



# JAY® GS CUSHION

E2622/ E2624

January 2025

**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.

## JAY® GS Cushion

### JAY GS CUSHION\*

✓	Option #	HCPCS	Definition	Actual Width	Actual Depth	Price
<input type="checkbox"/>	JGS10	E2622	JAY GS Cushion 10" X 10" - 13"	10.2"	13.2"	\$655.00
<input type="checkbox"/>	JGS12	E2622	JAY GS Cushion 12" X 12" - 15"	12.1"	15.0"	\$655.00
<input type="checkbox"/>	JGS14	E2622	JAY GS Cushion 14" X 14" - 17"	14.1"	17.0"	\$655.00
<input type="checkbox"/>	JGS16	E2622	JAY GS Cushion 16" X 16" - 19"	15.8"	18.9"	\$655.00
<input type="checkbox"/>	JGS18	E2622	JAY GS Cushion 18" X 17" - 20"	17.7"	19.9"	\$655.00

### JAY GS 2" POSITIONING\*\* CUSHION\*

<input type="checkbox"/>	JGS10P2	E2624	JAY GS 2" Pos Cushion 10" X 10" - 13"	10.2"	13.2"	\$702.00
<input type="checkbox"/>	JGS12P2	E2624	JAY GS 2" Pos Cushion 12" X 12" - 15"	12.1"	15.0"	\$702.00
<input type="checkbox"/>	JGS14P2	E2624	JAY GS 2" Pos Cushion 14" X 14" - 17"	14.1"	17.0"	\$702.00
<input type="checkbox"/>	JGS16P2	E2624	JAY GS 2" Pos Cushion 16" X 16" - 19"	15.8"	18.9"	\$702.00
<input type="checkbox"/>	JGS18P2	E2624	JAY GS 2" Pos Cushion 18" X 17" - 20"	17.7"	19.9"	\$702.00

### JAY GS 3" POSITIONING\*\* CUSHION\*

<input type="checkbox"/>	N/A		Not Available 10" Wide w/ 3" Pos Pieces			
<input type="checkbox"/>	N/A		Not Available 12" Wide w/ 3" Pos Pieces			
<input type="checkbox"/>	JGS14P3	E2624	JAY GS 3" Pos Cushion 14" X 14" - 17"	14.1"	17.0"	\$702.00
<input type="checkbox"/>	JGS16P3	E2624	JAY GS 3" Pos Cushion 16" X 16" - 19"	15.8"	18.9"	\$702.00
<input type="checkbox"/>	JGS18P3	E2624	JAY GS 3" Pos Cushion 18" X 17" - 20"	17.7"	19.9"	\$702.00

### JAY GS CUSHION\* with Extra Cover

<input type="checkbox"/>	JGS10-2	E2622	JAY GS Cushion 10" X 10" - 13"	10.2"	13.2"	\$774.00
<input type="checkbox"/>	JGS12-2	E2622	JAY GS Cushion 12" X 12" - 15"	12.1"	15.0"	\$774.00
<input type="checkbox"/>	JGS14-2	E2622	JAY GS Cushion 14" X 14" - 17"	14.1"	17.0"	\$774.00
<input type="checkbox"/>	JGS16-2	E2622	JAY GS Cushion 16" X 16" - 19"	15.8"	18.9"	\$774.00
<input type="checkbox"/>	JGS18-2	E2622	JAY GS Cushion 18" X 17" - 20"	17.7"	19.9"	\$774.00

### JAY GS 2" POSITIONING\*\* CUSHION\* with Extra Cover

<input type="checkbox"/>	JGS10P2-2	E2624	JAY GS 2" Pos Cushion 10" X 10" - 13"	10.2"	13.2"	\$823.00
<input type="checkbox"/>	JGS12P2-2	E2624	JAY GS 2" Pos Cushion 12" X 12" - 15"	12.1"	15.0"	\$823.00
<input type="checkbox"/>	JGS14P2-2	E2624	JAY GS 2" Pos Cushion 14" X 14" - 17"	14.1"	17.0"	\$823.00
<input type="checkbox"/>	JGS16P2-2	E2624	JAY GS 2" Pos Cushion 16" X 16" - 19"	15.8"	18.9"	\$823.00
<input type="checkbox"/>	JGS18P2-2	E2624	JAY GS 2" Pos Cushion 18" X 17" - 20"	17.7"	19.9"	\$823.00

### JAY GS 3" POSITIONING\*\* CUSHION\* with Extra Cover

<input type="checkbox"/>	JGS14P3-2	E2624	JAY GS 3" Pos Cushion 14" X 14" - 17"	14.1"	17.0"	\$823.00
<input type="checkbox"/>	JGS16P3-2	E2624	JAY GS 3" Pos Cushion 16" X 16" - 19"	15.8"	18.9"	\$823.00
<input type="checkbox"/>	JGS18P3-2	E2624	JAY GS 3" Pos Cushion 18" X 17" - 20"	17.7"	19.9"	\$823.00

\*\*All Positioning Cushions Include: Lateral Pelvic(Pr), Lateral Thigh (PR), and Medial Thigh (Ea) Supports.

