

C300 Corpus Tilt



*** Indicates a Required Field**

Dealer Information

* **Contact:** _____

Dealer Code: _____

* **Dealer Name:** _____

Address: _____

* **City:** _____

* **State/Zip:** _____

* **Phone#:** _____

* **Fax#:** _____

PO#: _____

Email Address: _____

Client Information

Permobil recommends that the client is evaluated by a certified rehab specialist.

* **First Name:** _____

* **Last Name:** _____

Diagnosis: _____

Funding Source: _____

Client Age: _____

Client Measurements

* **Weight:** _____

* **Height:** _____

A) Top of Shoulders: _____

B) Chest Depth: _____

C) Chest Width: _____

D) Seat Depth: _____

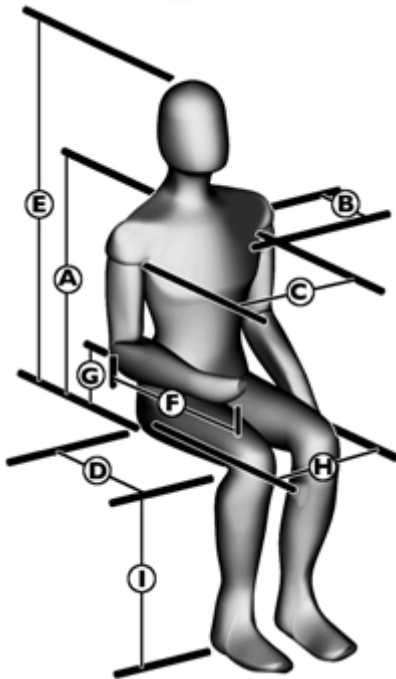
E) Top of Head: _____

F) Elbow to Hand: _____

G) Seat Pan to Elbow: _____

H) Hip Width: _____

* **I) Knee to Foot:** _____



Three column pricing on order/quote:

Display HCPCS Codes on order/quote:

Please send order/quote to fax#: **(800) 231-3256**

Email to: sales@permobilus.com

Permobil Inc.
6961 Eastgate Blvd.
Lebanon, TN 37090
Tel: (800) 736-0925
Fax: (800) 231-3256
www.permobil.com

Prices effective **August 9, 2010.**

C300 Corpus Tilt

Chair Model and Colors

CHOOSE ONE OF THE FOLLOWING:

Part Number	Description	Price	HCPCS Code
<input checked="" type="checkbox"/> I103615-99-0	C300 Base Corpus VR2 - C300 PS1 <i>Price Includes: FWD C300 Power Base Set Up Power Tilt, Shock Absorbing Suspension System, VR2 Advanced Controller, Tie Down Hardware for Strap Systems, Anti-Tippers, Charger, Tri-Spoke Split Rim with Flat Free Drive Tires, Platinum Silver Hubcaps, and Standard Positioning Belt. Substitution of items from other order forms is not allowed on this configuration.</i>	6,645.00	K0856

CHOOSE ONE OF THE FOLLOWING:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I103576-99-0	C300/K300 Shroud - Onyx Black	No Charge	
<input type="checkbox"/> I101383-99-0	C300/K300 Shroud - Crystal Blue	No Charge	

Base Options

MUST CHOOSE EITHER SEAT ELEVATOR OR FIXED SEAT TUBE:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I101995-99-0	Fixed Seat Tube for Tilt	No Charge	
<input type="checkbox"/> I101997-99-0	Power Adjustable Seat Height - 8" Travel	2,445.00	E2300

MUST CHOOSE BATTERIES:

Part Number	Description	Price	HCPCS Code
<input checked="" type="checkbox"/> IM34 SLDG - REQDBatteries - Group 34, 12V 60 Amp Hrs, Installed	<i>Batteries MUST be selected with this configuration</i>	707.00	K0108

SELECT OPTIONS:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I602307-99-0	P+ PP1A Programmer - VSI, VR2 or Pilot+ Controllers	605.00	

Joystick Options

CHOOSE JOYSTICK TYPE:

Part Number	Description	Price	HCPCS Code
<input checked="" type="checkbox"/> I103613-99-0	VR2 Advanced Joystick <i>Non expandable joystick capable of controlling tilt and a seat elevator through the joystick.</i>	No Charge	

