answer the following questions:

-Does the member own or rent their home? _____ Own _____ Rent _____ Unsure
 -Is the member ambulatory? _____ YES _____ NO
 -If using a wheelchair, is the member self-propelling or being pushed? _____ Self-propelling _____ Pushed _____ N/A

Submit Your Order:

Fax to:
 (585) 227-8563

OR

E-Mail to:
 info@wmsupply.com
 ➤ Please use subject
 "New Order"