



# JAY® GS CUSHION

E2622/ E2624

January 2021

## 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 GS Cushion

### JAY GS CUSHION\*

| ✓                        | Option # | HCPCS | Definition                     | Actual Width | Actual Depth | Price |
|--------------------------|----------|-------|--------------------------------|--------------|--------------|-------|
| <input type="checkbox"/> | JGS10    | E2622 | JAY GS Cushion 10" X 10" - 13" | 10.2"        | 13.2"        |       |
| <input type="checkbox"/> | JGS12    | E2622 | JAY GS Cushion 12" X 12" - 15" | 12.1"        | 15.0"        |       |
| <input type="checkbox"/> | JGS14    | E2622 | JAY GS Cushion 14" X 14" - 17" | 14.1"        | 17.0"        |       |
| <input type="checkbox"/> | JGS16    | E2622 | JAY GS Cushion 16" X 16" - 19" | 15.8"        | 18.9"        |       |
| <input type="checkbox"/> | JGS18    | E2622 | JAY GS Cushion 18" X 17" - 20" | 17.7"        | 19.9"        |       |

### JAY GS 2" POSITIONING\*\* CUSHION\*

|                          |         |       |                                       |       |       |  |
|--------------------------|---------|-------|---------------------------------------|-------|-------|--|
| <input type="checkbox"/> | JGS10P2 | E2624 | JAY GS 2" Pos Cushion 10" X 10" - 13" | 10.2" | 13.2" |  |
| <input type="checkbox"/> | JGS12P2 | E2624 | JAY GS 2" Pos Cushion 12" X 12" - 15" | 12.1" | 15.0" |  |
| <input type="checkbox"/> | JGS14P2 | E2624 | JAY GS 2" Pos Cushion 14" X 14" - 17" | 14.1" | 17.0" |  |
| <input type="checkbox"/> | JGS16P2 | E2624 | JAY GS 2" Pos Cushion 16" X 16" - 19" | 15.8" | 18.9" |  |
| <input type="checkbox"/> | JGS18P2 | E2624 | JAY GS 2" Pos Cushion 18" X 17" - 20" | 17.7" | 19.9" |  |

### JAY GS 3" POSITIONING\*\* CUSHION\*

|                          |         |       |                                         |       |       |  |
|--------------------------|---------|-------|-----------------------------------------|-------|-------|--|
| <input type="checkbox"/> | N/A     |       | Not Available 10" Wide w/ 3" Pos Pieces |       |       |  |
| <input type="checkbox"/> | N/A     |       | Not Available 12" Wide w/ 3" Pos Pieces |       |       |  |
| <input type="checkbox"/> | JGS14P3 | E2624 | JAY GS 3" Pos Cushion 14" X 14" - 17"   | 14.1" | 17.0" |  |
| <input type="checkbox"/> | JGS16P3 | E2624 | JAY GS 3" Pos Cushion 16" X 16" - 19"   | 15.8" | 18.9" |  |
| <input type="checkbox"/> | JGS18P3 | E2624 | JAY GS 3" Pos Cushion 18" X 17" - 20"   | 17.7" | 19.9" |  |

### JAY GS CUSHION\* with Extra Cover

|                          |         |       |                                |       |       |  |
|--------------------------|---------|-------|--------------------------------|-------|-------|--|
| <input type="checkbox"/> | JGS10-2 | E2622 | JAY GS Cushion 10" X 10" - 13" | 10.2" | 13.2" |  |
| <input type="checkbox"/> | JGS12-2 | E2622 | JAY GS Cushion 12" X 12" - 15" | 12.1" | 15.0" |  |
| <input type="checkbox"/> | JGS14-2 | E2622 | JAY GS Cushion 14" X 14" - 17" | 14.1" | 17.0" |  |
| <input type="checkbox"/> | JGS16-2 | E2622 | JAY GS Cushion 16" X 16" - 19" | 15.8" | 18.9" |  |
| <input type="checkbox"/> | JGS18-2 | E2622 | JAY GS Cushion 18" X 17" - 20" | 17.7" | 19.9" |  |

