

TennCare and CoverKids allows up to 100 diapers per 30 days (or 200 diapers per 60 days) for members UNDER 2 years of age.  
Please complete ONE form per member.

<b>Section A: Member's Information</b> <i>Complete the entire section. For newborns who have <u>not</u> received their Optum Rx ID, please complete Section B as well.</i>			
Member Name:			Date of Birth:
Optum Rx ID #:			
Street Address:			
City:	State:	Zip:	Phone:
Person Requesting:		Relationship to Member: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____	
<b>Section B: Mother's Information</b> <i>Only complete for Newborns without an Optum Rx ID.</i>			
Mother's Name:			Date of Birth:
Optum Rx ID #:			
<b>Section C: Product Request</b> <i>Members are not guaranteed the requested product. The pharmacy will fill with the closest item in stock, based on options covered by your plan.</i>			
Requested product type: <input type="checkbox"/> Diapers <input type="checkbox"/> Overnight diapers <input type="checkbox"/> Training Pants			
Requested brand/style:		Requested Size:	Current Weight:
<b>Section D: Attestation</b> <i>Signature required.</i>			
I have requested the pharmacy to provide the above listed diapers/training pants and attest to the following: <ul style="list-style-type: none"> <li>• The diapers/training pants requested above are for personal use for the indicated member.</li> <li>• I agree not to resale the diapers/training pants provided under this covered benefit.</li> <li>• I agree that once the pharmacy dispenses these diapers to me, they are no longer eligible for return or exchange at this pharmacy or at any other retailer.</li> <li>• I understand that a change in diaper style or size cannot be requested until the next refill.</li> <li>• I understand that this covered benefit is a diaper supplement and not intended to provide all the diapers member will require.</li> </ul>			
Signature:			Today's date:

<b>For Pharmacy Use Only:</b>			
Request Method: <input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____			
Pediatrician's Name (optional):			
Pharmacist on Duty:		NPI #:	
Date of Service		Rx#:	
Product Dispensed		Quantity Dispensed:	Day Supply:
Sig: <i>Change diaper as needed when wet or soiled. Your plan covers 3.33 diapers per day.</i>			
BIN: 001553 PCN: TNM (TennCare) or CKDS (CoverKids) Group: n/a			