



# Invacare® Essentials™ EX1 and SX3 Wheelchairs



## Thank you for using Invacare eForms.

Invacare is pleased to offer you an upgraded solution to your ordering process. Our enhanced order forms allow you to fill out a form electronically, print and fax the form, save and email\* it to Customer Service, or maintain the business practices that work for you today. The format has been revised to reveal a cleaner look with electronic selection and input functions.



## Adobe Acrobat Reader DC

\*Interactive functions of our new forms work best with the latest version of

Adobe Acrobat Reader DC visit <https://get.adobe.com/reader/> to download and install on your PC or Mac or visit Google Play/ iTunes to download the Adobe Acrobat Reader DC app for your device.

### Save

Adobe Acrobat Reader DC allows you to save this form with your content - to complete later or use as a starting point for your next form. Please note that content must be added and saved in Acrobat - saving content from completed forms in the browser may not be possible.

### Submit

Adobe Acrobat Reader DC allows you to submit this form electronically via your email client.

Simply click the submit button below and step through the simple process.

### Print

If you do not have access to Adobe Acrobat Reader DC simply print this form and complete it by hand and fax it to our Customer Service

Customer Service Department

**800-678-4682**

**SUBMIT**

**CLEAR FORM**

**PRINT FORM**



## Account Information

Request Type: Quote ☐ Order ☐

Date: \_\_\_\_\_

Account #: \_\_\_\_\_

Company: \_\_\_\_\_

SHIP TO  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Purchase Order #: \_\_\_\_\_

CONTACT  
Name: \_\_\_\_\_

Back Up Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Comments: \_\_\_\_\_

## Special Note:

HCPCS codes are not intended to be, nor should be considered billing or legal advice. Providers are responsible for determining the appropriate billing codes when submitting claims to the Medicare Program and should consult an attorney or other advisor to discuss specific situations in further detail.

### Essentials™ EX1 Wheelchair (K0001) with Swing-Away Footrests

- ☐ IEX166DASA 16" x 16" Frame with Swing-Away Footrests and Fixed Height Desk Length..... \$300.00
- ☐ IEX186DASA 18" x 16" Frame with Swing-Away Footrests and Fixed Height Desk Length..... \$300.00
- ☐ IEX106DASA 20" x 16" Frame with Swing-Away Footrests and Fixed Height Desk Length..... \$300.00

### Essentials™ EX1 Wheelchair (K0001) with Elevating Legrests

- ☐ IEX166DAEL 16" x 16" Frame with Elevating Legrests and Fixed Height Desk Length..... \$300.00
- ☐ IEX186DAEL 18" x 16" Frame with Elevating Legrests and Fixed Height Desk Length..... \$300.00
- ☐ IEX06DAEL 20" x 16" Frame with Elevating Legrests and Fixed Height Desk Length..... \$300.00

### Essentials™ SX3 Wheelchair (K0003) with Swing-Away Footrests

- ☐ ISX366DASA 16" x 16" Frame with Swing-Away Footrests and Fixed Height Desk Length..... \$350.00
- ☐ ISX386DASA 18" x 16" Frame with Swing-Away Footrests and Fixed Height Desk Length..... \$350.00
- ☐ ISX306DASA 20" x 16" Frame with Swing-Away Footrests and Fixed Height Desk Length..... \$350.00

### Essentials™ SX3 Wheelchair (K0003) with Elevating Legrests

- ☐ ISX366DAEL 16" x 16" Frame with Elevating Legrests and Fixed Height Desk Length..... \$350.00
- ☐ ISX386DAEL 18" x 16" Frame with Elevating Legrests and Fixed Height Desk Length..... \$350.00
- ☐ ISX306DAEL 20" x 16" Frame with Elevating Legrests and Fixed Height Desk Length..... \$350.00

**SUBMIT**

**CLEAR FORM**

**PRINT FORM**