



www.allcaremed.org

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Checklist for Cane/Crutches/Walker Requests

- Letter of medical necessity
 - Relevant diagnosis
 - Criteria for cane/crutches/walker
 - Patient has a mobility limitation that significantly affects his/her ability to participate in one or more mobility-related activities of daily living
 - Patient is able to safe use the cane/crutches/walker
 - Use of the cane/crutches/walker will sufficiently resolve patient's mobility deficit
 - Signature of physician
 - Date

AND

- Prescription
 - Signed and dated by MD/NP
 - #quantity

Fax the request over to Allcare Medical Supply
508-865-6370

Call us anytime to check the status:
508-865-4857

(choose option 3 for the Prior Approval department)