



# Roche Diagnostics

## Accu-Chek® Blood Glucose Meter FAX ORDER FORM

Complete this form and fax

To: **Accu-Chek Fulfillment Center**  
Fax: **(888) 801-2938**  
From: **WellCare Health Plans**

Date of Request \_\_\_\_\_

Physician / Group Practice Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Ship to:**

Physician  Yes  No

Directly to patient:  Yes  No

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® Active Care Kit
- ACCU-CHEK® Advantage Care Kit
- ACCU-CHEK® Aviva Care Kit
- ACCU-CHEK® Compact Plus Care Kit

**Account Names:** Harmony Health Plan of Missouri, HealthEase, HealthEase Healthy Kids, PreferredOne, Staywell, Staywell Healthy Kids, WellCare, WellCare of Georgia (Georgia Families; PeachCare), WellCare of NY (Child Health Plus; Family Health Plus), and WellCare of Ohio (Covered Families & Children; Aged, Blind or Disabled).

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WellCare Health Plans, Inc.  
Attention: Privacy Officer  
P.O. Box 31386  
Tampa, FL  
33631-3386  
(800) 960-2530

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