



www.allcaremed.org

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Checklist for 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 the patient's incontinence
- Signature of physician
- Date

AND

RX

- #quantity/month (248 maximum)
- #refills (11 maximum)
- Date
- Signature of physician

**Fax Requests to Allcare Medical Supply
508-865-6370**

**Call us anytime to check on the status of the
request!**

508-865-4857 Opt. 3