CHOOSE JOYSTICK HANDLE TYPE:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I10045	Cone Shaped Joystick Knob - Standard.	No Charge	
<input type="checkbox"/> I100960-99-0	Chin Cup For Joystick Knob	96.00	E2324
<input type="checkbox"/> I100961-99-0	"T" Handle For Joystick Knob	141.00	E2323
<input type="checkbox"/> I100962-99-0	"Large Ball" For Joystick Knob	96.00	E2323
<input type="checkbox"/> I100963-99-0	"Softball" For Joystick Knob	129.00	E2323
<input type="checkbox"/> I100964-99-0	"Mushroom" For Joystick Knob	129.00	E2323
<input type="checkbox"/> I100965-99-0	"Stick" For Joystick Knob	129.00	E2323
<input type="checkbox"/> IPC101B	Bodypoint J/S Handle 3" U-Shaped w/ Flex-Shaft	129.00	E2323
<input type="checkbox"/> IPC102B	Bodypoint J/S Handle 4" U-Shaped w/ Flex-Shaft	129.00	E2323
<input type="checkbox"/> IPC107B	Bodypoint J/S Handle Dome Shaped, Rubber	129.00	E2323

CHOOSE JOYSTICK MOUNT:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I10468	Joystick Mount Right - Fixed, VR2	No Charge	
<input type="checkbox"/> I10469	Joystick Mount Left - Fixed, VR2	No Charge	
<input type="checkbox"/> I10470	Joystick Mount Right - Swing Away, VR2	297.00	E1028
<input type="checkbox"/> I10471	Joystick Mount Left - Swing Away, VR2	297.00	E1028
<input type="checkbox"/> I103820-99-0	Retractable Joystick Mnt Right - R-net, VR2 Only	495.00	E1028
<input type="checkbox"/> I103819-99-0	Retractable Joystick Mnt Left - R-net, VR2 Only	495.00	E1028

C300 Corpus Tilt

Seating System

CHOOSE ONE OF THE FOLLOWING:

Part Number	Description	Price	HCPCS Code
	This Configuration of the Corpus Seat Includes: <i>Corpus Seat Frame, 45° CG Power Tilt, Manual Recline, Manual Elevating Non-Articulating Legrests, 14"L Leatherette Armrests, Height Adjustable Armrest Assembly with Arms Mounted in the Tall Position, and Two Piece Corpus Footplates. User Weight Limit = 265 lbs.</i>		
<input checked="" type="checkbox"/> I101988-99-0	Corpus Seat with 45° CG Pwr Tilt & Manual Recline <i>Includes 45° Center of Gravity Tilt and Manual Adjustable Backrest Angle.</i>	6,295.00	E1002

Seating System Options

CHOOSE SEAT FUNCTION CONTROL TYPE:

Part Number	Description	Price	HCPCS Code
<input checked="" type="checkbox"/> I10509	Single Seat Function Ctrl Kit - C300 Tilt Only <i>This item must be selected. For operation of a single seat function through the wheelchair electronics via the VR2 Advanced Joystick Module.</i>	1,495.00	E2310

SELECT OPTIONS:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I104769-99-0	Remote Stop System VSI, VR2, Safegate <i>Consists of a Radio Frequency (RF) handheld transmitter and an RF receiver mounted on the wheelchair. Each transmitter and receiver is a serialized matched pair, meaning they must be used together. Custom charge may be required if ordering with a low backrest height or a pediatric wheelchair. If ordering Remote Stop System with a K450, push handles must also be selected.</i>	1,002.00	

Backrest Options

CHOOSE ONE OF THE FOLLOWING:

Part Number	Description	Price	HCPCS Code
	BACKREST HEIGHT NOTE: <i>Backrest heights are measured from the seat pan to the top of the backrest shell with the backrest set at 90°.</i>		
<input type="checkbox"/> I101853-99-0	Ergo Back Fixed 14" W x 21" H - Leatherette	852.00	E2620
<input type="checkbox"/> I101863-99-0	Ergo Back Fixed 14"W x 26.5" High - Leatherette	852.00	E2620
<input type="checkbox"/> I101854-99-0	Ergo Back Sliding 16"W x 21"H - Leatherette	852.00	E2620
<input type="checkbox"/> I101861-99-0	Ergo Back Sliding 16"W x 26.5" H - Leatherette	852.00	E2620
<input type="checkbox"/> I101855-99-0	Ergo Back Sliding 18"W x 21"H - Leatherette	852.00	E2620
<input type="checkbox"/> I101862-99-0	Ergo Back Sliding 18"W x 26.5"H - Leatherette	852.00	E2620
<input type="checkbox"/> I10472	Solid Back 16"W x 26.5"H - C300 Corpus Tilt Only <i>Includes Fixed Mounting Hdw, Lateral Wedges, Leatherette Cushion, and Lumbar Pads.</i>	No Charge	
<input type="checkbox"/> I10473	Solid Back 18"W x 26.5"H - C300 Corpus Tilt Only <i>Includes Fixed Mounting Hdw, Lateral Wedges, Leatherette Cushion, and Lumbar Pads.</i>	No Charge	

