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### **Checklist for Underpad Requests**

(Please note that MassHealth uses the word "underpads" to refer to the disposable pad that is used under a patient on the bed or chair)

- Letter of medical necessity
  - Diagnosis of incontinence
  - Primary diagnosis causing patient's incontinence
  - Signature of physician
  - Date

### **AND**

- Prescription
  - Signed and dated by MD/NP
  - #quantity per month (248 maximum)
  - Refills (11 maximum)
  - Date
  - \* Physician's NPI #
  - \* Must be on either RX Pad or Physician'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**