



Diaper Request Form

Member Name:		M / F	Date of Birth:	
Address:		City :	State: TN	Zip:
Parent/Guardian Name (s) :			Phone number(s) :	
Optum Rx ID Number	Social Security Number :		Allergies Y / N (please list any known)	
For Newborns without an Optum Rx ID or SSN	Mothers Name:	Date of Birth:	Optum Rx ID:	

We currently have high quality Cuties Complete Care Diapers.
Each box contains **200** diapers and is considered a **60 Days** supply.

Circle Size Requested : Newborn Size 1 Size 2 Size 3 Size 4 Size 5 Size 6

I have requested the pharmacy to provide the above listed diapers and attest to the following:

- The diapers are requested are for personal use for the indicated member.
- I agree not to re-sell the diapers provided under this covered benefit.
- I agree that once the pharmacy dispenses these diapers to me, they are not eligible for return or exchange at this pharmacy or at any other retailer.
- I understand that a change in diaper style or size cannot be requested until the next fill due date.
- I understand that this covered benefit is a diaper supplement and not intended to provide all the diapers the member will require.

Signature: _____

Date: _____

**** Must use Plan 470 Diaper Program ****

Place Pharmacy Back Sticker Here