SELECT OPTIONS:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I10318	ROHO Backrest Cushion For Ergo Back <i>Price Includes: ROHO MID PROFILE Backrest Cushion which will be matched to fit the Ergonomic Backrest that you select. Approximate height of MID PROFILE cells is 3" in their inflated state. Also includes a Mesh Cover for the ROHO Backrest Cushion, Hand Pump, and Patch Kit. This will NOT fit these part numbers: (I10004, I10005, I10111, I10112, I305510-00-90-0). Please indicate below if you would like to OMIT the Ergo Back Cushion.</i>	636.00	
<input type="checkbox"/> I10319	ROHO Backrest Cushion For Ergo Back - Notched <i>Recommended ROHO cushion when ordering Lateral Trunk Supports. Please indicate below if you would like to OMIT the Ergo Back Cushion.</i>	636.00	
<input type="checkbox"/> I10320	Omit Ergonomic Backrest Cushion	No Charge	

Seat Sizing

C300 Corpus Tilt

Seat Sizing

CHOOSE ONE OF THE FOLLOWING:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I103479-99-0	Corpus Seat 17"W x 18"D	No Charge	
<input type="checkbox"/> I103480-99-0	Corpus Seat 17"W x 20"D	No Charge	
<input type="checkbox"/> I103482-99-0	Corpus Seat 19"W x 18"D	No Charge	
<input type="checkbox"/> I103483-99-0	Corpus Seat 19"W x 20"D	No Charge	

SELECT OPTIONS:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I10038	Ergonomic Seat Cushion Leatherette <i>Not available with seat widths less than 16" or seat depths less than 14".</i>	483.00	E2601,E2602

Armrest Options

CHOOSE ONE OF THE FOLLOWING:

Part Number	Description	Price	HCPCS Code
<input checked="" type="checkbox"/> I10016	Height Adjustable Armrest Assembly - No Charge <i>No charge with power tilt and/or recline.</i>	No Charge	

SELECT OPTIONS:

Part Number	Description	Price	HCPCS Code
<input checked="" type="checkbox"/> I103342-99-0	4"x14" Corpus Arm Left - Dual Taper, Leatherette	No Charge	
<input checked="" type="checkbox"/> I103343-99-0	4"x14" Corpus Arm Right - Dual Taper, Leatherette	No Charge	
<input checked="" type="checkbox"/> I101003-99-0	Armrest Mount High	No Charge	

Range of adjustment in high position is 11" - 13.5" measured from the seat pan to the top of the armrest pad.

<input type="checkbox"/> I304968-99-0	Corpus Armbar for 18" Btw the Arms - Installed	270.00	
<input type="checkbox"/> I10001	Corpus Armbar for 20" Btw the Arms - Installed	300.00	
<input type="checkbox"/> I100523-99-0	Armrest Height Ext (+2")	127.00	
<input type="checkbox"/> I100671-99-0	Armrest Pouch-Right	193.00	
<input type="checkbox"/> I100672-99-0	Armrest Pouch-Left	193.00	

Legrest Options

CHOOSE ONE OF THE FOLLOWING:

Part Number	Description	Price	HCPCS Code
<input checked="" type="checkbox"/> I101276-99-0	Legrest Assm. 2pc Footplates (Complete)	No Charge	

CHOOSE ONE OF THE FOLLOWING:

Part Number	Description	Price	HCPCS Code
<input checked="" type="checkbox"/> I102206-99-0	Manual Adjustment Legrest Elevation	No Charge	

SELECT OPTIONS:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I10474	UT Calf Support Kit (J) w Mesh Cover & Adj Hardware <i>5"W x 6.5"T Pad.</i>	297.00	E1028
<input type="checkbox"/> I102978-99-0	UT Calf Support Kit (H) w Mesh Cover & Adj Hardware <i>7"W x 7"T Curved Pad.</i>	317.00	E1028

