

CABINETRY				
Compatible Shelving Units	Grey Item No.	Beige Item No.	Price	Page No.
<b>Straight</b>				
36" Letter Shelf	W-17000	W-27000	60.00	40
36" Letter Top & Base	W-17010	W-27010	55.00	40
36" Letter Workshelf	W-17020	W-27020	120.00	40
36" Letter Spacer	W-17030	W-27030	60.00	40
<b>Slanted</b>				
36" Letter Shelf	W-SL17000		66.00	40
36" Letter Top & Base	W-SL17010		60.00	40
36" Letter Workshelf	W-SL17020		120.00	40
36" Letter Spacer	W-SL17030		60.00	40

Compatible Shelving Sets	Grey Item No.	Beige Item No.	Price	Page No.
<i>Sets Include: 36" Letter Shelves, Top &amp; Base</i>				
<b>Straight</b>				
5-Tier Set	W-17150	W-27150	395.00	40
6-Tier Set	W-17160	W-27160	445.00	40
7-Tier Set	W-17170	W-27170	495.00	40
8-Tier Set	W-17180	W-27180	550.00	40
<b>Slanted</b>				
5-Tier Set	W-SL17150		440.00	40
6-Tier Set	W-SL17160		490.00	40
7-Tier Set	W-SL17170		540.00	40
8-Tier Set	W-SL17180		595.00	40

*Sets Include: 36" Letter Shelves, Top & Base, and Workshelf*

<b>Straight</b>				
5-Tier Set	W-17250	W-27250	550.00	40
6-Tier Set	W-17260	W-27260	610.00	40
7-Tier Set	W-17270	W-27270	660.00	40
8-Tier Set	W-17280	W-27280	700.00	40
<b>Slanted</b>				
5-Tier Set	W-SL17250		595.00	40
6-Tier Set	W-SL17260		640.00	40
7-Tier Set	W-SL17270		700.00	40
8-Tier Set	W-SL17280		750.00	40

HIPAA PRODUCTS				
HIPAA Forms	Item No.	Per Pkg.	Price	Page No.
<i>(Qty. Pricing Available)</i>				
	W-HIP120	250	160.00	41
	W-HIP120SP	250	160.00	41
	W-HIP101	25	5.00	41
	W-HIP120	25	5.00	41
	W-HIP103	250	35.00	41
	W-HIP104	250	35.00	41
	W-HIP105	100	13.00	41
	W-HIP106	100	13.00	41
	W-HIP107	100	13.00	41
	W-HIP108	100	13.00	41
	W-HIP109	100	13.00	41
	W-HIP110	100	13.00	41
	W-HIPSTARTA	1	225.00	41
HIPAA Poster	W-HIPPOST	1	5.00	42
	W-HIPPOSTSP	1	5.00	42
Sign In System	W-SGNKIT	1	69.00	42
	W-JSGN	1	45.00	42
HIPAA Labels	W-HIPLBLA	250	7.00	42
	W-HIPLBLR	250	7.00	42
Indexes	W-HIPINDEX5	100	13.00	42
	W-HIPINDEX5	100	13.00	42

HEALTHCARE CLAIM FORMS				
Description	Item No.	Price	Page No.	
1 Part Dental Claim Form (Laser)	WADA-LCP#_year	30.00/1000	43	
1 Part Dental Claim Form (Continuous)	CCF-D#_year	40.00/1000	43	
2 Part Dental Claim Form (Continuous)	CCF-DN#_year	40.00/1000	44	
1 Part Laser	NLCFM1	22.00/1000	44	
1 Part Laser	N-LCF-UB92-1	26.00/1000	44	
2 Part Unisets	WHCFA-1500-U2-90	45.00/1000	44	
2 Part Continuous	CCFMNBM	39.00/1000	44	
3 Part Continuous	WHCFA-1500-3-N-90	75.00/1000	44	

ENVELOPES				
Description	Price - Plain	Price - Printed	Page No.	
Healthcare Claim Form Envelopes			45	
W-ADA-2ENV-SSI/P	49.00/1000	69.00/1000		
WHCF-10-ENV	39.00/1000	59.00/1000		
All #10 Rt Window Insurance Envelopes	39.00/1000	59.00/1000	45	
All #10 Rt Window Insurance Self Seal	49.00/1000	69.00/1000	45	
All 9_x12_ Self Seal	18.00/100	Call for Quote	45	
Pre-Inserted Sets - Left Window	n/a	145.00/1000	46	
Pre-Inserted Sets - Right Window	n/a	145.00/1000	46	
No Window Sets	Call for Quote	Call for Quote	46	
Individual Envelopes	Call for Quote	Call for Quote	46	
Right Window Envelopes	Call for Quote	Call for Quote	46	

HEALTHCARE SUPERBILLS				
Description	Item No.	1250	2500	5000
<b>(Pegboard)</b>				
2 copies - 5" depth	SB52	150.00/1000	120.00/1000	100.00/1000
3 copies - 5" depth	SB53	180.00/1000	160.00/1000	130.00/1000
2 copies - 8" depth	SB82	180.00/1000	140.00/1000	120.00/1000
3 copies - 8" depth	SB83	210.00/1000	180.00/1000	160.00/1000

MOBILE FILE CARTS - NEW!				
Item No.	Price	Page No.		
W-MCD01__	425.00	48		
W-MCD02__	795.00	48		
W-MC01__	275.00	48		
W-MC02__	285.00	48		
W-MC03__	295.00	48		
W-MC04__	305.00	48		
W-MCDIV__ (2 per package)	8.50	48		