

BARIATRIC SENTRA EXTRA HEAVY DUTY

PRICE LIST AND ORDER FORM

Patient Name: _____ D.O.B: _____ Date: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Medicare/Insurance Policy #: _____

Diagnosis (Dx): _____

PRECONFIGURED AND READY TO SHIP VIA DRIVE MEDICAL RAPID DELIVERY PROGRAM - RDP

STD20DDA-SF 20"	Det Desk Arm, Swing-away Footrest	STD22ADDA-SF 20"	Det and Adj Height Desk Arm, Swing-away Footrest
STD20DDA-ELR 20"	Det Desk Arm, Elevating Legrest	STD22ADDA-ELR 22"	Det and Adj Height Desk Arm, Elevating Legrest
STD20DFA-SF 20"	Det Full Arm, Swing-away Footrest	STD22ADFA-SF 22"	Det and Adj Height Full Arm, Swing-away Footrest
STD20DFA-ELR 20"	Det Full Arm, Elevating Legrest	STD22ADFA-ELR 22"	Det and Adj Height Full Arm, Elevating Legrest
STD20ADDA-SF 20"	Det and Adj Height Desk Arm, Swing-away Footrest	STD24DDA-SF 24"	Det Desk Arm, Swing-away Footrest
STD20ADDA-ELR 20"	Det and Adj Height Desk Arm, Elevating Legrest	STD24DDA-ELR 24"	Det Desk Arm, Elevating Legrest
STD20ADFA-SF 20"	Det and Adj Height Full Arm, Swing-away Footrest	STD24DFA-SF 24"	Det Full Arm, Swing-away Footrest
STD20ADFA-ELR 20"	Det and Adj Height Full Arm, Elevating Legrest	STD24DFA-ELR 24"	Det Full Arm, Elevating Legrest
STD22DDA-SF 22"	Det Desk Arm, Swing-away Footrest	STD24ADDA-SF 24"	Det and Adj Height Desk Arm, Swing-away Footrest
STD22DDA-ELR 22"	Det Desk Arm, Elevating Legrest	STD24ADDA-ELR 24"	Det and Adj Height Desk Arm, Elevating Legrest
STD22DFA-SF 22"	Det Full Arm, Swing-away Footrest	STD24ADFA-SF 24"	Det and Adj Height Full Arm, Swing-away Footrest
STD22DFA-ELR 22"	Det Full Arm, Elevating Legrest	STD24ADFA-ELR 24"	Det and Adj Height Full Arm, Elevating Legrest

FRAME WIDTH AND DEPTH

	MSRP	HCPCS
<input type="checkbox"/> 20"x18"	\$868.87	K0007
<input type="checkbox"/> 22"x18"	\$868.87	K0007
<input type="checkbox"/> 24"x18"	\$900.98	K0007

ARM TYPES

Adjustable height arm is covered if the patient requires an arm height that is different than that available using non-adjustable arms and the patient spends at least 2 hours per day in the wheelchair

<input type="checkbox"/> STSDDASR	Right, Detachable Desk Arm, Fixed Height	Standard	
<input type="checkbox"/> STSDDASL	Left, Detachable Desk Arm, Fixed Height	Standard	
<input type="checkbox"/> STSADFASPR	Right, Detachable Full Arm, Adjustable Height	\$46.45	E0973
<input type="checkbox"/> STSADFASPL	Left, Detachable Full Arm, Adjustable Height	\$46.45	E0973
<input type="checkbox"/> STSDFASR	Right, Detachable Full Arm, Fixed Height	Standard	
<input type="checkbox"/> STSDFASL	Left, Detachable Full Arm, Fixed Height	Standard	

REPLACEMENT FRONT RIGGINGS

Covered if the patient has a musco-skeletal condition or the presence of a cast or brace which prevents 90 degree flexion at the knee; or the patient has significant edema of the lower extremities that requires an elevating legrest; or the patient meets the criteria for and has a reclining back on the wheelchair

<input type="checkbox"/> STDSF-TF	Swing-away Ftrst with Aluminum Ftplt (17"- 21" Extensions) 1pr/cs	Standard	
<input type="checkbox"/> STDELR-TF	Swing-away Elev Lgrst w/ Calf Pad Aluminum Footplate (17.5"- 21" Ext.)	\$181.58	E0990
<input type="checkbox"/> STDELR-AL	Articulating Elevating Legrests		

6" WHEEL LOCK EXTENSIONS

Allows wheelchair user to independently operate wheel locks due to upper extremity weakness, decreased range of motion, spasticity, or hemiplegia.

<input type="checkbox"/> STDS801		\$25.00	E0961
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OVERHEAD ANTI THEFT DEVICE

<input type="checkbox"/> STDS823		\$177.45	
<input type="checkbox"/> STDS821 (With I.V. Hooks)		\$177.99	
<input type="checkbox"/> STDS834 (Single Pole)		\$119.99	

BARIATRIC SEAT BELTS

Covered if the patient has weak upper body muscles, upper body instability or muscle spasticity which requires use of this item from proper positioning

<input type="checkbox"/> STDS855	Bariatric Auto Clasp Type	\$35.90	E0978
<input type="checkbox"/> STDS856	Bariatric Velcro® Type Closure	\$31.50	E0978

ANTI FOLD DEVICE

<input type="checkbox"/> STDS806 (20" and 22" Only)		\$54.60	
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WHEELCHAIR CANE/CRUTCH HOLDER

<input type="checkbox"/> STDS1034		\$25.66	E2207
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HEEL LOOPS

Required to maintain wheelchair users feet safely on the footplates due to spasticity, paralysis, or another physical condition. Reduces injury by preventing feet from being caught in front casters. Required to maintain proper lower extremity alignment while using the wheelchair

<input type="checkbox"/> STDS831		\$62.50	E0951
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LIMB SUPPORT

<input type="checkbox"/> WASR Right		\$55.44	E0959
<input type="checkbox"/> WASL Left		\$55.44	E0959

TELESCOPING I.V. POLE ATTACHMENT

<input type="checkbox"/> STDS820		\$84.83	K0105
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CHART CARRY POCKET

<input type="checkbox"/> STDS836	Use with all 16", 18" and 20" Wheels	\$103.30	
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UNIVERSAL OXYGEN 'E' CYLINDER HOLDER

<input type="checkbox"/> STDS803		\$73.71	
<input type="checkbox"/> STDS804	with I.V. Pole Attachment	\$109.99	

ANTI TIPPERS WITH WHEELS

Required for safety to prevent wheelchair from tipping backward resulting in user injury.

<input type="checkbox"/> STDS802		\$79.99	E0971
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GENERAL USE SEAT CUSHION

A general use seat cushion and a general use back cushion is covered for a patient who has a manual wheelchair which meets Medicare's coverage criteria

<input type="checkbox"/> 14881	20" (w) x 16" (d) x 1.75" (h)	\$80.04	E2601
<input type="checkbox"/> 14909	20" (w) x 18" (d) x 2" (h)	\$80.04	E2601

GENERAL USE BACK CUSHION

A general use seat cushion and a general use back cushion is covered for a patient who has a manual wheelchair which meets Medicare's coverage criteria

<input type="checkbox"/> 14920	20" x 17"	\$112.24	E2611
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Physician's Name: _____ Physician's Signature: _____

Address: _____ Phone Number: _____

Facility Name: _____ UPIN#: _____

Drive Medical Design and Manufacturing

99 Seaview Boulevard, Port Washington, NY | t: 877.224.0946 | f: 516.998.4601 | www.drivemedical.com