



ENCOMPASS
Custom Backrest
 January 2020

Date: _____ <input type="checkbox"/> Order <input type="checkbox"/> Quote Dealer Acct #: _____ Dealer: _____ Dealer Contact: _____ Dealer Address: _____ Dealer City: _____ ST: _____ ZIP: _____ Dealer Phone: () _____ Fax: () _____	SHIPPING INFORMATION PO#: _____ Ship To: _____ Attention: _____ Address: _____ Address: _____ Ship To City: _____ ST: _____ ZIP: _____ Ship To Phone: () _____ Fax: () _____ Confirmation Email: _____
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Mark For: _____

The **HCPCS CODES** herein are based on PDAC verification or interpretation of Medicare definitions and guidelines. Non-Medicare payers may accept alternative **HCPCS CODES**, including misc. codes to ensure access for their enrollees. The use of **HCPCS CODES** does not ensure coverage or payment.

✓	Option #	HCPCS	Definition	Price	✓	Option #	HCPCS	Definition	Price
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STEP 1 - SELECT SEAT BACK

Encompass Custom Backrest			
<input type="checkbox"/>	SBK90XX	E2617	Solid Back Package Custom
			\$495
<i>Select Size</i>			
<input type="checkbox"/>	ENC1000	18" Tall or Less	
<input type="checkbox"/>	ENC1010	Greater than 18" Tall	
	ENC1500	Removable Encompass Mounting Hardware	
	HR0001	Universal Headrest Adapter Plate	
			\$170
			\$80

Back sizes available in 1" increments only. Standard foam is 1" High Resiliency. Cover is black Air Exchange/contact surface; Dartex/non-contact surface. No additional upholstery options are available.

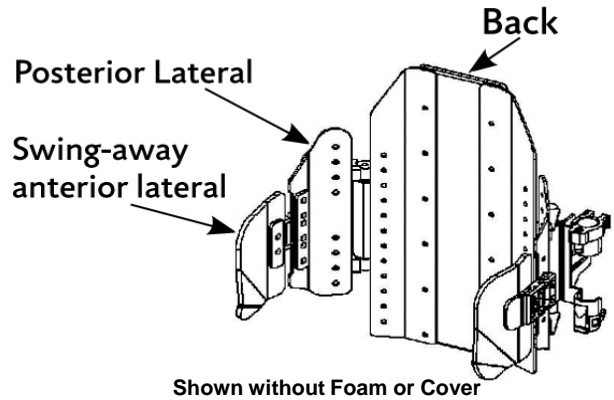
Width Dimensions

Wheelchair width determines correct selection of back, which is sized to fit between uprights.

<input type="checkbox"/>	14"	<input type="checkbox"/>	15"	<input type="checkbox"/>	16"	<input type="checkbox"/>	17"
<input type="checkbox"/>	18"	<input type="checkbox"/>	19"	<input type="checkbox"/>	20"	<input type="checkbox"/>	21"
<input type="checkbox"/>	22"	<input type="checkbox"/>	23"	<input type="checkbox"/>	24"	<input type="checkbox"/>	25"

Height Dimensions

<input type="checkbox"/>	12"	<input type="checkbox"/>	13"	<input type="checkbox"/>	14"	<input type="checkbox"/>	15"
<input type="checkbox"/>	16"	<input type="checkbox"/>	17"	<input type="checkbox"/>	18"	<input type="checkbox"/>	19"
<input type="checkbox"/>	20"	<input type="checkbox"/>	21"	<input type="checkbox"/>	22"	<input type="checkbox"/>	23"
<input type="checkbox"/>	24"	<input type="checkbox"/>	25"	<input type="checkbox"/>	26"	<input type="checkbox"/>	27"
<input type="checkbox"/>	28"						



Encompass Sizing Guide

Wheelchair Width	Lateral Size(s) (Standard)	Overall Back Width (w/o Laterals)	Overall Back Width with Posterior Laterals		Patient Thoracic Width Using Swing-Away Laterals	
			Minimum	Maximum	Minimum	Maximum
14	Small	7.2	8.5	14	7.5	13.5
15	Small	8.2	9.5	15	8.5	14.5
16	Small	9.2	10.5	16	9.5	15.5
17	Med-Small	10.2	11.5	17	10.5	16.5
18	Med-Small	11.2	12.5	18	11.5	17.5
19	Med-Small	12.2	13.5	19	12.5	18.5
20	Med-Large	13.2	14.5	20	13.5	19.5
21	Med-Large	14.2	15.5	21	14.5	20.5
22	Med-Large	15.2	16.5	22	15.5	21.5
23	Large	16.2	17.5	23	16.5	22.5
24	Large	17.2	18.5	24	17.5	23.5
25	Large	18.2	19.5	25	18.5	24.5

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STEP 2 - SELECT FOAM MODIFICATION

Foam Modifications to Back section are in addition to the 1/2" closed cell base layer. Recommended total foam thickness is 2" including base layer.