### JAY GS 2" POSITIONING\*\* CUSHION\* with Extra Cover

|                          |           |       |                                       |       |       |  |
|--------------------------|-----------|-------|---------------------------------------|-------|-------|--|
| <input type="checkbox"/> | JGS10P2-2 | E2624 | JAY GS 2" Pos Cushion 10" X 10" - 13" | 10.2" | 13.2" |  |
| <input type="checkbox"/> | JGS12P2-2 | E2624 | JAY GS 2" Pos Cushion 12" X 12" - 15" | 12.1" | 15.0" |  |
| <input type="checkbox"/> | JGS14P2-2 | E2624 | JAY GS 2" Pos Cushion 14" X 14" - 17" | 14.1" | 17.0" |  |
| <input type="checkbox"/> | JGS16P2-2 | E2624 | JAY GS 2" Pos Cushion 16" X 16" - 19" | 15.8" | 18.9" |  |
| <input type="checkbox"/> | JGS18P2-2 | E2624 | JAY GS 2" Pos Cushion 18" X 17" - 20" | 17.7" | 19.9" |  |

### JAY GS 3" POSITIONING\*\* CUSHION\* with Extra Cover

|                          |           |       |                                       |       |       |  |
|--------------------------|-----------|-------|---------------------------------------|-------|-------|--|
| <input type="checkbox"/> | JGS14P3-2 | E2624 | JAY GS 3" Pos Cushion 14" X 14" - 17" | 14.1" | 17.0" |  |
| <input type="checkbox"/> | JGS16P3-2 | E2624 | JAY GS 3" Pos Cushion 16" X 16" - 19" | 15.8" | 18.9" |  |
| <input type="checkbox"/> | JGS18P3-2 | E2624 | JAY GS 3" Pos Cushion 18" X 17" - 20" | 17.7" | 19.9" |  |

\*\*All Positioning Cushions Include: Lateral Pelvic(Pr), Lateral Thigh (PR), and Medial Thigh (Ea) Supports.

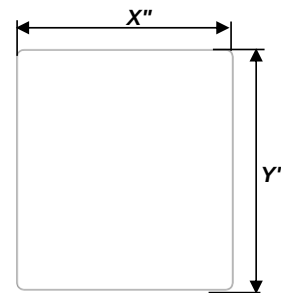
## JAY GS Size Matrix

|       |    | WIDTH |     |     |     |     |     |     |     |     |     |     |
|-------|----|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| DEPTH |    | 10    | 11  | 12  | 13  | 14  | 15  | 16  | 17  | 18  | 19  | 20  |
|       | 10 | JYW   | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
|       | 11 | JYW   | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
|       | 12 | JYW   |     | JYW | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
|       | 13 | JYW   |     | JYW | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
|       | 14 | N/A   | JYW |     | JYW | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
|       | 15 | N/A   | JYW |     | JYW |     | JYW | N/A | N/A | N/A | N/A | N/A |
|       | 16 | N/A   | N/A | N/A | JYW |     | JYW |     | JYW | N/A | N/A | N/A |
|       | 17 | N/A   | N/A | N/A | JYW |     | JYW |     | JYW |     | JYW | N/A |
|       | 18 | N/A   | N/A | N/A | N/A | N/A | JYW |     | JYW |     | JYW | N/A |
|       | 19 | N/A   | N/A | N/A | N/A | N/A | JYW |     | JYW |     | JYW | N/A |
|       | 20 | N/A   | N/A | N/A | N/A | N/A | N/A | N/A | JYW |     | JYW | N/A |

|     |   |                          |
|-----|---|--------------------------|
|     | = | Standard Offering        |
| JYW | = | Offered Via Jay Your Way |
| N/A | = | Not available            |

## JAY GS Measuring Guide

Measurements made from completed cushion with covers.



### Width

X = Width

Note: Measurement made from rear bottom edge to bottom edge of the cushion.  
Ex: JGS12 X=12"

### Depth

Y = Depth

Note: Measurement made from front edge of rear cutout and front lower of cushion.  
Ex: JGS12 Y = 15"

### Bottom View

\*All JAY GS Cushions ship standard with a 3 layer cover. The cover includes a top layer of 4 way stretch fabric, a middle layer of our X-static Silver impregnated fabric, and a bottom layer of 3DX micro climatic fabric.

