



# ENCOMPASS

## Custom Backrest

February 2018

Date: _____ <input type="checkbox"/> Order <input type="checkbox"/> Quote Dealer Acct #: _____ Dealer: _____ Dealer Contact: _____ Dealer Address: _____ Dealer City: _____ ST: _____ ZIP: _____ Dealer Phone: ( ) _____ Fax: ( ) _____	<b>SHIPPING INFORMATION</b> 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 provided are based on code verification through PDAC or our interpretation of the code definitions. The use of HCPCS CODES does not ensure coverage or payment. For coverage information, verify the appropriate payer's coverage policy.

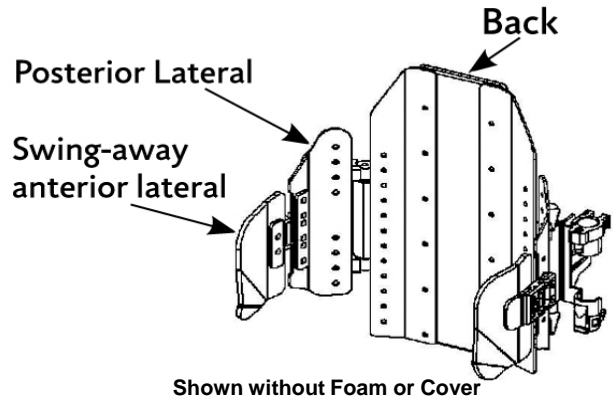
✓	Option #	HCPCS	Definition	Price	✓	Option #	HCPCS	Definition	Price
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### STEP 1 - SELECT SEAT BACK

Encompass Custom Backrest			
<input type="checkbox"/>	<b>SBK90XX</b>	<b>E2617</b>	<b>Solid Back Package Custom</b> <span style="float: right;"><b>\$480</b></span>
<i>Select Size</i>			
<input type="checkbox"/>	ENC1000	18" Tall or Less	\$240
<input type="checkbox"/>	ENC1010	Greater than 18" Tall	\$240
	ENC1500	Removable Encompass Mounting Hardware	\$165
	HR0001	Universal Headrest Adapter Plate	\$75

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			
<i>Wheelchair width determines correct selection of back, which is sized to fit between uprights.</i>			
<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
(Dimensions of Posterior Lateral openings are taken with hardware in neutral position. If back is moved rearward from neutral position, the maximum lateral openings will decrease due to interference with the chair canes. Dimensions are based on 1" thick foam for back and laterals.)						
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

Mark For: \_\_\_\_\_

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✓ Option # HCPCS Definition Price ✓ Option # HCPCS Definition Price

### 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 \$115
<input type="checkbox"/>	ENC2020L-RT	E0956	LEFT MED-SM 10.5"H X 3.5"D \$115
<input type="checkbox"/>	ENC2030L-RT	E0956	LEFT MED-LG 11.25"H X 3.5"D \$115
<input type="checkbox"/>	ENC2040L-RT	E0956	LEFT LG 11.75"H X 3.5"D \$115
<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 \$115
<input type="checkbox"/>	ENC2020R-RT	E0956	RIGHT MED-SM 10.5"H X 3.5"D \$115
<input type="checkbox"/>	ENC2030R-RT	E0956	RIGHT MED-LG 11.25"H X 3.5"D \$115
<input type="checkbox"/>	ENC2040R-RT	E0956	RIGHT LG 11.75"H X 3.5"D \$115
<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 \$235
<input type="checkbox"/>	ENC2520L-RT	E1028	LEFT MED-SM 6.75"H X 4.25"D \$235
<input type="checkbox"/>	ENC2530L-RT	E1028	LEFT MED-LG 7.25"H X 4.75"D \$235
<input type="checkbox"/>	ENC2540L-RT	E1028	LEFT LG 7.75"H X 5.25"D \$235
<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 \$235
<input type="checkbox"/>	ENC2520R-RT	E1028	RIGHT MED-SM 6.75"H X 4.25"D \$235
<input type="checkbox"/>	ENC2530R-RT	E1028	RIGHT MED-LG 7.25"H X 4.75"D \$235
<input type="checkbox"/>	ENC2540R-RT	E1028	RIGHT LG 7.75"H X 5.25"D \$235
<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)	
HCPCS - E2617	
Back Package (SBK90XX)	\$475
ENTER Foam Mod. (Subtotal - Step 2)	\$
<b>TOTAL</b>	\$

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

GRAND TOTAL	
4A. Back Package Price	\$
4B. Laterals Price	\$
<b>GRAND TOTAL</b>	\$