



www.allcaremed.org

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

Email: customer.service@allcaremed.org

Checklist for Pullup Requests

- Letter of medical necessity
 - Diagnosis of incontinence
 - Primary diagnosis causing patient's incontinence
 - Criteria for pullups
 - Ambulatory
 - Able to pull the product up and down independently
 - Has schedule of bathroom use or makes attempts to use the bathroom
 - Signature of physician
 - Date

AND

- Prescription
 - Signed and dated by MD/NP
 - Size
 - #quantity per month (248 maximum)
 - Refills (11 maximum)

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)