










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: _____
 Primary Care Phys. (first & last name): _____

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"