



Encompass Backrest

E2617

January 2022

Mark For: _____
 Date: _____
 Dealer Acct #: _____
 Dealer: _____
 Dealer Contact: _____
 Dealer Address: _____
 Dealer City: _____ ST: _____ ZIP: _____
 Dealer Phone: () _____ Fax: () _____
 Confirmation Email: _____
 Confirm Via: Fax Email

Submitting for: Quote Order

PO#: _____

ADDITIONAL SHIPPING INFORMATION

Ship To: _____
 Attention: _____
 Address: _____
 Address: _____
 Ship To City: _____ ST: _____ ZIP: _____
 Ship To Phone: () _____ Fax: () _____

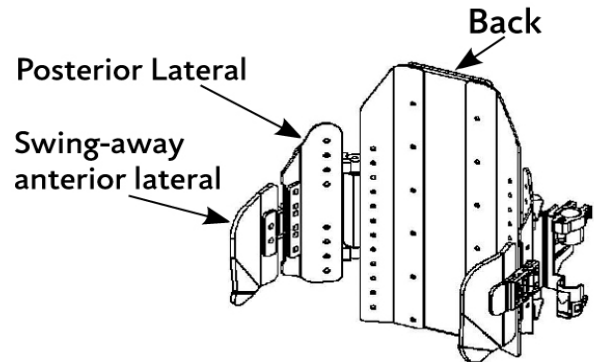
The **HCPCS CODES** herein are based on PDAC verification or interpretation of Medicare definitions and guidelines. Non-Medicare payers may accept alternative **HCPCS CODES**, including misc. codes to ensure access for their enrollees. The use of **HCPCS CODES** does not ensure coverage or payment.

STEP 1 - Select Seat Back

Encompass Backrest			
Option #	HCPCS	Definition	Price
<input checked="" type="checkbox"/> SBK90XX	E2617	Solid Back Package	\$546
<i>Select Size</i>			
<input type="checkbox"/> ENC1000		18" Tall or Less	\$270
<input type="checkbox"/> ENC1010		Greater than 18" Tall	\$270
<input type="checkbox"/> ENC1500		Removable Encompass Mounting Hardware	\$188
<input type="checkbox"/> HR0001		Universal Headrest Adapter Plate	\$88

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"



Shown without Foam or Cover

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

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	\$88
<input type="checkbox"/>	ENCFOAMT1.5	1.5" T-Foam	\$100
<input type="checkbox"/>	ENCFOAMT2	2" T-Foam	\$116
<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	\$188
<input type="checkbox"/>	ENCFOAMG1	1" Gel	\$188
<input type="checkbox"/>	ENCFOAMGC	1/2" Cubed Gel	\$188

Sunmate Foam			
<input type="checkbox"/>	ENCFOAMSM1	1" Sunmate Foam	\$72
<input type="checkbox"/>	ENCFOAMSM1.5	1.5" Sunmate Foam	\$88
<input type="checkbox"/>	ENCFOAMSM2	2" Sunmate Foam	\$105
<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 =	\$26
<input type="checkbox"/>	ENC5000	F.I.P. Kit	\$469

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	Price Key! LEFT SM 9.5"H X 3.25"D	\$137
<input type="checkbox"/>	ENC2020L-RT	Price Key! LEFT MED-SM 10.5"H X 3.5"D	\$137
<input type="checkbox"/>	ENC2030L-RT	Price Key! LEFT MED-LG 11.25"H X 3.5"D	\$137
<input type="checkbox"/>	ENC2040L-RT	Price Key! LEFT LG 11.75"H X 3.5"D	\$137
<input type="checkbox"/>	ENC2099L-RT	Price Key! LEFT Personalized POS Lateral	QUOTE
		Height Depth	
Notes: _____			

A. Posterior (POS) Laterals - RIGHT ONLY			
<input type="checkbox"/>	ENC2010R-RT	Price Key! RIGHT SM 9.5"H X 3.25"D	\$137
<input type="checkbox"/>	ENC2020R-RT	Price Key! RIGHT MED-SM 10.5"H X 3.5"D	\$137
<input type="checkbox"/>	ENC2030R-RT	Price Key! RIGHT MED-LG 11.25"H X 3.5"D	\$137
<input type="checkbox"/>	ENC2040R-RT	Price Key! RIGHT LG 11.75"H X 3.5"D	\$137
<input type="checkbox"/>	ENC2099R-RT	Price Key! RIGHT Personalized 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	\$269
<input type="checkbox"/>	ENC2520L-RT	E1028 LEFT MED-SM 6.75"H X 4.25"D	\$269
<input type="checkbox"/>	ENC2530L-RT	E1028 LEFT MED-LG 7.25"H X 4.75"D	\$269
<input type="checkbox"/>	ENC2540L-RT	E1028 LEFT LG 7.75"H X 5.25"D	\$269
<input type="checkbox"/>	ENC2599L-RT	E1028 LEFT Personalized 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	\$269
<input type="checkbox"/>	ENC2520R-RT	E1028 RIGHT MED-SM 6.75"H X 4.25"D	\$269
<input type="checkbox"/>	ENC2530R-RT	E1028 RIGHT MED-LG 7.25"H X 4.75"D	\$269
<input type="checkbox"/>	ENC2540R-RT	E1028 RIGHT LG 7.75"H X 5.25"D	\$269
<input type="checkbox"/>	ENC2599R-RT	E1028 RIGHT Personalized 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)	\$547
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	\$

NOTES



Sunrise Medical (US) LLC

2='Price Key'IC852 Business Park Ave. · Fresno, CA 93727 · USA