



www.allcaremed.org

30 Grafton Street
Millbury, MA 01527

Tel: 508-865-4857
Fax: 508-865-6370

Email: customer.service@allcaremed.org

Checklist for Diaper and Liner Requests

(Please note that MassHealth uses the word "liners" to refer to the pad or insert worn inside an undergarment or brief)

- Letter of medical necessity
 - Diagnosis of incontinence
 - Primary diagnosis causing patient's incontinence
 - Signature of physician
 - Date
 - Explanation as to why patient requires both a diaper and a liner (ex: leakage, excessive urination, overflow, etc.)

AND

- Prescription
 - Signed and dated by MD/NP
 - #quantity per month (248 maximum)
 - Size (for diapers)
 - Refills (11 maximum)
 - Date
 - * Prescribing Provider's NPI #
 - * Must be on RX Pad or Prescribing Provider's Letterhead

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

Call us anytime to check the status:
508-865-4857 Opt 3