T-Foam			
<input type="checkbox"/>	ENCFOAMT1	1" T-Foam	\$80
<input type="checkbox"/>	ENCFOAMT1.5	1.5" T-Foam	\$90
<input type="checkbox"/>	ENCFOAMT2	2" T-Foam	\$105
<input type="checkbox"/>	X-Soft (Yellow)		
<input type="checkbox"/>	Soft (Pink)		
<input type="checkbox"/>	Medium (Blue)		

Gel			
<input type="checkbox"/>	ENCFOAMG.5	1/2" Gel	\$170
<input type="checkbox"/>	ENCFOAMG1	1" Gel	\$170
<input type="checkbox"/>	ENCFOAMGC	1/2" Cubed Gel	\$170

Sunmate Foam			
<input type="checkbox"/>	ENCFOAMSM1	1" Sunmate Foam	\$65
<input type="checkbox"/>	ENCFOAMSM1.5	1.5" Sunmate Foam	\$80
<input type="checkbox"/>	ENCFOAMSM2	2" Sunmate Foam	\$95
<input type="checkbox"/>	Soft		
<input type="checkbox"/>	Med. Soft		
<input type="checkbox"/>	Medium		
<input type="checkbox"/>	Firm		

Additional Foam			
<input type="checkbox"/>	ENCFOAMX.5	Add HR Foam per 1/2" Inches X \$25 =	\$25
<input type="checkbox"/>	ENC5000	F.I.P. Kit	\$425

SUBTOTAL OF SECTION 2: FOAM MODIFICATION			
\$ _____			

STEP 3 - SELECT LATERALS

Foam Modifications Laterals are in addition to the 1/2" closed cell base layer. Recommended total foam thickness is 1" including base layer.

STEP 3A - Posterior Laterals

A. Posterior (POS) Laterals - LEFT ONLY				
<input type="checkbox"/>	ENC2010L-RT	E0956	LEFT SM 9.5"H X 3.25"D	\$125
<input type="checkbox"/>	ENC2020L-RT	E0956	LEFT MED-SM 10.5"H X 3.5"D	\$125
<input type="checkbox"/>	ENC2030L-RT	E0956	LEFT MED-LG 11.25"H X 3.5"D	\$125
<input type="checkbox"/>	ENC2040L-RT	E0956	LEFT LG 11.75"H X 3.5"D	\$125
<input type="checkbox"/>	ENC2099L-RT	E0956	LEFT Custom POS Lateral	QUOTE
	Height		Depth	
Notes: _____				

A. Posterior (POS) Laterals - RIGHT ONLY				
<input type="checkbox"/>	ENC2010R-RT	E0956	RIGHT SM 9.5"H X 3.25"D	\$125
<input type="checkbox"/>	ENC2020R-RT	E0956	RIGHT MED-SM 10.5"H X 3.5"D	\$125
<input type="checkbox"/>	ENC2030R-RT	E0956	RIGHT MED-LG 11.25"H X 3.5"D	\$125
<input type="checkbox"/>	ENC2040R-RT	E0956	RIGHT LG 11.75"H X 3.5"D	\$125
<input type="checkbox"/>	ENC2099R-RT	E0956	RIGHT Custom POS Lateral	QUOTE
	Height		Depth	
Notes: _____				

SUBTOTAL OF SECTION 3A: POS LATERALS			
\$ _____			

STEP 3B - Swing Away Laterals

B. Swing-Away Anterior (S/A) Laterals - LEFT ONLY				
<i>Must select POS Lateral, same size (SM - LG) recommended</i>				
<input type="checkbox"/>	ENC2510L-RT	E1028	LEFT SM 6.25"H X 3.75"D	\$245
<input type="checkbox"/>	ENC2520L-RT	E1028	LEFT MED-SM 6.75"H X 4.25"D	\$245
<input type="checkbox"/>	ENC2530L-RT	E1028	LEFT MED-LG 7.25"H X 4.75"D	\$245
<input type="checkbox"/>	ENC2540L-RT	E1028	LEFT LG 7.75"H X 5.25"D	\$245
<input type="checkbox"/>	ENC2599L-RT	E1028	LEFT Custom POS Lateral	QUOTE
	Height		Depth	
Notes: _____				

B. Swing-Away Anterior (S/A) Laterals - RIGHT ONLY				
<i>Must select POS Lateral, same size (SM - LG) recommended</i>				
<input type="checkbox"/>	ENC2510R-RT	E1028	RIGHT SM 6.25"H X 3.75"D	\$245
<input type="checkbox"/>	ENC2520R-RT	E1028	RIGHT MED-SM 6.75"H X 4.25"D	\$245
<input type="checkbox"/>	ENC2530R-RT	E1028	RIGHT MED-LG 7.25"H X 4.75"D	\$245
<input type="checkbox"/>	ENC2540R-RT	E1028	RIGHT LG 7.75"H X 5.25"D	\$245
<input type="checkbox"/>	ENC2599R-RT	E1028	RIGHT Custom POS Lateral	QUOTE
	Height		Depth	
Notes: _____				

SUBTOTAL OF SECTION 3B: S/A LATERALS			
\$ _____			

STEP 4 - CALCULATE COMPONENT PRICES

4A. Base Package Price (Section 1+2)	
<i>HCPCS - E2617</i>	
Back Package (SBK90XX)	\$475
ENTER Foam Mod. (Subtotal - Step 2)	\$
TOTAL	\$

4B. Laterals Price (Section 3A+3B)	
ENTER POS Lateral (Subtotal - 3A)	\$
ENTER S/A Lateral (Subtotal - 3B)	\$
TOTAL	\$

GRAND TOTAL	
4A. Back Package Price	\$
4B. Laterals Price	\$
GRAND TOTAL	\$