Accessories

SELECT OPTIONS:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I10400	Bodypoint Non-Padded Hip Belt, UniTrack - Medium	No Charge	
<input type="checkbox"/> I10404	Bodypoint Padded Hip Belt UniTrack (C300) - Medium	115.00	K0108
<input type="checkbox"/> I10402	Bodypoint Non-Padded Hip Belt, UniTrack - Large	94.00	K0108
<input type="checkbox"/> I10408	Bodypoint Padded Hip Belt UniTrack - Large	158.00	K0108
<input type="checkbox"/> I100519-99-0	Positioning Belt Retractable	239.00	K0108

C300 Corpus Tilt

Accessories

SELECT OPTIONS:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I100600-99-0	Positioning Belt Retractable Long	259.00	K0108
<input type="checkbox"/> I104131-99-0	Headrest for Ergo Back w/ Curved Mount Brkt - Leath <i>Must also select PN I10552. This part consists of a leatherette headrest pad (10"W x 5"T) with a 10"L slotted, curved mounting bracket.</i>	268.00	E0955
<input type="checkbox"/> I103460-99-0	UT Ergo Headrest w/ Black Fabric Cover <i>Must also select PN I10552.</i>	297.00	E0955
<input type="checkbox"/> I1823249	UT Lateral Adjustment Bar for UniTrack Headrest <i>Allows for approximately 4" of lateral adjustment to the UT Ergo Headrest either right or left. NOTE: Due to the width of this item (approx 9"), it may be necessary to send other items such as back pack clips unmounted. Custom charge may apply with lower back heights.</i>	56.00	
<input type="checkbox"/> IHEADADAPTER	Universal Headrest Adapter <i>For aftermarket headrests.</i>	205.00	K0108
<input type="checkbox"/> I10552	Adj Removable - Headrest Hardware (1 Each)	216.00	E1028
<input type="checkbox"/> I103070-99-0	UT Amp. Support Pad (H) w/ Mesh Cover - (1 Each) <i>7"W x 7"T Curved Pad. Must also select PN I10553.</i>	127.00	E1020
<input type="checkbox"/> I103071-99-0	UT Amp. Support Pad (D) w/ Mesh Cover - (1 Each) <i>8"W x 8"T Flat Pad. Must also select PN I10553.</i>	127.00	E1020
<input type="checkbox"/> I10553	Adj Removable - Amp Support Hardware (1 Each) <i>Please indicate if you would like the amputation support mounted on the right or left side of the seat frame: Mount Amp Suppt on Right: ___ Mount Amp Suppt on Left: ___</i>	216.00	E1028
<input type="checkbox"/> I103094-99-0	UT Thigh/Hip Suppt (J) w/ Mesh Cover - High (Pair) <i>6.5"W x 5"T Pad w/ 4" Tall Mounting Bracket. Must also select PN I10550.</i>	229.00	E0956
<input type="checkbox"/> I103095-99-0	UT Thigh/Hip Suppt (C) w/ Mesh Cover - High (Pair) <i>8"W x 3.5"T Pad w/ 4" Tall Mounting Bracket. Must also select PN I10550.</i>	229.00	E0956
<input type="checkbox"/> I102977-99-0	UT Thigh/Hip Suppt (G) w/ Mesh Cover - High (Pair) <i>12"W x 3.5"T Pad w/ 4" Tall Mounting Bracket. Must also select PN I10550.</i>	229.00	E0956
<input type="checkbox"/> I10550	Adj Removable - Thigh Support Hardware (Pair)	431.00	E1028
<input type="checkbox"/> I305266-28-90-0	Lateral Supports Std. Leatherette-ErgoBack Only <i>Must also select PN I10551.</i>	250.00	E0956
<input type="checkbox"/> I100521-99-0	Swing Away Trunk Supports Leatherette-For Ergo Back <i>Must also select PN I10551.</i>	254.00	E0956
<input type="checkbox"/> I10551	Adj Removable - Trunk Support Hardware (Pair)	431.00	E1028
<input type="checkbox"/> I103651-99-0	Transfer Handles for UniTrack Accessory Rail	397.00	
<input type="checkbox"/> I100975-99-0	Push Handles for Ergo Backrest <i>Order with Ergonomic or Rectangular Backs. Custom charge may apply if ordering push handles with an articulating vent tray.</i>	345.00	
<input type="checkbox"/> I102059-99-0	Medical Necessities Bag <i>Includes Medical Necessity Bag Clips (Carabiner Style).</i>	229.00	
<input type="checkbox"/> I101473-99-0	Medical Necessity Bag Clips - Carabiner Style	76.00	
<input type="checkbox"/> I105144-99-0	Bodypoint Monoflex Large Chest Support Belt Kit <i>21.5"L x 4.5"W Pad Size. Item will be shipped as parts.</i>	145.00	E0960
<input type="checkbox"/> I105143-99-0	Bodypoint Monoflex Medium Chest Support Belt Kit <i>18.25"L x 4"W Pad Size. Item will be shipped as parts.</i>	145.00	E0960
<input type="checkbox"/> I105145-99-0	Bodypoint Monoflex X-Lrge Chest Support Belt Kit <i>24.5"L x 5"W Pad Size. Item will be shipped as parts.</i>	145.00	E0960
<input type="checkbox"/> I100578-99-0	Upper Extremity Support Small, Angle Adjustable <i>Must also select PN I10556.</i>	242.00	E0950
<input type="checkbox"/> I100575-99-0	Upper Extremity Support Angle Adjustable. 14" W <i>Must also select PN I10556.</i>	272.00	E0950
<input type="checkbox"/> I100576-99-0	Upper Extremity Support Angle Adjustable. 16" W <i>Must also select PN I10556.</i>	284.00	E0950

