JAY®

SUPERIOR CLINICAL SEATING

JAY ENCOMPASS BACK

E2617

Customer				Ship To			
Account				Name			
Account #		Date		Address			
☐ Quote ☐ Order	PO #			City		State	
Buyer				ZIP		Phone	
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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.

Select Seat Back

✔	OPTION	HCPCS	DESCRIPTION	RETAIL
☐	SBK90XX	E2617	Solid Back Package	$ 595.00

Select Size

☐	ENC1000	18" tall or less	$ 294.00
☐	ENC1010	Greater than 18" tall	$ 294.00
	ENC1500	Removable Encompass Mounting Hardware	$ 205.00
	HR0001S	Universal Headrest Adapter Plate	$ 96.00

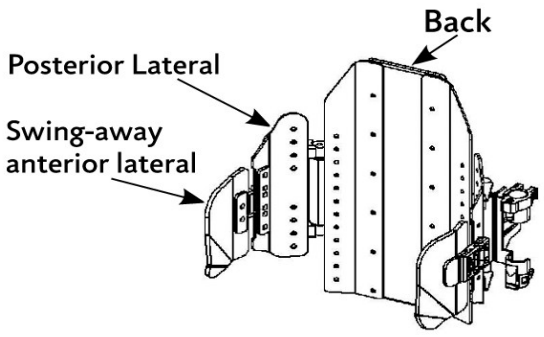
Width Dimensions

Wheelchair width determines correct selection of back, which is sized to fit between uprights.

☐ 14"	☐ 15"	☐ 16"	☐ 17"	☐ 18"	☐ 19"
☐ 20"	☐ 21"	☐ 22"	☐ 23"	☐ 24"	☐ 25"

Height Dimensions

☐ 12"	☐ 13"	☐ 14"	☐ 15"	☐ 16"	☐ 17"
☐ 18"	☐ 19"	☐ 20"	☐ 21"	☐ 22"	☐ 23"
☐ 24"	☐ 25"	☐ 26"	☐ 27"	☐ 28"	



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.

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.

✔	OPTION	DESCRIPTION	RETAIL
☐	ENCFOAMT1	1" T-Foam	$ 96.00
☐	ENCFOAMT1.5	1.5" T-Foam	$ 108.00
☐	ENCFOAMT2	2" T-Foam	$ 126.00

☐ Extra Soft (Yellow) ☐ Soft (Pink) ☐ Medium (Blue)

✔	OPTION	DESCRIPTION	RETAIL
☐	ENCFOAMG.5	1/2" Gel	$ 205.00
☐	ENCFOAMG1	1" Gel	$ 205.00
☐	ENCFOAMGC	1/2 Cubed Gel	$ 205.00

✔	OPTION	DESCRIPTION	RETAIL
☐	ENCFOAMSM1	1" Sunmate Foam	$ 79.00
☐	ENCFOAMSM1.5	1.5" Sunmate Foam	$ 96.00
☐	ENCFOAMSM2	2" Sunmate Foam	$ 114.00

☐ Soft ☐ Med. Soft ☐ Medium ☐ Firm

✔	OPTION	DESCRIPTION	RETAIL
☐	ENCFOAMX.5	Add HR Foam per 1/2"	$ 29.00
		Inches x $29 =	$

Subtotal of Foam Modifications $

Select Posterior Laterals

Foam Modifications Laterals are in addition to the 1/2" closed cell base layer. Recommended total foam thickness is 1" including base layer.

✔	OPTION	HCPCS	DESCRIPTION	RETAIL
☐	ENC2010L-RT	E0956	Left Small 9.5"H X 3.25"D	$ 149.00
☐	ENC2020L-RT	E0956	Left Med/ Sm 10.5"H X 3.5"D	$ 149.00
☐	ENC2030L-RT	E0956	Left Med/ Lg 11.25"H X 3.5"D	$ 149.00
☐	ENC2040L-RT	E0956	Left Large 11.75"H X 3.5"D	$ 149.00
☐	ENC2099L-RT	E0956	Left Personalized POS Lateral	Quote

Height Depth

✔	OPTION	HCPCS	DESCRIPTION	RETAIL
☐	ENC2010R-RT	E0956	Right Small 9.5"H X 3.25"D	$ 149.00
☐	ENC2020R-RT	E0956	Right Med/ Sm 10.5"H X 3.5"D	$ 149.00
☐	ENC2030R-RT	E0956	Right Med/ Lg 11.25"H X 3.5"D	$ 149.00
☐	ENC2040R-RT	E0956	Right Large 11.75"H X 3.5"D	$ 149.00
☐	ENC2099R-RT	E0956	Right Personalized POS Lateral	Quote

Height Depth

Subtotal of Posterior Laterals $

Select Swing-Away Anterior Laterals

Must select Posterior Lateral, same size (SM - LG) recommended

✔	OPTION	HCPCS	DESCRIPTION	RETAIL
☐	ENC2510L-RT	E1034	Left Small 6.25"H X 3.75"D	$ 293.00
☐	ENC2520L-RT	E1034	Left Med/ Sm 6.75"H X 4.25"D	$ 293.00
☐	ENC2530L-RT	E1034	Left Med/ Lg 7.25"H X 4.75"D	$ 293.00
☐	ENC2540L-RT	E1034	Left Large 7.75"H X 5.25"D	$ 293.00
☐	ENC2599L-RT	E1034	Left Personalized POS Lateral	Quote

Height Depth

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☐	ENC2540R-RT	E1034	Right Large 7.75"H X 5.25"D	$ 293.00
☐	ENC2599R-RT	E1034	Right Personalized POS Lateral	Quote

Height Depth

Subtotal of Swing-Away Laterals $

Calculate Componet Prices

DESCRIPTION	RETAIL
Base Package (SBK90XX)	$ 595.00
Enter Foam Modification Total	$
Enter Posterior Lateral Total	$
Enter Swing-Away Anterior Lateral Total	$
GRAND TOTAL (Sum of Above)	$

Notes

JAY Encompass Back Sizing Guide

Dimensions of Posterior Lateral openings are taken with hardware in neutral position. If back is moved rearward from neutral position, the maximum lateral openings will decrease due to interference with the chair canes. Dimensions are based on 1" thick foam for back and laterals.

Wheelchair Width	Lateral Size (Standard)	Overall Back Width (Without 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	Medium - Small	10.2	11.5	17	10.5	16.5
18	Medium - Small	11.2	12.5	18	11.5	17.5
19	Medium - Small	12.2	13.5	19	12.5	18.5
20	Medium - Large	13.2	14.5	20	13.5	19.5
21	Medium - Large	14.2	15.5	21	14.5	20.5
22	Medium - 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