## **BARIATRIC SENTRA EXTRA HEAVY DUTY**

PRICE LIST AND ORDER FORM

Pat	ient Name:				D.O.B:	Date:			
				City:					
State:		Zip Code:Medicare/Insurance Policy #:							
		2,p code		arear e, moarance					
Diagnosis (Dx):  PRECONFIGURED AND READY TO SHIP VIA DRIVE MEDICAL RAPID DELIVERY PROGRA							•		
STD20DDA-SF 20" STD20DDA-ELR 20" STD20DFA-SF 20" STD20DFA-ELR 20" STD20ADDA-SF 20" STD20ADDA-ELR 20" STD20ADFA-ELR 20" STD20ADFA-ELR 20" STD22DDA-SF 22" STD22DDA-ELR 22" STD22DFA-SF 22" STD22DFA-ELR 22"		Det Desk Arm, Swing-away Footrest Det Desk Arm, Elevating Legrest Det Full Arm, Swing-away Footrest Det Full Arm, Elevating Legrest Det and Adj Height Desk Arm, Swing-away Footrest Det and Adj Height Desk Arm, Elevating Legrest Det and Adj Height Full Arm, Swing-away Footrest Det and Adj Height Full Arm, Elevating Legrest Det Desk Arm, Swing-away Footrest Det Desk Arm, Swing-away Footrest Det Full Arm, Elevating Legrest Det Full Arm, Swing-away Footrest Det Full Arm, Elevating Legrest			STD22ADDA-SF 22" STD22ADDA-ELR 22" STD22ADFA-ELR 22" STD22ADFA-ELR 22" STD24DDA-SF 24" STD24DDA-ELR 24" STD24DDA-SF 24" STD24DFA-ELR 24" STD24ADDA-ELR 24" STD24ADDA-SF 24" STD24ADFA-SF 24" STD24ADFA-SF 24" STD24ADFA-ELR 24"	Det and Adj Height Desk Arm, Swing-away Footrest  Det and Adj Height Desk Arm, Elevating Legrest Det and Adj Height Full Arm, Swing-away Footrest  Det and Adj Height Full Arm, Elevating Legrest Det Desk Arm, Swing-away Footrest Det Desk Arm, Elevating Legrest Det Full Arm, Elevating Legrest Det Full Arm, Swing-away Footrest Det Full Arm, Elevating Legrest Det Arm, Elevating Legrest Det Arm, Elevating Legrest			
			MSRP	HCPCS			MSRP	HCPCS	
FRA	AME WIDTH AND DEPTH         MSRP           20"x18"         \$868.			K0007	BARIATRIC SEAT BELTS MSRP HCPCS  Covered if the patient has weak upper body muscles, upper body instability or muscle				
	22"x18"		\$868.87	K0007		ires use of this item from proper positioning			
	24"x18"		\$900.98	K0007	☐ STDS855 ☐ STDS856	Bariatric Auto Clasp Type Bariatric Velcro® Type Closure	\$35.90 \$31.50	E0978 E0978	
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					ANTI FOLD DEVICE  ☐ STDS806 (20" and 22" Only) \$54.60  WHEELCHAIR CANE/CRUTCH HOLDER  ☐ STDS1034 \$25.66 E2207				
	STDSDDASR	Right, Detachable Desk Arm, Fixed Height	Standard		□ 31D31034		Ψ23.00	LZZO7	
	STDSDDASL	Left, Detachable Desk Arm, Fixed Height	Standard		HEEL LOOPS				
	STDSADFASPR	Right, Detachable Full Arm, Adjustable Height	\$46.45	E0973	•	in wheelchair users feet safely on the footp , or another physical condition. Reduces in			
	STDSADFASPL	Left, Detachable Full Arm, Adjustable Height \$46.45 E0973			feet from being caught in front casters. Required to maintain proper lower				
	STDSDFASR	Right, Detachable Full Arm, Fixed Height	Standard		extremity alignment	t while using the wheelchair	¢c2 F0	E00E1	
	STDSDFASL	Left, Detachable Full Arm, Fixed Height	Standard		LIMB SUPPORT  WASR Right		\$62.50 \$55.44	E0951	
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									
	STDSF-TF	Swing-away Ftrst with Aluminum Ftplt	Standard	necienan	CHART CARRY POCK	KET			
		(17"- 21" Extensions) 1pr/cs			☐ STDS836	Use with all 16", 18" and 20" Wheels	\$103.30		
	STDELR-TF	Swing-away Elev Lgrst w/ Calf Pad Aluminum Footplate (17.5"- 21" Ext.)	\$181.58	E0990	UNIVERSAL OXYGEN  STDS803	I 'E' CYLINDER HOLDER	\$73.71		
	STDELR-AL	Articulating Elevating Legrests			STDS804	with I.V. Pole Attachment	\$109.99		
6" WHEEL LOCK EXTENSIONS  Allows wheelchair user to independently operate wheel locks due to upper extremity weakness, decreased range of motion, spasticity, or hemiplegia.					ANTI TIPPERS WITH WHEELS  Required for safety to prevent wheelchair from tipping backward resulting in user injury.  STDS802 \$79.99 E0971  GENERAL USE SEAT CUSHION				
	STDS801		\$25.00	E0961	A general use seat cu	shion and a general use back cushion is covere nual wheelchair which meets Medicare's cover 20" (w) x 16" (d) x 1.75" (h)	age criteria \$80.04	E2601	
OVERHEAD ANTI THEFT DEVICE					<u> </u>	20" (w) x 18" (d) x 2" (h)	\$80.04	E2601	
	STDS823		\$177.45		GENERAL USE BACK	CUSHION			
	STDS821 (With I.V. Hooks) \$177.99			A general use seat cushion and a general use back cushion is covered for a					
	STDS834 (Single	Pole)	\$119.99		patient who has a ma	nual wheelchair which meets Medicare's cover 20" x 17"	age criteria \$112.24	E2611	
Phy	sician's Nam	ne:		Physician's Signa	ture:				
Add	dress:	Phone Number:							
Facility Name:			UPIN#:						