## JAY YOUR WAY MODIFICATIONS

*Note: To order sizes offered via JAY Your Way add a "M" to the front of the part number and follow the prompts.*

| Fluid Volume Change      |                              |                               |                                                 |                               |                               |                              |                              |                              |    |
|--------------------------|------------------------------|-------------------------------|-------------------------------------------------|-------------------------------|-------------------------------|------------------------------|------------------------------|------------------------------|----|
| <input type="checkbox"/> | OF                           |                               | Fluid Volume Overfill                           |                               |                               |                              |                              |                              | NC |
| <input type="checkbox"/> | <input type="checkbox"/> 5%  | <input type="checkbox"/> 10%  | <input type="checkbox"/> 15%                    | <input type="checkbox"/> 20%  | <input type="checkbox"/> 25%  | <input type="checkbox"/> 30% | <input type="checkbox"/> 35% | <input type="checkbox"/> 40% |    |
| <input type="checkbox"/> | UF                           |                               | Fluid Volume Underfill (reduction in well only) |                               |                               |                              |                              |                              | NC |
| <input type="checkbox"/> | <input type="checkbox"/> -5% | <input type="checkbox"/> -10% | <input type="checkbox"/> -20%                   | <input type="checkbox"/> -40% | <input type="checkbox"/> -50% |                              |                              |                              |    |

| Obliquity Fluid Volume Change |                              |                               |                                  |                               |                               |                              |                              |                              |    |
|-------------------------------|------------------------------|-------------------------------|----------------------------------|-------------------------------|-------------------------------|------------------------------|------------------------------|------------------------------|----|
| <input type="checkbox"/>      | OOFr                         |                               | Obliquity Overfill - Right Side  |                               |                               |                              |                              |                              | NC |
| <input type="checkbox"/>      | <input type="checkbox"/> 5%  | <input type="checkbox"/> 10%  | <input type="checkbox"/> 15%     | <input type="checkbox"/> 20%  | <input type="checkbox"/> 25%  | <input type="checkbox"/> 30% | <input type="checkbox"/> 35% | <input type="checkbox"/> 40% |    |
| <input type="checkbox"/>      | OOFL                         |                               | Obliquity Overfill - Left Side   |                               |                               |                              |                              |                              | NC |
| <input type="checkbox"/>      | <input type="checkbox"/> 5%  | <input type="checkbox"/> 10%  | <input type="checkbox"/> 15%     | <input type="checkbox"/> 20%  | <input type="checkbox"/> 25%  | <input type="checkbox"/> 30% | <input type="checkbox"/> 35% | <input type="checkbox"/> 40% |    |
| <input type="checkbox"/>      | OUFR                         |                               | Obliquity Underfill - Right Side |                               |                               |                              |                              |                              | NC |
| <input type="checkbox"/>      | <input type="checkbox"/> -5% | <input type="checkbox"/> -10% | <input type="checkbox"/> -20%    | <input type="checkbox"/> -40% | <input type="checkbox"/> -50% |                              |                              |                              |    |
| <input type="checkbox"/>      | OUFL                         |                               | Obliquity Underfill - Left Side  |                               |                               |                              |                              |                              | NC |
| <input type="checkbox"/>      | <input type="checkbox"/> -5% | <input type="checkbox"/> -10% | <input type="checkbox"/> -20%    | <input type="checkbox"/> -40% | <input type="checkbox"/> -50% |                              |                              |                              |    |

| Size Change              |     |                |     |
|--------------------------|-----|----------------|-----|
| <input type="checkbox"/> | IW  | Increase Width | N/A |
| <input type="checkbox"/> | 1"  |                |     |
| <input type="checkbox"/> | RW  | Reduce Width   | NC  |
| <input type="checkbox"/> | -1" |                |     |

| Cover Options            |             |                                       |                                                                        |
|--------------------------|-------------|---------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> | CVR         | Cover Options                         | NC                                                                     |
| <input type="checkbox"/> | Rvrs Dartex | <input type="checkbox"/> Air Exchange | <input type="checkbox"/> Incontinent <input type="checkbox"/> 3DX Only |

**Don't see the option you want? NO PROBLEM! Write your request below and we can evaluate it and provide a quote.**

**Notes:**

Please visit [www.sunparts.us](http://www.sunparts.us) for spare parts information.



**Sunrise Medical (US) LLC**  
2842 Business Park Ave. • Fresno, CA 93727 • USA

Customer Service: 800-333-4000 Fax: 800-300-7502 Email: [orders@sunmed.com](mailto:orders@sunmed.com) [www.sunrisemedical.com](http://www.sunrisemedical.com)

Sunrise Medical (US) LLC. © 1/2021, MK-100295 REV. C