

VIPER PLUS GT FULL RECLINING WHEELCHAIR

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

PLA416RBDDA 16" Flip Back Detachable Desk Arm 1/cs
 PLA416RBDFA 16" Flip Back Detachable Full Arm 1/cs
 PLA418RBDDA 18" Flip Back Detachable Desk Arm 1/cs

PLA418RBDFA 18" Flip Back Detachable Full Arm 1/cs
 PLA420RBDDA 20" Flip Back Detachable Desk Arm 1/cs
 PLA420RBDFA 20" Flip Back Detachable Full Arm 1/cs

FRAME WIDTH AND DEPTH	MSRP	HCPCS	GENERAL USE SEAT CUSHION	MSRP	HCPCS
<input type="checkbox"/> 16"x16"	\$1,433.94	K0004/ E1226	<i>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</i>		
<input type="checkbox"/> 18"x16"	\$1,433.94	K0004/ E1226	<input type="checkbox"/> 14880	16" (w) x 16" (d) x 1.75" (h)	\$60.02 E2601
<input type="checkbox"/> 20"x16"	\$1,464.88	K0004/ E1226	<input type="checkbox"/> 14907	16" (w) x 18" (d) x 2" (h)	\$60.02 E2601
ARMS			<input type="checkbox"/> 14887	18" (w) x 16" (d) x 1.75" (h)	\$60.02 E2601
<input type="checkbox"/> STDSDDARVL	Left Desk Arm	Standard	<input type="checkbox"/> 14908	18" (w) x 18" (d) x 2" (h)	\$60.02 E2601
<input type="checkbox"/> STDSDDARVR	Right Desk Arm	Standard	<input type="checkbox"/> 14888	18" (w) x 16" (d) x 2" (h)	\$72.76 E2601
<input type="checkbox"/> STDSDFARVL	Left Full Arm	Standard	<input type="checkbox"/> 14881	20" (w) x 16" (d) x 1.75" (h)	\$80.04 E2601
<input type="checkbox"/> STDSDFARVR	Right Full Arm	Standard	<input type="checkbox"/> 14909	20" (w) x 18" (d) x 2" (h)	\$80.04 E2601
REPLACEMENT FRONT RIGGINGS			SEAT RAIL EXTENSION KIT		
<i>Covered if the patient has a musco-skeletal condition or the 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</i>			<input type="checkbox"/> Standard		
<input type="checkbox"/> STDELR-TF	Swing-away Elevating Legrest for (17.5" - 21") Padded Calf Pad, Tool Free	Standard	WHEELCHAIR CANE/CRUTCH HOLDER		
WHEEL LOCKS (Push to Lock)			<input type="checkbox"/> STDS1034		
<input type="checkbox"/> STDS2A321R	Right, Push To Lock, Top Mount, Rem Arm	Standard	HEEL LOOPS - (usually not used on ELR's)		
<input type="checkbox"/> STDS2A321L	LEFT, Push To Lock, Top Mount, Rem Arm	Standard	<i>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</i>		
ANTI TIPPERS WITHOUT WHEELS			<input type="checkbox"/> STDS831		
<i>Requires the provider to determine the patient's needs for this particular item</i>			\$62.50 E0951		
<input type="checkbox"/> STDS832		Standard E0971	LIMB SUPPORT		
SEAT BELTS			<input type="checkbox"/> WASR Right		
<i>Covered if the patient has weak upper body muscles, upper body instability or muscle spasticity which requires use of this item from proper positioning</i>			<input type="checkbox"/> WASL Left		
<input type="checkbox"/> STDS850	Auto Clasp Type	\$33.77 E0978	CHART CARRY POCKET		
<input type="checkbox"/> STDS851	Velcro® Type Closure	\$29.50 E0978	<input type="checkbox"/> STDS835 (For use with all 16", 18" and 20" Wheelchairs		
<input type="checkbox"/> STDS855	Bariatric Auto Clasp Type	\$35.90 E0978	\$103.30		
<input type="checkbox"/> STDS856	Bariatric Velcro® Type Closure	\$31.50 E0978	GENERAL USE BACK CUSHION (Recliner back height is 22" cushion is 17"		
UNIVERSAL O2 CYLINDER CARRY BAG			<i>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</i>		
<input type="checkbox"/> STDS6008-1		\$73.71 E2208	<input type="checkbox"/> 14889	18" x 17"	\$90.24 E2611
			<input type="checkbox"/> 14920	20" x 17"	\$112.24 E2611

Physician's Name: _____ Physician's Signature: _____
 Address: _____ Phone Number: _____
 Facility Name: _____ UPIN #: _____