



JAY® Care Back

E2615

January 2024

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® Care Back

With Standard Hardware

✓	Option #	HCPCS	Definition	Price
<input type="checkbox"/>	3505B	E2615	Fits 16" Wheelchair	\$609
<input type="checkbox"/>	3500B	E2615	Fits 18" Wheelchair	\$609
<input type="checkbox"/>	3502B	E2615	Fits 20" Wheelchair	\$609

With Extended Hardware

✓	Option #	HCPCS	Definition	Price
<input type="checkbox"/>	3505BL	E2615	Fits 16+" Wheelchair	\$609
<input type="checkbox"/>	3500BL	E2615	Fits 18+" Wheelchair	\$609
<input type="checkbox"/>	3502BL	E2615	Fits 20+" Wheelchair	\$609

Note: If chair measures greater than 16", 18" or 20", please order the Extended Hardware

With Clamp Hardware

✓	Option #	HCPCS	Definition	Price
<input type="checkbox"/>	3505C	E2615	Fits 16" Wheelchair	\$609
<input type="checkbox"/>	3500C	E2615	Fits 18" Wheelchair	\$609
<input type="checkbox"/>	3502C	E2615	Fits 20" Wheelchair	\$609

