Order form

Comfort Elements cushion

Dealer Name*: Account #*:

City, State, Zip*:

Phone: Email:

ATP: Rep Name:

P.O. Number: Quote Number:

Client Reference*: Client Weight*:

***Required field**

Special considerations that need to be addressed here (e.g., diagnosis):

NOTE | *Refer to reference pages at end of order form for additional information and images.*

Elements Cushion with Gel (2” thick)

HCPCS coding: E2601/E2602 General use cushion

Highlighted box indicates quick ship is available in this size

Depth	16”	18”	20”	22”	24”
20”	☐ $112.00	☐ $112.00	☐ $112.00	☐ $234.00	☐ $234.00
18”	☐ $112.00	☐ $112.00	☐ $112.00	☐ $234.00	☐ $234.00
16”	☐ $112.00	☐ $112.00	☐ $112.00	☐ $234.00	

Width

Cover Options | *Required, choose one*

☐	46G-WWDD-B	**COMFORT-TEK** *For fluid protection, an easily cleaned surface*	NC
☐	46GS-WWDD-B	**STRETCH-AIR** *For comfort and heat dissipation. Not availible with quick ship option.*	NC

Additional cover Options | *Optional*

☐	BINC-46-xxWyyD	**Incontinence Liner** *For extra incontinence protection*	$71.00

Elements Cushion with Gel (3” thick)

HCPCS coding: E2601/E2602 General use cushion. Part number: 463G-WWDD-B

Includes Comfort-Tek cover

Highlighted box indicates quick ship is available in this size

Depth	16”	18”	20”	22”	24”
20”	☐ $139.00	☐ $139.00	☐ $139.00	☐ $246.00	☐ $246.00
18”	☐ $139.00	☐ $139.00	☐ $139.00	☐ $246.00	☐ $246.00
16”	☐ $139.00	☐ $139.00	☐ $220.00	☐ $246.00	

Width

Additional cover options | *Optional*

☐	BINC-463-xxWyyD	**Incontinence liner** *For extra incontinence protection*	$71.00

Cushion accessories

Refer to reference pages for details and images.

Removable solid seat pan & hardware	☐ RSSP-1-WWDD		$440.00	E2231
Rigid insert	☐ Rigid insert glued (RIDWWDD)	☐ Rigid insert not glued (RIDWWDD)	$78.00	E0992

Additional Order Instructions:

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 these items 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 any parts ordered for service or future alterations may carry different pricing and warranty. For US customers, 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 paymnet for the item. For coverage information, verify the policy of the appropriate payer.