

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
			<input type="checkbox"/> 14887 18" (w) x 16" (d) x 1.75" (h)	\$60.02	E2601
			<input type="checkbox"/> 14908 18" (w) x 18" (d) x 2" (h)	\$60.02	E2601
			<input type="checkbox"/> 14888 18" (w) x 16" (d) x 2" (h)	\$72.76	E2601
			<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
ARMS			SEAT RAIL EXTENSION KIT		
<input type="checkbox"/> STDSDDARVL Left Desk Arm	Standard		<input type="checkbox"/> Standard		
<input type="checkbox"/> STDSDDARVR Right Desk Arm	Standard		WHEELCHAIR CANE/CRUTCH HOLDER		
<input type="checkbox"/> STDSDFARVL Left Full Arm	Standard		<input type="checkbox"/> STDS1034	\$25.66	E2207
<input type="checkbox"/> STDSDFARVR Right Full Arm	Standard		HEEL LOOPS - (usually not used on ELR's)		
			<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>		
REPLACEMENT FRONT RIGGINGS			<input type="checkbox"/> STDS831	\$62.50	E0951
<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>			LIMB SUPPORT		
<input type="checkbox"/> STDELR-TF Swing-away Elevating Legrest for (17.5" - 21") Padded Calf Pad, Tool Free	Standard		<input type="checkbox"/> WASR Right	\$55.44	E1020
			<input type="checkbox"/> WASL Left	\$55.44	E1020
WHEEL LOCKS (Push to Lock)			CHART CARRY POCKET		
<input type="checkbox"/> STDS2A321R Right, Push To Lock, Top Mount, Rem Arm	Standard		<input type="checkbox"/> STDS835 (For use with all 16", 18" and 20" Wheelchairs	\$103.30	
<input type="checkbox"/> STDS2A321L LEFT, Push To Lock, Top Mount, Rem Arm	Standard		GENERAL USE BACK CUSHION (Recliner back height is 22" cushion is 17"		
			<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>		
ANTI TIPPERS WITHOUT WHEELS			<input type="checkbox"/> 14889 18" x 17"	\$90.24	E2611
<i>Requires the provider to determine the patient's needs for this particular item</i>			<input type="checkbox"/> 14920 20" x 17"	\$112.24	E2611
<input type="checkbox"/> STDS832	Standard	E0971			
SEAT BELTS					
<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"/> STDS850 Auto Clasp Type	\$33.77	E0978			
<input type="checkbox"/> STDS851 Velcro® Type Closure	\$29.50	E0978			
<input type="checkbox"/> STDS855 Bariatric Auto Clasp Type	\$35.90	E0978			
<input type="checkbox"/> STDS856 Bariatric Velcro® Type Closure	\$31.50	E0978			
UNIVERSAL O2 CYLINDER CARRY BAG					
<input type="checkbox"/> STDS6008-1	\$73.71	E2208			

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