

Explorer Mini

permobil



*** Indicates a Required Field**

Provider Information

Order ID: _____

*ATP: _____

Account Code: _____

*Provider Name: _____

Address: _____

*City: _____

* State/Zip: _____

* Phone#: _____

PO#: _____

Email Address: _____

Client Information

* First Name: _____

* Last Name: _____

Diagnosis: _____

Funding Source: _____

Client Measurements

* Weight: _____

*Height: _____



The Explorer Mini is a prescription only medical device. User must not exceed 35 lbs or 39" tall.

Explorer Mini

| Part Number | Description | MSRP - USD |
|--|---------------|------------|
| <input checked="" type="checkbox"/> I108237-99-0 | Explorer Mini | \$2695.00 |
| Price Includes: Power base, nVR2 joystick, tray table with magnetic top, integrated back support with cushion, removable seat, batteries (5Ah) x 2, charger, and decorative sticker kits. Max Speed = 1.5MPH, Weight Capacity = 35lbs. Max User Height = 39" | | |

Three column pricing on order/quote: ☐

Please send order/quote to fax#: **(800) 231-3256**
Email to: sales@permobil.com

Permobil Inc.
300 Duke Dr.
Lebanon, TN 37090
Tel: (800) 736-0925
Fax: (800) 231-3256
www.permobil.com

Prices effective **March 09, 2020**

Additional Order Instructions (for Permobil):

Notes & Comments (not for Permobil):

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. *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.*