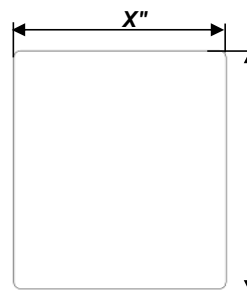
### JAY GS Size Matrix

		WIDTH										
		10	11	12	13	14	15	16	17	18	19	20
DEPTH	10		JYW	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	11		JYW	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	12		JYW		JYW	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	13		JYW		JYW	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	14	N/A	JYW		JYW		JYW	N/A	N/A	N/A	N/A	N/A
	15	N/A	JYW		JYW		JYW	N/A	N/A	N/A	N/A	N/A
	16	N/A	N/A	N/A	JYW		JYW		JYW	N/A	N/A	N/A
	17	N/A	N/A	N/A	JYW		JYW		JYW		JYW	N/A
	18	N/A	N/A	N/A	N/A	N/A	JYW		JYW		JYW	N/A
	19	N/A	N/A	N/A	N/A	N/A	JYW		JYW		JYW	N/A
20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	JYW		JYW	N/A	

	=	Standard Offering
JYW	=	Offered Via Jay Your Way
N/A	=	Not available

### JAY GS Measuring Guide

Measurements made from completed cushion with covers.



#### Width

X = Width

Note: Measurement made from rear bottom edge to bottom edge of the cushion.  
 Ex: JGS12 X=12"

#### Depth

Y = Depth

Note: Measurement made from front edge of rear cutout and front lower of cushion.  
 Ex: JGS12 Y= 15"

Bottom View

\*All JAY GS Cushions ship standard with a 3 layer cover. The cover includes a top layer of 4 way stretch fabric, a middle layer of our Ionic+™ impregnated fabric, and a bottom layer of 3DX micro climatic fabric.

## JAY YOUR WAY MODIFICATIONS

*Note: To order sizes offered via JAY Your Way add a "M" to the front of the part number and follow the prompts.*

Fluid Volume Change									
<input type="checkbox"/>	OF		Fluid Volume Overfill						NC
<input type="checkbox"/>	<input type="checkbox"/> 5%	<input type="checkbox"/> 10%	<input type="checkbox"/> 15%	<input type="checkbox"/> 20%	<input type="checkbox"/> 25%	<input type="checkbox"/> 30%	<input type="checkbox"/> 35%	<input type="checkbox"/> 40%	
<input type="checkbox"/>	UF		Fluid Volume Underfill (reduction in well only)						NC
<input type="checkbox"/>	<input type="checkbox"/> -5%	<input type="checkbox"/> -10%	<input type="checkbox"/> -20%	<input type="checkbox"/> -40%	<input type="checkbox"/> -50%				
Obliquity Fluid Volume Change									
<input type="checkbox"/>	OOFR		Obliquity Overfill - Right Side						NC
<input type="checkbox"/>	<input type="checkbox"/> 5%	<input type="checkbox"/> 10%	<input type="checkbox"/> 15%	<input type="checkbox"/> 20%	<input type="checkbox"/> 25%	<input type="checkbox"/> 30%	<input type="checkbox"/> 35%	<input type="checkbox"/> 40%	
<input type="checkbox"/>	OOFL		Obliquity Overfill - Left Side						NC
<input type="checkbox"/>	<input type="checkbox"/> 5%	<input type="checkbox"/> 10%	<input type="checkbox"/> 15%	<input type="checkbox"/> 20%	<input type="checkbox"/> 25%	<input type="checkbox"/> 30%	<input type="checkbox"/> 35%	<input type="checkbox"/> 40%	
<input type="checkbox"/>	OUFR		Obliquity Underfill - Right Side						NC
<input type="checkbox"/>	<input type="checkbox"/> -5%	<input type="checkbox"/> -10%	<input type="checkbox"/> -20%	<input type="checkbox"/> -40%	<input type="checkbox"/> -50%				
<input type="checkbox"/>	OUFL		Obliquity Underfill - Left Side						NC
<input type="checkbox"/>	<input type="checkbox"/> -5%	<input type="checkbox"/> -10%	<input type="checkbox"/> -20%	<input type="checkbox"/> -40%	<input type="checkbox"/> -50%				

Size Change			
<input type="checkbox"/>	IW	Increase Width	N/A
<input type="checkbox"/>	1"		
<input type="checkbox"/>	RW	Reduce Width	NC
<input type="checkbox"/>	-1"		
Cover Options			
<input type="checkbox"/>	CVR	Cover Options	NC
<input type="checkbox"/>	Rvrs Dartex	<input type="checkbox"/> Air Exchange	<input type="checkbox"/> Incontinent <input type="checkbox"/> 3DX Only

**Don't see the option you want? NO PROBLEM! Write your request below and we can evaluate it and provide a quote.**

**Notes:**

*Please visit [www.sunparts.us](http://www.sunparts.us) for spare parts information.*



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Customer Service: 800-333-4000 Fax: 800-300-7502 Email: [orders@sunmed.com](mailto:orders@sunmed.com) [www.sunrisemedical.com](http://www.sunrisemedical.com)

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