C300 Corpus Tilt

Accessories

SELECT OPTIONS:

Part Number	Description	Price	HCPCS Code
<input type="checkbox"/> I100577-99-0	Upper Extremity Support Angle Adjustable. 18" W <i>Must also select PN I10556.</i>	311.00	E0950
<input type="checkbox"/> I100571-99-0	Upper Extremity Support Joystick Cutout 16" W <i>Must also select PN I10556.</i>	328.00	E0950
<input type="checkbox"/> I100572-99-0	Upper Extremity Support Joystick Cutout 18" W <i>Must also select PN I10556.</i>	328.00	E0950
<input type="checkbox"/> I103426-99-0	Upper Extremity Support Angle Adjust - UniTrack <i>Side mounted tray that attaches to the UniTrack Accessory Rail. Dimensions are: 19.5"W x 13"D. Can only be ordered with chairs that offer the UniTrack System. Must also select PN I10556.</i>	301.00	E0950
<input type="checkbox"/> I10556	Adj Removable - Tray Hardware (1 Each)	216.00	E1028
<input type="checkbox"/> I101964-99-0	Oxygen Holder for PS or Corpus Seat <i>Cannot be ordered with a Corpus Tubular Backrest. (I10111 or I10112). Custom charge may be applied if ordering in combination with accessories such as medical necessities bags, attendant controls, push handles, back pack clips, etc. This item is mounted to the Ergonomic Backrest. Customization may be required if ordering on a Street.</i>	228.00	E2208
<input type="checkbox"/> I101956-99-0	Crutch Holder for PS or Corpus Seat <i>Cannot be ordered with a Corpus Tubular Backrest. (I10111 or I10112). Accessories such as medical necessities bags and push handles may need to be sent as parts if ordering a crutch holder. This item is mounted to the ergonomic backrest. Customization may be required if ordering on a Street.</i>	228.00	E2207

Notes & Additional Instructions:

Chair Order Policy:

You are highly encouraged to contact Permobil Sales with ANY questions regarding proper completion of our order forms at 1-800-736-0925. The order cannot be processed without the following:

- A client name or code, the client's measurements, the client's weight
- The order form must also be signed by a person authorized by your company to acknowledge the items selected. Permobil, Inc. is not responsible for configuration or size discrepancies resulting from customer errors on the order form.
- Order confirmations will be provided by Permobil summarizing the items selected. Please review this carefully.
- Once the order is shipped, any changes are subject to the returns policy and may be prohibited.

Order Acknowledgement:

I, _____, am an agent of the medical equipment provider named on this order form and I have the authority to contract for the purchase of powered wheelchairs and related parts on behalf of said provider. I acknowledge that I have reviewed this order and that it is complete and accurate to the best of my knowledge. I further acknowledge that any changes to this order after submission of this order form are subject to the returns policy and may carry additional charges.

Signed: _____

Printed Name: _____

Title: _____

Date: _____

NOTE: All specifications and prices are subject to change without notice. Please note that prices displayed are only valid if ordered with the wheelchair. Any parts ordered for service or future alterations will carry different pricing and warranty. MID PROFILE® Cushion is a registered trademark of the The ROHO Group. The HCPCS codes provided are not intended to be billing or legal advice, rather our interpretation of the code definitions. Use of the codes does not ensure coverage or payment for the item. For coverage information, verify the policy of the appropriate payer.