



Roche Diagnostics

Accu-Chek[®] Blood Glucose Meter

FAX ORDER FORM

Complete this form and FAX

To: Accu-Chek Fulfillment Center
FAX: 1-888-801-2938
From: WellCare Health Plans

Date of Request _____

Physician / Group Practice Name _____

Address _____

Contact Person _____ Phone (____) _____

Patient Name _____ Patient ID _____

Member Name _____ Phone Number _____

Address _____

City, State, Zip _____

A certificate for the following meters will be mailed to the patient. Please select only one.

- Accu-Chek **COMPACT**
- Accu-Chek **ACTIVE**

Account Names: WellCare, Staywell, HealthEase, Healthy Kids, Preferred One, WellCare of NY, Harmony.

Privacy Notice: This document and any attachments are intended for the exclusive use of the addressee(s) and may contain information that is proprietary, confidential and/or exempt from disclosure and may be protected health information. If you are not the intended recipient, please notify us immediately by calling the number below and return the original message to us at the address below via the US Postal Service. We will reimburse you for your postage. If you are a regular recipient of our faxes, please notify us if you change your fax number. Thank you.

Wellcare Health Plans, Inc.
 Attention: Privacy Officer
 P.O. Box 25735
 Tampa, FL
 33622-5735
 1-800-960-2530 Ext. 6215

For questions about transmitting this FAX or tracking a shipment, please call 1-888-744-3671.